Total Remedy & Prescription Center
1234 Wilshire Blvd. Ste. 106 Los Angeles, CA 90017
Main: (213)481-1130 | Fax: (213)481-1132

Hepatitis C Prescription Form

PATIENT INFORMATION	PATIENT INSURANCE INFORMATION *Fax Copy of Insurance Card*
Name:	Primary: ID#:
Date of Birth:	Name of Insured:
SSN:	Secondary: ID#:
Address:	Name of Insured:
City/State/Zip:	**PRESCRIBER INFORMATION**
Phone:	Prescriber Name:

CLINICAL INFORMATION	PREVIOUS TREATMENT HISTORY	
Patient Weight: _____	☐ Naive	DEA:
☐Hepatitis C-Chronic 070.54	☐ Non-Responder	Address:
☐Anemia NOS 285.9	☐ Null Responder	City/State/Zip:
☐Neutropenia-drug induced 2898.3	☐ Partial Responder	Phone:
Genotype: ☐1 ☐2 ☐3 ☐4	☐ Relapser	Fax:
Allergies:	☐Other:	Contact Person:

LABWORK: *Include copy of labwork*

POLYMERASE INHIBITORS

☐**Sovaldi™** (Sofosbuvir) 400mg Take 1 tablet PO daily 28 days - Refills ☐
☐ **Daklinza™** (Daclatasvir) 30 mg __ or 60 mg ___ Take 1 tablet PO daily 28 days - Refills ☐
☐Gen 1 or 4 Sovaldi™ + PEG + RVB = 12 Weeks
☐Gen 2 Sovaldi™ + RVB = 12 Weeks
☐Gen 3 Sovaldi™ + RVB = 24 Weeks
☐Gen 1 Interferon ineligible Sovaldi™ + RVB = 24 Weeks
☐**Harvoni™** Take 1 tablet PO daily 28 days - Refills ☐
☐ **Viekira Pak™** - Take 2 tablets of Ombitasvir, Paritaprevir, Ritonavir (12.5/75/50 mg) by mouth in the morning and Take 1 tablet of Dasabuvir (250 mg) by mouth in the morning & evening with a meal. 28 days - Refills ☐
☐ **Technivie™** Take 2 tablets PO daily w/ food 28 days - Refills ☐
☐ **Zepatier™** Take 1 tablet PO daily w/or w/out food 28 days - Refills ☐

PEGASYS® : PROCLICK®: Dispense 4 weeks - Refills ☐
☐90 mcg SC once weekly
☐135 mcg SC once weekly
☐180 mcg SC once weekly

PFS Vial
☐90 mcg SC once weekly
☐135 mcg SC once weekly
☐180 mcg SC once weekly

Infergen - Refills ☐
☐9 mcg SQ 3 x week for _____ weeks
☐15 mcg SQ daily for _____ weeks

Ribasphere® 200mg capsule - Refills ☐
Take _____ capsules in the AM and _____ capsules in the PM

Ribapak® 28 days supply - Refills ☐
Moderiba® - Refills ☐
☐600mg: 200mg every morning, 400mg every evening
☐800mg: 400mg every morning, 400mg every evening
☐1000mg: 600mg every morning, 400mg every evening
☐1200mg: 600mg every morning, 600mg every evening

BLOOD MODIFIERS

Procrit: 28 day supply - Refills ☐
20,000 U/ml 20,000 SQ once weekly
30,000 U/ml 30,000 SQ once weekly
40,000 U/ml 40,000 SQ once weekly

Aranesp (darbepoetin alfa) - Refills ☐
Inject _____ mcg SC every _____x_____ days

Neupogen (filgrastim) - Refills ☐
Inject _____ mcg SC every _____x_____ days

Neulasta (pegfilgrastim) - Refills ☐
Inject _____ mcg SC every _____x_____ days

PROTEASE INHIBITORS

☐Olysio™ (Simeprevir) 150 mg PO capsule QD - 28 day Refills ☐
☐Victrelis (boceprevir) 200mg dispense 4 weeks - Refills ☐
☐Incivek (telaprevir)375mg PO q8h for _____ weeks
Initiate Victrelis after 4 week lead-in with peg/INF/RBV alone

Physician Signature: _____ Date: _____

Updated on: 3/08/2016