



Hepatitis C Virus (HCV) Enrollment Form

1. DOCTOR/PRESCRIBER FILL OUT AND

FAX TO: 1-888-773-7386 or Call: 1-866-773-HEPC (4372)

- Faxes will only be accepted from a doctor's office.
- Controlled Sub. II cannot be faxed.

Patient Information New Rx Refill

Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Date of Birth (mm/dd/yyyy): ____/____/____

Phone #1: _____ Phone #2: _____
 Allergies: _____ No Known Allergies
 Health Conditions: _____
 Expected Start Date: ____/____/____

Statement of Medical Necessity

Patient Weight: _____ lbs kg
 Patient Ethnicity(for Victrelis patients ONLY) Black Non-Black
 Viral Load _____ Lab Date _____
 Genotype (circle one): 1, 1a, 1b, 2, 2a, 2b, 3, 3a, 3b, 4, 4a, 4b, Other
 HIV/Co-Infection? Yes No
 Signs of Liver Compensation? Yes No
 Liver Transplant Recipient? Yes No
 Comorbidities: _____

Primary Diagnosis & ICD9: 070.54 Hep C 571.5 Cirrhosis
 Other: _____
 Previous Treatment _____ Non-Responder Responder/Repeater
 Duration of Previous Treatment: From: _____ To: _____ Total Of ____ mos
 For Hep C Diagnosis: State reason if patient is not on combination therapy using a
Pegylated Interferon with Ribavirin: _____

Drug Delivery Information If this drug requires Prior Authorization, please send appropriate documentation (notes, test results, etc.)

In Office Delivery Home Delivery for Self Injection/Administration
 Home Delivery for Home Health Administration
 Other: _____

Contact: _____
 Phone #: _____
 Address: _____

Insurance Information Complete here or fax a copy of the patient's insurance card (both sides). Medicare card is required.

Primary: _____
 Insured: _____
 ID #: _____ Group #: _____
 Phone #: _____ Rx Drug Card #: _____
 Rx Bin #: _____ Rx PCN #: _____ Rx Grp #: _____

Secondary: _____
 Insured: _____
 ID #: _____ Group #: _____
 Phone #: _____ Rx Drug Card #: _____
 Rx Bin #: _____ Rx PCN #: _____ Rx Grp #: _____

Doctor/Prescriber Information NPI # is mandatory. DEA # is required if the prescription is for controlled substances or Medicare/Medicaid.

Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____

Office Contact: _____
 NPI #: _____ DEA #: _____
 Phone #: _____ Fax #: _____

2. COMPLETE THE FOLLOWING Rx FORM -OR- TAPE Rx HERE

Rx		Date: ____/____/____	
Drug Name/Form/Strength	Qty	Directions for Use	Refills
PEGASYS® Injection <input type="checkbox"/> 180mcg/1.0 mL Vial <input type="checkbox"/> 180mcg/0.5 mL Prefilled Syringe <input type="checkbox"/> 135mcg/0.5 mL ProClick™ <input type="checkbox"/> 180mcg/0.5 mL ProClick™			
PEG-Intron® Injection <input type="checkbox"/> Redipen <input type="checkbox"/> Vial <input type="checkbox"/> 50mcg <input type="checkbox"/> 80mcg <input type="checkbox"/> 120mcg <input type="checkbox"/> 150mcg			
Ribapak Compliance Pack <input type="checkbox"/> 800 mg/day <input type="checkbox"/> 1000 mg/day <input type="checkbox"/> 1200 mg/day <input type="checkbox"/> Ribavirin 200mg cap <input type="checkbox"/> Ribavirin 200mg tab			
Protease Inhibitor: <input type="checkbox"/> Incivek® 750mg (two 375mg tabs) po TID (q 7-9h) with food (not low fat). <input type="checkbox"/> Victrelis® 800mg (four 200mg caps) po TID (q 7-9 h) with food (a meal or light snack). Add Victrelis® to the peginterferon alfa and ribavirin regimen after 4 weeks of treatment, followed by a response-guided regimen.			
Aranesp® <input type="checkbox"/> PFS <input type="checkbox"/> Vial <input type="checkbox"/> 25mcg <input type="checkbox"/> 40mcg <input type="checkbox"/> 60mcg <input type="checkbox"/> 100mcg <input type="checkbox"/> 150mcg <input type="checkbox"/> 200mcg <input type="checkbox"/> 300mcg			
Erythropoietin alpha <input type="checkbox"/> 10,000 units <input type="checkbox"/> 20,000 units <input type="checkbox"/> 40,000 units			
Other: _____			
Needles Gauge: _____ Inches: ____ Quantity: ____ Refills: ____		Syringes Volume: _____ Inches: ____ Quantity: ____ Refills: ____	
X _____ Doctor/Prescriber Signature – Dispense as Written Stamped signatures cannot be accepted		X _____ Doctor/Prescriber Signature – Substitution Permissible Stamped signatures cannot be accepted	