HEPATITIS C
ENROLLMENT FORM
Fax: 270-247-6033
or 270-251-3571

DUNCAN SPECIALTY PHARMACY

1522 Cuba Road
Mayfield, KY 42066
Phone: 270-247-3725

Today's Date: Needs by Date: Ship to: ☐Patient ☐Office ☐Other:

Patient Information

Patient Name:
Address:
City, State, Zip:
Home & Cell #:
SSN:
DOB: Sex:
Patient Weight: lbs or KG
Drug Allergies:

Prescriber Information

Prescriber Name:
Address:
City, State, Zip:
DEA #: State Lic#:
NPI#:
Phone: Fax:
Contact Person Name:
Contact E-mail:

INSURANCE INFORMATION: Please fax front & back copy of Medical & Prescription card(s) if possible as well as pertinent chart notes related to Patient's diagnosis.

Clinical Information—Statement of Medical Necessity

Diagnostic Information & Prior Treatment History

Diagnosis (*include date*): / / Hepatitis C / / Cirrhosis	Patient Weight: Patient Height:
Genotype: 1 2 3 4 5 6 Subtype: Viral Load:	Liver Biopsy: Y or N Date:
Naive: Relapsed*:	State: Grade:
Partial Responder*:	Creatine: Date:
**Please provide dates of previous treatment & viral load*	HIV Status:
Results:	

Prescription Information

✓	MEDICATION/DOSE		DIRECTIONS	QTY	REFILLS
☐	DAKLINZA	☐ 30mg Tablet ☐ 60mg Tablet ☐ 90mg Tablet	Take 1 tablet by mouth once a day Take 90mg by mouth once a day		
☐	EPCLUSA	400/100mg	Take once daily		
☐	HARVONI	90mg/400mg	Take 1 tablet by mouth once a day for: ☐12 Weeks ☐24 Weeks		
☐	MAVYRET	100mg/40mg	Take 3 tablets once a day with food for: ☐8 Weeks ☐12 Weeks ☐16 Weeks		
☐	OLYSIO	150 mg Capsule	Take once daily with food		
☐	RIBA-PAK	☐ 600mg/600mg ☐ 600mg/400mg ☐ 400mg/400mg ☐ 200mg/400mg	☐1200mg/day: 600mg Q AM & Q PM ☐1000mg/day: 600mg Q AM & 400mg Q PM ☐800mg/day: 400mg Q AM & Q PM ☐600mg/day: 400mg Q AM & 200mg Q PM		
☐	RIBAVIRIN	☐ 200mg Tablet ☐ 200mg Capsule	Take _____ tabs/caps Q AM & _____tabs/caps Q PM		
☐	SOVALDI	400 mg Tablet	Take 1 tablet by mouth once a day for: ☐12 Weeks ☐24 Weeks		
☐	TECHNIVIE PAK	12.5mg/75mg/50mg	Take 2 tablets in the morning with a meal per pack directions		
☐	VOSEVI	400mg/100mg/100mg	Take 1 tablet once daily with food for 12 weeks		
☐	VIEKIRA PAK	12.5mg/75mg/50mg ombitasvir, paritaprevir, ritonavir 250mg dasabuvir tablets	Take per pack directions. 3 tabs in AM & 1 tab in PM for: ☐12 Weeks ☐24 Weeks		
☐	ZEPATIER	50/100mg	Take once daily with or without food		

Revised 09/18/2019

Prescriber Signature: Date:

By signing this form & utilizing our services, you are authorizing Duncan Specialty Pharmacy & its employees to serve as your prior authorization designated agent in dealing with medical & prescription insurance companies. In the event that this pharmacy determines that it is unable to fulfill this prescription, I further authorize this pharmacy to forward this information and any related materials to another pharmacy of the patient's choice or within his/her provider network