



Hepatitis C Prescription Referral Form

Send your Rx to: Pucci's Pharmacy Ph: 916-442-5891 Fax 916-442-4432

Puccirx.com if you have questions or concerns, please contact us.

Date Medication Needed: _____ Ship To: ☐ Patient's Home ☐ Prescriber's Office ☐ Pick-up 2821 J St., Sacramento, CA 95816

1: Patient Information

Patient Name: _____ Birthdate: _____ Sex: ☐ Male ☐ Female Height: _____ Weight: _____ ☐ lbs. ☐ kg.
Soc. Sec. #: _____ Preferred Phone: _____ Known Allergies: _____
Address: _____ City: _____ State: _____ Zip: _____
Alternate Caregiver Name: _____ Preferred Phone: _____

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2. Prescriber Information

Provider Name: _____ DEA#: _____ NPI#: _____ Tax ID#: _____
Address: _____ Phone: _____ Fax: _____
City: _____ State: _____ Zip: _____ Key Contact: _____ Phone: _____

3: Diagnosis/Clinical Information

Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization

Diagnosis/ICD-10: _____ Genotype: ☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 Viral load: _____ Date: _____
Fibrosis Score: ☐ F0 ☐ F1 ☐ F2 ☐ F3 ☐ F4 Cirrhosis: ☐ None ☐ Compensated ☐ Decompensated Child-Pugh: ☐ A ☐ B ☐ C
IL-28: ☐ CC ☐ CT ☐ TT NS5A Polymorphism: ☐ Y ☐ N NS5A Polymorphism Type: ☐ 28 ☐ 30 ☐ 31 ☐ 93 ☐ Other _____ HIV Co-infection ☐ HBV Co-infection ☐

Prior Therapy	End Treatment	Weeks	Response Status
_____	_____	_____	<input type="checkbox"/> Naïve <input type="checkbox"/> Null <input type="checkbox"/> Partial <input type="checkbox"/> Relapse
_____	_____	_____	<input type="checkbox"/> Naïve <input type="checkbox"/> Null <input type="checkbox"/> Partial <input type="checkbox"/> Relapse

4: Prescription Information

Medication	Dose/Strength	Sig	Qty.	Refills
<input type="checkbox"/> Daklinza® (daclatasvir)	<input type="checkbox"/> 60mg <input type="checkbox"/> 30mg	Take 1 tablet by mouth daily, with or without food in combination with sofosbuvir	28 day supply	
<input type="checkbox"/> Epclusa® (sofosbuvir/velpatasvir)	<input type="checkbox"/> 400mg/100mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/> Harvoni® (ledipasvir/sofosbuvir)	<input type="checkbox"/> 90mg/400mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/> Mavyret™ (glecaprevir/pibrentasvir)	<input type="checkbox"/> 100mg/40mg	Take three (3) tablets once daily with food	28 day supply	
<input type="checkbox"/> Olysio®	<input type="checkbox"/> 150mg	Take 1 capsule by mouth daily with food (Olysio is FDA approved for use with ribavirin and pegylated interferon, also approved in combination with Sovaldi)	28 day supply	
<input type="checkbox"/> Pegasys® <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Vial <input type="checkbox"/> ProClick®	<input type="checkbox"/> 180mcg <input type="checkbox"/> 135mcg	<input type="checkbox"/> 180mcg SQ once weekly <input type="checkbox"/> 90 mcg SQ once weekly <input type="checkbox"/> 135mcg SQ once weekly	28 day supply	
<input type="checkbox"/> RibaPak® <input type="checkbox"/> Moderiba®	<input type="checkbox"/> 600mg <input type="checkbox"/> 800mg <input type="checkbox"/> 1000mg <input type="checkbox"/> 1200mg	<input type="checkbox"/> 200mg every morning, 400mg every evening <input type="checkbox"/> 400mg every morning, 400mg every evening <input type="checkbox"/> 600mg every morning, 400mg every evening <input type="checkbox"/> 600mg every morning, 600mg every evening		
<input type="checkbox"/> RibaSphere®	<input type="checkbox"/> 200mg			
<input type="checkbox"/> Sovaldi®	<input type="checkbox"/> 400mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/> Technivie™ (ombitasvir, paritaprevir and ritonavir tablets)	<input type="checkbox"/> 12.5mg/75mg/50mg	Take 2 ombitasvir, paritaprevir, ritonavir tablets by mouth once daily in the morning with a meal without regard to fat or calorie content (Technivie is FDA approved for use with ribavirin)	28 day supply	
<input type="checkbox"/> Viekira Pak™ (ombitasvir, paritaprevir and ritonavir tablets copackaged with dasabuvir tablets)	<input type="checkbox"/> 2.5mg/75mg/50mg/250mg	Take 2 ombitasvir, paritaprevir, ritonavir (pink tablets) once daily (in the morning) and 1 dasabuvir (beige tablet) twice daily (morning and evening) with a meal without regard to fat or calorie content	28 day supply	
<input type="checkbox"/> Viekira XR™ (coformulated tablet contains dasabuvir, ombitasvir, paritaprevir and ritonavir)	<input type="checkbox"/> 200mg/8.33mg 50mg/33.33mg	Take 3 tablets, 1 pack, daily with a meal without regard to fat or calorie content	28 day supply	
<input type="checkbox"/> Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir)	<input type="checkbox"/> 400mg/100mg/100mg	Take 1 tablet by mouth daily with food	28 day supply	
<input type="checkbox"/> Zepatier™ (elbasvir/grazoprevir)	<input type="checkbox"/> 50mg/100mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
<input type="checkbox"/>				

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Patient Signature: _____ Date: _____

Prescriber Signature: Prescriber, please sign and date below

Dispense as written

Date

Substitution Permissible

Date

I authorize Pucci's Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.
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