



# HCV REFERRAL FORM

Phone: (855) 896.9255 Fax: (402) 896.4862  
10004 S. 152nd St, Suite A, Omaha NE 68138

Patient Information			PLEASE FAX INSURANCE CARD (FRONT AND BACK)			Prescriber Information		
Last Name		First Name		DOB		Practice/Facility Name		
Address						Address		
City		State		ZIP		City	State	ZIP
Phone						Prescriber Name		
SSN			Allergies			Prescriber NPI		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Weight (kg)		Height (ft,in)		Nurse/Key Contact		Phone/Pager
Insurance Plan				Plan ID #		Fax		Email

Diagnosis/Clinical Information									
ICD-10-CM: B18.2		Other:		Date of Diagnosis: ___/___/___					
Genotype: 1 1a* 1b 2 3 4 5 6 *For Genotype 1a, is the Q80K polymorphism present? Yes No									
*NS5A: Yes No *NS5A polymorphism type: M28 Q30 L31 Y93 Other: _____ IL28B: CC CT TT									
Treatment Type: Treatment Naive Non-Responder Retreatment/Relapser Baseline viral load: _____ IU/ml Date of viral load lab: ___/___/___									
Cirrhosis: None Compensated Decompensated (CTP: B C) Degree of fibrosis: F0 F1 F2 F3 F4 Other fibrosis score: _____									
Child-Pugh class: A B C Comorbidities: HIV HBV Diabetes Other:									
CKD stage: 1 2 3 4 5 N/A Dialysis: Yes No Transplant status: N/A Pre-transplant Post-transplant									
Existing treatment		New Treatment Start		ANTICIPATED OR ACTUAL THERAPY START DATE: ___/___/___					
Previous Treatment				Start Date		End Date		Treatment Weeks	
Previous Treatment				Start Date		End Date		Treatment Weeks	

Concomitant medications (include OTC, herbal, etc):			
Additional Information			
Today's Date	Delivery Date	Deliver to: <input type="checkbox"/> Home <input type="checkbox"/> Physician	Special Instructions

Prescription Information			
MEDICATION	DOSE/STRENGTH/DIRECTIONS FOR USE	QTY	REFILLS
Daklinza™	Take one 30mg tablet by mouth once daily with or without food Take one 60mg tablet by mouth once daily with or without food Take one 90 mg tablet by mouth once daily with or without food	28 day supply	
Epclusa®	Take one tablet by mouth once daily with or without food	28 day supply	
Harvoni®	Take one tablet by mouth once daily	28 day supply	
Olysio™ *Document Q80K Result Above	Take one capsule by mouth once daily with food	28 day supply	
Ribapak® DAW Moderiba™ DAW Ribasphere® (Ribavirin 200mg)	600mg: 200mg PO QAM/400mg PO QPM      1000mg: 600mg PO QAM/400mg PO QPM 800mg: 400 mg PO QAM/400mg PO QPM      1200mg: 600mg PO QAM/600mg PO QPM Other:	28 day supply	
Sovaldi®	Take one tablet by mouth once daily with or without food	28 day supply	
Technivie™	Take two tablets by mouth once daily (in the morning) with a meal	28 day supply	
Viekira Pak®	Take two ombitasvir, paritaprevir, ritonavir tablets by mouth once daily (in the morning) and one dasabuvir tablet twice daily (morning and evening) with food	28 day supply	
Viekira XR™	Take three tablets by mouth once daily with a meal	28 day supply	
Zepatier™ *Document NS5A Result Above	Take one tablet by mouth once daily with or without food	28 day supply	

**Anticipated therapy duration:**  8 weeks  12 weeks  16 weeks  24 weeks  Other:

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution:

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (date)      DISPENSE AS WRITTEN/Do Not Substitute (date)

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

Confidentiality Statement: This message is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately at the address and telephone number set forth herein and obtain instructions as to proper destruction of the transmitted material. Thank you.