LeMed
SPECIALTY PHARMACY

HEPATITIS C

2417 3rd Ave, Ste 406
Bronx, NY 10451
Phone: 347-913-4656
Fax: 718-231-2727

Patient Information - Please send demographic sheet and a copy of the patient's insurance cards				
Patient Name:	Date of Birth:	☐ Male ☐ Female		
Address:	City:	State:	Zip:	
Mobile Phone:	Home Phone:	Language:		
Allergies **(Required):** ☐ NKDA	Height:	Weight:	SSN:	
Medication Delivery Options: ☐ Patient's Home ☐ Hospital/Clinic Office ☐ Bedside **Delivery Address:**				

Prescriber Information			
Practice Name:	Office Contact:		
Prescriber:	NPI:	DEA:	
Practice Address:	City:	State:	Zip:
Phone Number:	Fax Number:		

Clinical Information - Please send all available chart notes including lab results			
Diagnosis/ICD-10:	**Genotype:** ☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6	**Viral Load:**	**Date:**
Fibrosis Score: ☐ F0 ☐ F1 ☐ F2 ☐ F3 ☐ F4	**Cirrhosis:** ☐ Compensated ☐ Decompensated	**Child-Pugh:** ☐ A ☐ B ☐ C	
NS5A Polymorphism: ☐ Yes ☐ No	**NS5A Polymorphism Type:** ☐ 28 ☐ 30 ☐ 31 ☐ 93 ☐ Other	☐ HIV Co-infection ☐ HBV Co-infection	
Prior Therapy:	**End Date:**	**Treatment Weeks:**	**Response Status:** ☐ Naive ☐ Null ☐ Partial ☐ Relapse
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Therapies tried and failed with length of treatments:			

Medication Name	Strength	Dose/Frequency
☐ Daklinza®	60 mg/ 30 mg	Take 1 tablet by mouth daily, with or without food in combination with sofosbuvir
☐ Epclusa®	400 mg/100 mg	Take 1 tablet by mouth daily, with or without food
☐ Harvoni®	90 mg/400 mg	Take 1 tablet by mouth daily, with or without food
☐ Mavyret™	100 mg/400 mg	Take 3 tablets by mouth daily with food
☐ Moderiba®	800 mg/1200 mg	400 mg every morning, 400 mg every evening 600 mg every morning, 600 mg every evening
☐ Olysio®	150 mg	Take 1 capsule by mouth daily with food (Olysio is FDA approved for use with ribavirin and pegylated interferon, also approved in combination with Sovaldi)
☐ RibaPak®	600 mg/1000 mg	200 mg every morning, 400 mg every evening 600 mg every morning, 400 mg every evening
☐ RibaSphere®	200 mg	
☐ Sovaldi®	400 mg	Take 1 tablet by mouth daily, with or without food
☐ Technivie™	12.5 mg/ 75 mg/50 mg	Take 2 ombitasvir, paritaprevir, ritonavir tablets by mouth once daily in the morning with a meal without regard to fat or calorie content (Technivie is FDA approved for use with ribavirin)
☐ Viekira Pak™	2.5 mg/75 mg 50 mg/250 mg	Take 2 ombitasvir, paritaprevir, ritonavir (pink tablets) once daily (in the morning) and 1 dasabuvir (beige tablet) twice daily (morning and evening) with a meal without regard to fat or calorie content
☐ Viekira XR™	200 mg/8.33 mg 50 mg/33.33 mg	Take 3 tablets, 1 pack, daily with a meal without regard to fat or calorie content
☐ Vosevi™	400 mg /100 mg/100 mg	Take 1 tablet by mouth daily with food
☐ Zepatier™	50 mg/100 mg	Take 1 tablet by mouth daily, with or without food
☐		
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The information provided above is true and accurate to the best of my knowledge, with supporting documentation in the patient's medical record. By signing below, I hereby authorize LeMed Specialty Pharmacy and/or its affiliate pharmacies to facilitate benefits investigations, complete and submit prior authorization (PA) requests, appeals, step edits and other processes necessary to obtain coverage for prescribed medications, to sign any necessary forms on my behalf of my patients, and to attach its Enrollment Form to the PA request as my signature.

***Fax does not constitute a valid prescription as per NYS Board of Pharmacy. Please electronically prescribe order.**

Prescriber Signature: _____ **Date:** _____