Hepatitis Enrollment Form

Phone: 602-971-6950 / 877-971-3001
Fax: 877-552-5698

VASCO SPECIALTY-INFUSION
An AleraCare Company AleraCare A Healthcare Solutions Company

Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.

Prescriber Information

Prescriber Name:		◯MD ◯DO ◯NP ◯PA	NPI:
Office Contact:		Practice Name / Collaborating Physician:	
Address:		City:	
State:	Zip:	Phone:	Fax:

Patient Information | PLEASE SEND COPY OF INSURANCE CARD

Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: ◯M ◯F	Weight:	Height:	Diabetic: ◯Y ◯N
Address:	City:	State:	Zip:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? ◯Y ◯N		

Insurance Information

Primary Insurance:	Policy ID:	Group #:	
Policyholder Name:	Policyholder DOB:	BIN:	PCN:

Clinical Information | PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES

Diagnosis:	ICD-10:	Patient's Previous Treatment:				
Urine Drug Screen Attached: ◯Y ◯N	Date of Diagnosis: / /	Transplant: ◯Y ◯N	Transplant Type:			
Biopsy: ◯Y ◯N	Fibrosis:	Scale (0-4):	Genotype:	Initial Viral Load: IU/ml	Date: / /	HIV: ◯Y ◯N
Hepatitis B Testing Completed: ◯Y ◯N	Date Taken: / /	Result: ◯ Positive ◯ Negative				
RAV Testing Completed: ◯Y ◯N	Date Taken: / /	Resistance Variants found:				
TREATMENT ARRANGEMENTS:	Ship Meds: ◯Home ◯Prescriber's Office	Start Date: / /	**Length of Therapy:** ◯ **8 weeks** ◯ **12 weeks** ◯ **Other**			

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
◯ **MAVYRET**™	◯ 100mg / 40mg tablet	◯ Take 3 tablets by mouth once daily with food	28 Day Supply	
◯ **EPCLUSA**® ◯ **SOFOSBUVIR/VELPATASVIR**	◯ 400mg / 100mg tablet	◯ Take 1 tablet by mouth once daily with or without food	28 Day Supply	
◯ **HARVONI**™ ◯ **LEDIPASVIR/SOFOSBUVIR**	◯ 90mg / 400mg tablet	◯ Take 1 tablet by mouth once daily with or without food	28 Day Supply	
◯ **VOSEVI**™	◯ 400mg/100mg/100mg tablet	◯ Take 1 tablet by mouth daily with food	28 Day Supply	
◯ **RIBAVIRIN**	◯ 200mg tablet ◯ 200mg capsule	◯ _____ taken with food	28 Day Supply	
◯ **SOVALDI**™	◯ 400mg tablet	◯ Take 1 tablet by mouth once daily with or without food	28 Day Supply	
◯ **VEMLIDY**®	◯ 25mg tablet	◯ Take 1 tablet by mouth once daily with food	30 Day Supply	
◯ **XIFAXAN**®	◯ 550mg tablet	◯ Take 550mg tablet by mouth 2 times a day	28 Day Supply	
◯ **ZEPATIER**™	◯ 50mg / 100mg tablet	◯ Take 1 tablet by mouth once daily with or without food *(Zepatier is FDA approved for use with or without ribavirin depending on certain populations)*	30 Day Supply 28 Day Supply	
◯ Other:				
◯ Other:				

By signing this form and utilizing our services, you are authorizing VascoRx and its employees to serve as your prior authorization agent in dealing with medical and prescription insurance companies and copay assistance foundation.

Prescriber Signature: Substitution Permitted	**Date**	Prescriber Signature: Dispense as Written	**Date**

If brand is required, please write "DAW" in the box to the right.