curexa Pharmacy

Hepatitis C

toll free phone. 855.927.0390
toll free fax. 855.927.0392

Patient Information – *Please attach a copy of the patient's insurance card*

Patient Name:		Date of Birth:	☐ Male ☐ Female
Address:	City:	State:	Zip:
Phone Number:	Alternate Phone Number:	Language:	
Allergies (Required): ☐ NKDA	Height:	Weight:	SSN:

Product Shipping Options: ☐ Patient's Home ☐ Prescriber Office ☐ Alternative Address:

Prescriber Information

Practice Name:		Office Contact:	
Prescriber:		NPI:	DEA:
Practice Address:	City:	State:	Zip:
Phone Number:	Fax Number:		

Clinical Information – *Please send all available chart notes including lab results*

ICD-10/Diagnosis:

Patient type: ☐ naïve ☐ relapse ☐ partial responder ☐ null responder

Co-Infections: ☐ None ☐ HIV ☐ Hepatitis B

Prior Failed Therapy:

Is there cirrhosis? ☐ Yes ☐ No
If yes, is it ☐ compensated ☐ decompensated

Fibrosis stage: ☐ F0 ☐ F0-F1 ☐ F1 ☐ F1-F2 ☐ F2 ☐ F2-F3 ☐ F3 ☐ F3-F4 ☐ F4
Activity: ☐ A1 ☐ A2 ☐ A3 ☐ A4

Child Pugh Score (if cirrhosis): ☐ A ☐ B ☐ C

eGFR: ______ mL/min/1.73m^2

Genotype/Subtype: ☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Unknown
For Olysio® order, is the Q80K polymorphism present? ☐ Yes ☐ No

Baseline viral load (IU/mL):
Baseline viral load (Log UI/mL):

Is the patient interferon intolerant? ☐ Yes ☐ No

Fibroscan™ (kPa):

FibroSURE®:

Is the patient awaiting liver transplant for hepatocellular carcinoma? ☐ Yes ☐ No

NS5A Test results: ☐ resistant ☐ non-resistant

Hep B panel: ☐ HBsAg ☐ HBcAb ☐ HBsAb

Please attach CBC and CMP lab values with prescription

Prescription Information

Medication	Dose	Directions	Quantity	Refills
☐ Mavyret™	100 mg / 40 mg	Take 3 tablets by mouth once daily with food for ______ weeks	84	
☐ Zepatier™	50 mg/100 mg	Take 1 tablet by mouth once daily with or without food for ______ weeks	28	
☐ Epclusa®	400 mg/100 mg	Take 1 tablet by mouth once daily with or without food for ______ weeks	28	
☐ Harvoni®	90 mg/400 mg	Take 1 tablet by mouth once daily with or without food for ______ weeks	28	
☐ Vosevi™	400/100/100mg	Take 1 tablet by mouth once daily with food for ______ weeks	28	
☐ Sovaldi®	400 mg	Take 1 tablet by mouth once daily with or without food for ______ weeks	28	
☐ Daklinza®	☐ 60 mg ☐ 30 mg*	Take 1 tablet by mouth once daily with or without food for ______ weeks *30 mg dose is utilized when given in combination with strong CYP3A inhibitors. 90 mg dose is to be administered when given in combination with moderate inducers of CYP3A.	28	
☐ Olysio®	150 mg	Take 1 capsule by mouth once daily with or without food for ______ weeks	28	
☐ Viekira™ XR (ombitasvir, paritaprevir, ritonavir, dasaburvir)	8.33/50/33.33/200 mg	Take 3 tablets by mouth once daily with food for ______ weeks	84	
☐ Ribavirin	200 mg ☐ Capsule ☐ Tablet	☐ Take 600 mg by mouth in the morning and 400 mg by mouth in the evening with food - (*for patients ≤ 165 lbs*) ☐ Take 600 mg by mouth in the morning and 600 mg by mouth in the evening with food - (*for patients ≥ 165 lbs*)	☐ 140 ☐ 168	

Prescriber Signature and Date (Please sign and date below)

______________________________________ Dispense as Written Date

______________________________________ Substitution Permissible Date

☐ Check here to authorize Curexa® and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf. "I certify that the above therapy is medically necessary and the above information is accurate to the best of my knowledge

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