

HEPATOLOGY

ENROLLMENT FORM



Phone +1.832.939.8137
Fax: +1.832.939.8128

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/Pibetasvir) 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	_____

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DRUGS	DIRECTION	QUANTITY	REFILLS
<input type="checkbox"/> VIEKIRA XR* (Paritaprevir/Ombitasvir/Ritonavir & Dasabuvir)	Take 3 TABLETS by mouth once daily	28 Packs (84 Tablets)	_____
<input type="checkbox"/> VIEKIRA PAK* (Ombitasvir/Paritaprevir/Ritonavir & Dasabuvir)	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)	_____
<input type="checkbox"/> SOVALDI* (Sofosbuvir) 400mg	Take 1 TABLET by mouth ONCE a day with or without meals.	28 Tablets	_____
<input type="checkbox"/> TECHNIVIE* (Ombitasvir/Paritaprevir/Ritonavir)	Take 2 tablets (One Pack) by mouth ONCE a day.	28 Packs (84 Tablets)	_____
<input type="checkbox"/> RIBAPAK* (Ribavirin)	<input type="checkbox"/> 600mg <input type="checkbox"/> 800mg <input type="checkbox"/> 1000mg <input type="checkbox"/> 1200mg <input type="checkbox"/> Take _____ mg in the morning _____ mg in the evening	28 days supply	_____
<input type="checkbox"/> MODERIBA*			

HEPATITIS B TREATMENT

☐ BARACLUDE ☐ 0.5mg Tablet ☐ 1mg Tablet ☐ 0.5mg/mL Solution ☐ VIREAD ☐ 150mg ☐ 200mg ☐ 300mg
 Directions: _____ Qty: _____ Refill: _____ ☐ VEMLIDY ☐ 25gm
 Direction: _____ Qty: _____ Refill: _____

Prescriber Insurance Information

Prescriber Name		NPI#		Office #		Fax #	
Address				City		State	Zip Code
<input type="checkbox"/> I Authorize DeliverIt specialty pharmacy to initiate Prior Authorizations on my behalf.						Date	
<input type="checkbox"/> DAW (Dispense as written). <small>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.</small>						Prescriber's Signature X_____	

Please fax all information to (832)939-8128 or call (877)993-3548 for assistance
Our local number 832-939-8137