

Pharmicare Made Personal

**HCV**

**PATIENT INFORMATION**

Patient name:  male  female DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Address: (street, city, state, zip) \_\_\_\_\_  
 Primary telephone number: \_\_\_\_\_ Cell alternate phone number: \_\_\_\_\_  
 Caregiver: \_\_\_\_\_ Allergies: \_\_\_\_\_  NKDA  
 Comorbidities: \_\_\_\_\_ Height: \_\_\_\_\_ Weight:  lbs  kg Date: \_\_\_\_\_

**CLINICAL INFORMATION**

Diagnosis:  070.54 HCV (chronic)  other ICD-9: \_\_\_\_\_  
 Patient Type:  new  relapse  partial response  failed therapy  
 Cirrhosis: ( Y /  N) if yes, is it:  compensated  decompensated  
 Metavir score:  F0  F1  F2  F3  F4  
 Activity:  A0  A1  A2  A3  
 Child Pugh Score:  A  B  C  
 Is the patient interferon-intolerant? ( Y /  N)

Genotype/Subtype: \_\_\_\_\_ / \_\_\_\_\_  
 For genotype 1a, is the Q80K polymorphism present? ( Y /  N)  
 Baseline Viral Load: \_\_\_\_\_ IU/mL  
 Fibroscan™: \_\_\_\_\_ kPa FibroSURE®: \_\_\_\_\_  
 Is the patient awaiting liver transplantation for hepatocellular carcinoma? ( Y /  N)

PRESCRIPTION	STRENGTH	DIRECTIONS	QUANTITY	REFILL
• Harvoni	90 mg/400mg	take 1 tablet by mouth once daily with or without food	28	
• Sovaldi®	400 mg	take 1 tablet by mouth once daily	28	
• Viekira™ Pak (ombitasvir, paritaprevir, ritonavir, dasaburvir)	12.5/75/50mg 250mg	take 2 ombitasvir/paritaprevir/ritonavir tablets once daily (in the morning) and 1 dasaburvir tablet twice daily (morning and evening) with a meal	112	
• Pegasys® • ProClick™ • PFS • Vial	• 180 mcg • 135 mcg ProClick™ only	• Inject 180 mcg Sub-Q once weekly • Inject 135 mcg Sub-Q once weekly • Other _____	4 devices (28 days)	
• Peginteron® • Redipen • Vial	• 50 mcg/ 0.5 mL • 80 mcg/0.5 mL • 120 mcg/0.5 mL	• Inject _____ mcg* Sub-Q once weekly * Dosed at 1.5 mcg/kg	4 devices (28 days)	
• Moderiba™ Dose Pack • Moderiba™ Tabs • Ribavirin/Ribasphere® • Capsule • Tablet	• 150 mcg/0.5 mL • 600 mg/400 mg • 600 mg/600 mg  200 mg	• Take 600 mg by mouth in the morning and 400 mg by mouth in the evening  • Take 600 mg by mouth in the morning and 600 mg by mouth in the evening  • Other: _____	• 28 x 400 mg + 28 x 600 mg  • 56 x 600 mg  • 140 x 200 mg • 168 x 200 mg • _____	

**PRESCRIBER + SHIPPING INFORMATION**

Prescriber (print): \_\_\_\_\_ Office contact: \_\_\_\_\_  
 Ship to:  Patient  Office  Alternate  
 Office address: (street, city, state, zip) \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI: \_\_\_\_\_ DEA: \_\_\_\_\_  
 Prescriber's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE INFORMATION: Please fax copy of insurance card ( front + back)**