

# HEPATOLOGY

## ENROLLMENT FORM



**DELIVERIT™**  
Infusion & Specialty

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### Patient Demographic Information

(Or Attach Face Sheet from Patient Chart)

Patient Name		DOB		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Weight	_____lbs <input type="checkbox"/>	kg <input type="checkbox"/>
SSN		Phone		Allergies					
Address				City		State		Zip Code	

### Patient Insurance Information

(Or Attach Copies of Patient's Insurance Card)

Primary Insurance		Name of the Insured		Relationship	
Member ID#		Group #		Insurance 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	DIRECTION	QUANTITY	REFILLS
<input type="checkbox"/> MAVYRET* (Glecaprevir/Pibretasvir) 100/40mg	Take 3 tablets by mouth ONCE daily with meals.	28 Packs (84 Tablets)	_____
<input type="checkbox"/> VOSEVI* (Sofosbuvir/Velpatasvir & Voxilaprevir)	Take 1 TABLET by mouth ONCE a day with meals	28 Tablets	_____
<input type="checkbox"/> EPCLUSA* (Sofosbuvir/Velpatasvir) 400/100mg	Take 1 TABLET by mouth ONCE a day with or without meals.	28 Tablets	_____
<input type="checkbox"/> HARVONI* (Ledipasvir/Sofosbuvir) 90/400mg	Take 1 TABLET by mouth ONCE a day with or without meals.	28 Tablets	_____
<input type="checkbox"/> ZEPATIER* (Elbasvir/Grazoprevir) 50/100mg	Take 1 TABLET by mouth ONCE a day with or without meals.	28 Tablets	_____
<input type="checkbox"/> DAKLINZA 30MG* <input type="checkbox"/> DAKLINZA 60MG* (Daclatasvir)	Take 1 TABLET by mouth ONCE a day with or without meals.	28 Tablets	_____

