Hepatology Enrollment Form

Phone: 713-360-2100 or 1-855-497-7956 | **Fax:**713-360-2105 or 1-855-497-7957

Ship To: ☐ Patient ☐ Physician ☐ Other **Ship By:** _____

Patient Information

Name: _____

DOB: _____ Gender: ☐M ☐F SSN: _____

Language: ☐ Eng ☐ Span ☐ Other:_____ Weight: _____ ☐Lbs ☐Kgs

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

Cell #: _____

Allergies: _____ ☐ NKDA

Prescriber Information

Prescriber: _____

DEA: _____ NPI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Cell #: _____ Fax #: _____

Office Contact: _____

☐ Initiate Appeal Reason: _____

**** INSURANCE INFORMATION: PLEASE FAX COPY OF PRESCRIPTION CARD, FRONT AND BACK AS WELL AS ALL CLINIC NOTES ****

Clinical Information

Diagnosis (Description & ICD 10 Code): _____ **Current Medications:** _____

Genotype: ☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Treatment Naive (☐ Y / ☐ N) ☐ Previously Treated: Prior treatment used: _____ ☐ Non-Responder ☐ Responder/Relapser

Most recent ALT:_____ AST: _____ Date Drawn: _____ HCV / HBV Viral Load: _____ Date Drawn: _____

Liver Fibrosis (☐ Y / ☐ N) Test type: Biopsy _____ , FibroSure: _____ , Fibroscan: _____ , Other: _____

Fibrosis Test Results: _____

Mandatory: HBsAg: _____ anti – HBc: _____ If HBV measure HBV DNA: _____ Date Drawn: _____

NS5A Resistance (☐ Y / ☐ N) Required for Zepatier

NS3 Sensitivity: ☐ Reactive ☐ Non-Reactive ☐ HIV Co Infection Cirrhotic (☐ Y / ☐ N) Drug/Alcohol test (☐ Y / ☐ N)

Autoimmune DX (☐ Y / ☐ N) Psychological DX (☐ Y / ☐ N)

Comorbidities ☐ HBV ☐ Diabetes ☐ Other: _____ Is Patient on a PPI (☐ Y / ☐ N)

Medication	Strength	Directions	Refill
☐ Epclusa	400mg Sofosbuvir / 100mg Velpatasvir	Take One (1) Tablet Orally Daily	Dispense 4 weeks, Refill ___
☐ Harvoni	90mg Ledipasvir / 400mg Sofosbuvir	Take One (1) Tablet Orally Daily	Dispense 4 weeks, Refill ___
☐ Mavyret	100mg Glecaprevir / 40mg Pibrentasvir	Take Three (3) Tablets Orally Once Daily	Dispense 4 weeks, Refill ___
☐ Vosevi	400mg Sofosbuvir / 100mg Velpatasvir / 100mg Voxilaprevir	Take One (1) Tablet Orally Daily with food	Dispense 4 weeks, Refill ___
☐ Zepatier	50mg Elbasivir / 100mg Grazoprevir	Take (1) Tablet Orally Once Daily with or without Food	Dispense 4 weeks, Refill ___
☐ Sovaldi	400mg Sofosbuvir	Take One (1) Tablet Orally Daily	Dispense 4 weeks, Refill ___
☐ Daklinza	☐ 60mg ☐ 30mg Daclatasvir	Take One (1) Tablet Orally Daily	Dispense 4 weeks, Refill ___
☐ Olysio	150mg Simeprevir	Take One (1) Capsule Orally Daily	Dispense 4 weeks, Refill ___
☐ Viekira XR	200mg Dasabuvir, 8.33mg Ombitasvir, 50 mg Paritaprevir, 33.33mg Ritonavir	Take Three (3) Tablets Orally Once Daily With a Meal	Dispense 4 weeks, Refill ___
☐ Viekira Pak	12.5mg Ombitasvir / 50mg Ritonavir / 75mg Paritaprevir + 250mg Dasabuvir	Take 2 tablets (Ombitasvir / Paritaprevir / Ritonavir) once orally daily in the morning and 1 tablet (Dasabuvir) twice orally daily in the morning and evening with a meal as directed by the Pak	Dispense 4 weeks, Refill ___
☐ Technivie	12.5mg Ombitasvir / 50mg Ritonavir / 75mg Paritaprevir	Take Two (2) Tablets Orally once daily in the morning with a meal. (May be taken with Ribavirin)	Dispense 4 weeks, Refill ___
☐ Ribapak	☐ 400-600mg Pack ☐ 600-600mg Pack Ribavirin	**Dosing Instructions** (600mg am / 400mg pm) 1000mg / day (142-187lbs) (600mg am / 600mg pm) 1200mg / day (188-231 lbs)	Dispense 4 weeks, Refill ___
☐ Ribavirin	☐ 200mg	_____ Tabs po qam _____ Tabs po qpm	Dispense 4 weeks, Refill ___
☐ Baraclude	☐1mg ☐0.5mg Entecavir	SIG _____	Qty: 30 Days Refills _____
☐ Viread	300mg tenofovir disoproxil fumarate	SIG _____	Qty: 30 Days Refills _____

Additional Information

Physician Signature: _____ **Date:** _____

I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment. By signing this form and utilizing our services, you are authorizing BioCure LLC and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies and Co-pay Assistance Foundations

Form Revision Date: August 10th, 2017