HEPATOLOGY ENROLLMENT FORM



Patient Demographic Information (Or Attach Face Sheet from Patient Chart)										
Patient Name	DOB	Gender Male	Female 🗌 Weight 🗕	Ibs 🗌 kg 🔲						
SSN Phone	Allergies									
Address	City	State	Zip Code							
Patient Insurance Information (Or Attach Copies of Patient's Insurance Card)										
Primary Insurance	Name of the Insu	ured	Relationship							
Member ID#	Group #	Insuran	ance Phone #							
Secondary Rx Carrier		Rx ID #	Rx Group #							
PRESCRIPTION INFORMATION										
STATEMENT OF MEDICAL NECESSITY Diagnosis:										
B18.2 Hepatitis C Other ICD 10 Initial Therapy Previous Therapy										
Genotype: 1 2 3 4 Other Subtype a b										
HCV RNA Level Treatment Naive Previous Treatment Date										
Prior treatment (Duration): From To Total of Weeks Co-infection HIV HBV										
Cirrhosis: 🗌 Compensated 🔲 De- Compensated 🗌 Hepatocellular Carcinoma 🗌 HIV Status 📋 Post-Liver Transplant										
Fibroscan: Yes No Score: History of Liver biopsy? Yes No N/A										
Fibrosis: Yes No F1 F2 F3 F4										
DRUGS	DIRI	ECTION	QUANTITY	REFILLS						
Glecaprevir/Pibretasvir) 100/40mg	Take 3 tablets by mou	ith ONCE daily with meals	s. 28 Packs (84 Tablet:	s)						
Sofosbuvir/Velpatasvir & Voxilaprevir)	Take 1 TABLET by mo	uth ONCE a day with mea	ls 28 Tablets							
☐ EPCLUSA* (Sofosbuvir/Velpatasvir) 400/100mg	Take 1 TABLET by more or without meals.	uth ONCE a day with	28 Tablets							
☐ HARVONI* (Ledipasvir/Sofosbuvir) 90/400mg	Take 1 TABLET by more or without meals.	uth ONCE a day with	28 Tablets							
ZEPATIER* (Elbasvir/Grazoprevir) 50/100mg	Take 1 TABLET by more or without meals.	uth ONCE a day with	28 Tablets							
DAKLINZA 30MG* DAKLINZA 60MG* (Daclatasvir)	Take 1 TABLET by mor or without meals.	uth ONCE a day with	28 Tablets							

