HEPATOLOGY Referral Form

- **Phone: 818-390-9696 / Toll-free: 855-265-7850**
- **Fax: 818-804-3492 / 818-390-9697**
- **info@MedicoRX.com**

Patient information		Prescriber information	
Name:	**DOB:**	**Prescriber's Name:**	
Address: **City, State, Zip**		**NPI#**	
		DEA#	**License#**
Phone #	**Alt#**	**Address** **City, State, Zip**	
SSN:			
Height:	**Wt:**	**Phone #**	**Fax #**
Allergies:			
Emergency Contact/ Phone #		**Contact Person:**	
Genotype 1a 1b 2 3 4 5 6	**Tx naïve? Y□ N □**	**Cirrhosis Y□ N □**	**Fibrosis F1 F2 F3 F4**

HEP C Drug Name	Directions	Quantity	Refills
□ **Vosevi®** (Sofosbuvir / Velpatasvir / Voxilaprevir)	□ Take 1 tablet by mouth daily	# 28	
□ **Harvoni®** (Sobosbuvir / Ledipasvir)	□ Take 1 tablet by mouth daily	# 28	
□ **Epclusa®** (Sobosbuvir / Velpatasvir)	□ Take 1 tablet by mouth daily	# 28	
□ **Mavyret ®** (Glecaprevir / Pibrentasvir)	□ Take 3 tablet by mouth daily *with food*	# 28	
□ **Zepatier®** (Elbasvir / Grazoprevir)	□ Take 1 tablet by mouth daily	# 28	
□ *Ribavirin* □ *Moderiba* □ *Ribapack*	□ Take 200mg PO QAM & 400mg PO QPM □ Take 400mg PO QAM & 400mg PO QPM □ < 75kg Take 600mg PO QAM & 400mg PO QPM □ > 75kg Take 600mg PO QAM & 600 PO QPM	# 84 #112 #140 #168	

HEP B Drug Name	Strength	Directions	Quantity	Refills
□ **Baraclude®**	□ 0.5mg □ 1mg □ 0.05mg/ml:	□ 0.5mg tab by mouth daily □ 1mg tab by mouth daily □ 0.05 mg/ml: □ Dose adjustment by Creatinine Clearance (if less than 50ml/min):	# 30	
□ **Epivir HBV®**	□ 100mg	□ 100mg by mouth daily	# 30	
□ **Hepsera®**	□ 10mg	□ 10mg by mouth daily □ Dose adjustment by Creatinine Clearance (if less than 50ml/min):	# 30	
□ **HBIG ®** (Hepatitis B Immune Globulin - single use vial)		□ 5 ml IM in 2 divided doses, every □ 2 ml IM in 2 divided doses, every □ 10,000 International Units (32 ml) in 250ml NS, IV over hour(s), every for infusions □ Alternative dosage:		
□ **Pegasys®** □ Prefilled Syringe □ Vial □ ProClick®	□ 180mcg □ 135mcg	□ 90 mcg SQ once weekly □ 180 mcg SQ once weekly □ 135 mcg SQ once weekly	# 28	
□ **Tyzeka®**	□ 600mg	□ 600mg by mouth daily □ Dose adjustment by Creatinine Clearance (if less than 50ml/min):	# 30	
□ **Vemlidy®**	□ 25mg	□ 25mg by mouth daily with food	# 30	
□ **Viread®**	□ 300mg	□ 300mg by mouth daily □ Dose adjustment by Creatinine Clearance (if less than 50ml/min):	# 30	

By signing this form, I authorize MedicoRX and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third party payer.

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Prescriber's signature (no stamps) if brand required check this ☐ DAW___ **Date**