Hepatology Enrollment Form

FACTOR ONE SOURCE FAST PHARMACY
Powered By: InfuCare Rx

Phone: 1-833-367-3278
Fax: 844-504-3278
Website: www.FOSRXFAST.com
Louisiana Office
2400 Veterans Blvd., Suite 480
Kenner, LA 70062

PATIENT INFORMATION

Name:
Address:
City: State/Zip:
Telephone: DOB: ___/___/____ M ☐ F ☐
Language: Wt: Ht:

PRESCRIBER INFORMATION

Prescribing Practioner: NPI:
Supervising Physician: NPI:
Address: DEA:
Office: Phone:
Contact: Fax:

INSURANCE INFORMATION

Primary Pharmacy Insurance: Member Name: DOB: ___/___/____
Rx Group #: Member ID #:
BIN #: PCN #: Customer Service #:

DIAGNOSIS AND CLINICAL INFORMATION

Diagnosis: ☐ B18.2 Chronic Hep C ☐ C22.0 Hepatocellular Carcinoma ☐ Other:_____

Genotype: ☐ 1 ☐ 1a ☐ 1b ☐ 2 ☐ 2a ☐ 2b ☐ 3 ☐ 3a ☐ 3b ☐ 4 ☐ 4a ☐ 4b ☐ Other:_____ Viral Load:_____

Previous Treatment:_____ ☐ Non-Responder ☐ Responder/Relapser HIV Co-Infection ☐ Yes ☐ No

Other medications patient is currently taking (including OTC):_____

PRESCRIPTION

New ☐ Refill ☐ Ship by: ___/___/____ Ship to: ☐ Patient's Home ☐ Doctor's Office ☐ Other:_____

Drug	Strength	Directions	Quantity	Refills
Baraclude®	☐ 1mg or ☐ 5mg	☐ Take 1 tablet daily	☐ 30 days	
Daklinza®	☐ 60mg or ☐ 30mg	☐ Take 1 tablet daily	☐ 28 days	
Epclusa®	☐ 400mg/100mg	☐ Take 1 tablet daily with or without food	☐ 28 days	
Epivir-HBV®	☐ 100mg	☐ Take 1 tablet daily	☐ 30 days	
Harvoni®	☐ 90-400 mg tablets	☐ Take 1 tablet daily with or without food	☐ 28 days	
Hepsera®	☐ 10mg	☐ Take 1 tablet daily	☐ 30 days	
Olysio®	☐ 150mg cap	☐ Take 1 capsule by mouth once daily with food	☐ 28 days	
☐ Ribapak® ☐ Moderiba Pak®	☐ Less than 66 kgs (145lbs) ☐ 66-80 kgs (145-176lbs) ☐ 81-105 kgs (178-231lbs) ☐ Greater than 105 kgs (231lbs)	☐ Take 400mg QAM and 400mg QPM ☐ Take 600mg QAM and 400mg QPM ☐ Take 600mg QAM and 600mg QPM ☐ Take 600mg Qam and 600mg QPM with 200mg Ribasphere	☐ 28 days	
Ribasphere®	☐ 200mg tab ☐ 200mg cap	_____	☐ 28 days	
Solvaldi®	☐ 400mg	☐ Take 1 tablet by mouth daily	☐ 28 days	
Technivie®	☐ 12.5/75/50mg	☐ Take 2 tablets by mouth daily with food	☐ 28 days	
Victrelis®	☐ 200mg	☐ Take 4 tablets three times daily with food	☐ 28 days	
Viekera®	☐ 28 Day Pack	☐ Take 2 (ombitasvir, paritaprevir, ritonavir 12.5/75/50mg) tablets every morning and take 1 (dasabuvir 250mg) tablet every morning and evening with a meal	☐ 28 days	
Zepatier®	☐ 50mg/100mg	☐ Take 1 tablet daily with or without food	☐ 28 days	
Other: _____	_____	_____	_____	

PRESCRIBING PRACTITIONER SIGNATURE

To Prescribing Practitioner: By signing this form and utilizing our services, you are also authorizing FOSRX/FAST to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies and co-pay foundations.

Prescribing Practitioner Signature: **Date:**