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Hepatitis C Referral Form

Prescriber Signature

Peter Information		า		2. Prescriber Infor	mation		
Address Phone State Phone Phone Phone Phone Pax Typ Phone					mation		
District of Birth: Phone: State: Zip: Phone: Foc. State: Zip: Phone: Foc. NPIP Phone: Foc.							
Address:							
State Zip Office Contact							
Allergies:	City:	State: Zip:_	NPI#				
Allergies:							
Pilognosis:	3. Diagnosis and Clin	ical Information (Please fax rec	ent clinical notes, labs and	d tests, with the prescription to expe	dite the prior authorization)		
Prior Therapies: Pibrosis score: (kPa) Child-Pugh Class: Cirrhosis Compensated decompensated Patient treated on therapy. Y N	Allergies:						
### Prior Theraples: ### A. Prescription Information DAWI-Dispense as written. Do not substitute for generic #### A. Prescription Information DAWI-Dispense as written. Do not substitute for generic ##### A. Prescription Information Dawi-Dispense as written. Do not substitute for generic ##### A. Prescription Information Dawi-Dispense as written. Do not substitute for generic ###################################	•						
Medication Dose Directions Dispense as written. Do not substitute for generic Prescription Information Dose Directions Dispense Refill		Fibrosis score:(kPa) Child-Pugh Class: Cirrhosis:					
Dispense Dispense Dispense Refill	Prior Therapies:					Patient treated on t	nerapy: Y N
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Harvoni (Ledipasvir and Sofosbuvir) Mavyret (Glecaprevir and Pibrentasvir) Ribavirin 200mg capsules or tablets Take 1 tablet PO daily for total 12 weeks Other: Savaldi (Sofosbuvir) 400mg Tablets Take 1 tablet PO daily for total 12 weeks Other: 28 tabs Take 1 tablet PO daily for total 12 weeks Other: 28 tabs Take 1 tablet PO daily for total 12 weeks Other: 28 tabs Take 1 tablet PO daily for total 12 weeks Other: 28 tabs Take 1 tablet PO daily for total 12 weeks Other: 28 tabs Take 1 tablet PO daily for total 12 weeks Other: 29 tabs Take 1 tablet PO daily for total 12 weeks Other: 29 tabs Take 1 tablet PO daily for total 12 weeks Other: 29 tabs Take 1 tablet PO daily for total 12 weeks Other: 29 tabs	•			Take 1 tablet PO daily for total 12 weeks		28 tabs	
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Ribavirin 200mg capsules or tablets	-	100mg/40mg Tablets	,			84 tabs	
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Order will include as needed: Anaphylaxis kit, Diluents, Flushes, Supplies. Skilled Home Health nursing services if administered at home	Othor		<u> </u>				
Prescriber Authorization (No stamps. Signature and date must be completed in prescriber's handwriting)	Order will include as needed: Anaph	nylaxis kit, Diluents, Flushes, Supplies. Skilled Ho	ome Health nursing services	s if administered at home			
	Prescriber Authoriz	zation (No stamps. Signature and date	nust be completed in pres	scriber's handwriting)			

Date_