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HEPATOLOGY ENROLLMENT FORM



DIRECTION				QUAN	ΙΤΙΤΥ	REFILLS				
Take 3 TABLETS by mouth once daily				2	8 Packs (8					
Take TWO TABLETS of ombitasvir/paritaprevir/ritona and ONE TABLET of dasabuvir in the morning. Take ONE TABLET of dasabuvir in the evening.			ning.	ir ,	4 Packs (11					
Take 1 TABLET by mouth ONCE a day with or without meals.					28 Tal	blets				
Take 2 tablets (One Pack) by mouth ONCE a day.				2	8 Packs (8	4 Tablets)				
600mg 800mg 1000mg 1200mg Take mg in the morning mg in the evening					28 days					
HEPATITIS B TREATMENT										
BARACLUDE 0.5mg Tablet 1mg Tablet 0.5mg/mL Solution VIREAD 150mg 200mg 300mg Directions:										
Prescriber Insurance Information										
NPI#		Office #			Fax #					
	City		State			Zip Code				
I Authorize DeliverIt specialty pharmacy to initiate Prior Authorizations on my behalf.										
DAW (Dispense as written). Prescriber certifies that this referral form contains an original signature and is signed by the treating prescriber. No stamped signatures will be accepted. Where required by law, send electronic prescription or on official state prescription blank. In the event requested agent is not available through DeliverIt Group, this prescription shall be forwarded to an eligible pharmacy.				Prescriber's Signature						
	Take 3 TABLETS Is Take TWO TABLET on the one tablet of take ONE TABLET on take 1 TABLET by or without meals. Take 1 TABLET by or without meals. Take 1 TABLET by or without meals. Take 2 tablets (One is a constrained in the constrained is signature and is signed view, send electronic pressure of the constrained is signed.	Take 3 TABLETS by mouth Take TWO TABLETS of ombaand ONE TABLET of dasabu Take ONE TABLET of dasabu Take 1 TABLET by mouth or without meals. Take 2 tablets (One Pack) ☐ 600mg ☐ 800mg ☐ Takemg in the evolution of the e	Take 3 TABLETS by mouth once daily Take TWO TABLETS of ombitasvir/paritap and ONE TABLET of dasabuvir in the morr Take ONE TABLET of dasabuvir in the even Take 1 TABLET by mouth ONCE a day wor without meals. Take 1 TABLET by mouth ONCE a day wor without meals. Take 2 tablets (One Pack) by mouth ON $\begin{bmatrix} 600mg \\ 3800mg \\ 1000mg \\ mg in the morning \\ mg in the evening Img Tablet 0.5mg/mL Solution mg in the evening Img Tablet 0.5mg/mL Solution Office # NPI# Office # City o initiate Prior Authorizations on my bell $	Take 3 TABLETS by mouth once daily Take TWO TABLETS of ombitasvir/paritaprevir/ritonavand ONE TABLET of dasabuvir in the morning. Take ONE TABLET of dasabuvir in the evening. Take ONE TABLET of dasabuvir in the evening. Take ONE TABLET of dasabuvir in the evening. Take I TABLET by mouth ONCE a day with or without meals. Take 1 tablets (One Pack) by mouth ONCE a day. G00mg 800mg 1000mg 1200mg Take mg in the morning mg in the evening Img Tablet 0.5mg/mL Solution VII Qty: Refill: VII Office # Oirect NPI# Office # City State o initiate Prior Authorizations on my behalf. Date Press Press Press Press	Take 3 TABLETS by mouth once daily 2 Take TWO TABLETS of ombitasvir/paritaprevir/ritonavir and ONE TABLET of dasabuvir in the morning. Take ONE TABLET of dasabuvir in the evening. 4 Take ONE TABLET of dasabuvir in the evening. 7 Take 1 TABLET by mouth ONCE a day with or without meals. 2 Take 2 tablets (One Pack) by mouth ONCE a day. 2 600mg 800mg 1000mg 1200mg Take 2 tablets (One Pack) by mouth ONCE a day. 2 600mg 800mg 1000mg 1200mg Takemg in the morning mg in the evening VIREAD Qty: Refill: UVEMLID Qty: Refill: UVEMLID Originature and is signed by the treating prescriber. Prescriber. ylaw, send electronic prescription or on official state	Take 3 TABLETS by mouth once daily 28 Packs (8 Take TWO TABLETS of ombitasvir/paritaprevir/ritonavir and ONE TABLET of dasabuvir in the morning. Take ONE TABLET of dasabuvir in the evening. 4 Packs (11 Take ONE TABLET of dasabuvir in the evening. 28 Tal Take 1 TABLET by mouth ONCE a day with or without meals. 28 Packs (8 Take 2 tablets (One Pack) by mouth ONCE a day. 28 Packs (8 600mg 800mg 1000mg 1200mg Take mg in the morning 28 days Img Tablet 0.5mg/mL Solution VIREAD 150	Take 3 TABLETS by mouth once daily 28 Packs (84 Tablets) Take TWO TABLETS of ombitasvir/paritaprevir/ritonavir and ONE TABLET of dasabuvir in the morning. Take ONE TABLET of dasabuvir in the evening. 4 Packs (112 Tablets) Take ONE TABLET of dasabuvir in the evening. 28 Tablets Take 1 TABLET by mouth ONCE a day with or without meals. 28 Tablets Take 2 tablets (One Pack) by mouth ONCE a day. 28 Packs (84 Tablets)			

Please fax all information to (877)993-3548 or call (832)939-8128 for assistance