



Birmingham,AL  
F: 205-271-9971

Huntsville, AL  
F: 256-417-6408

Knoxville, TN  
F: 865-934-0249

Nashville, TN  
F: 615-645-4791

Chantilly, VA  
F: 703-935-2061

|  |   |  |   |
|--|---|--|---|
| Patient Name:  |   | Primary Ins:   |   |
| DOB:   |   | BinRx/PCN#:  |   |
| SSN:   |   | ID #:  |   |
| Address:   |   | Group #:   |   |
| City/ST/Zip:   |   | Phone #:   |   |
| Phone #:   |   | Secondary Ins:   |   |
| Emergency Contact #:   |   | Sex: <input type="checkbox"/> M <input type="checkbox"/> F   |   |
| Diagnosis:   |   | Height:      Weight:      Allergies:   |   |
| ICD-10:  |   | List Previous Treatment:   |   |
| Liver Biopsy:  |   | Genotype:  | Viral Load:   |
| HIV: <input type="checkbox"/> Y <input type="checkbox"/> N   |   | Naïve: <input type="checkbox"/> Y <input type="checkbox"/> N   | Relapser:      Non Responder:   |
| <input type="checkbox"/> <b>Vosevi</b><br>(400 mg Sofosbuvir/100mg Velpatasvir/100mg Voxilaprevir)<br><br>Directions: Take 1 tablet Daily with food<br>Qty: 28<br><br>Refills: 2   | <input type="checkbox"/> <b>Mavyret</b><br>(100mg Glecaprevir/40mg <b>Ribirentas</b> )<br><br>Directions: Take 3 tablets Daily with food<br>Qty: 84<br><br>Refills: 2   | <input type="checkbox"/> <b>Zepatier</b><br>(50mg Elbasvir/100mg Grazoprevir)<br><br>Directions: Take 1 tablet Daily with food<br>Qty: 28<br><br>Refills: 2                                  | <input type="checkbox"/> <b>Sovaldi</b><br>(400mg Sofosbuvir)<br><br>Directions: Take 1 tablet Daily with food<br>Qty: 28<br><br>Refills: 2   |
| <input type="checkbox"/> <b>Harvoni</b><br><input type="checkbox"/> Generic<br>(90 mg Ledipasvir/400 mg Sofosbuvir)<br><br>Directions: Take 1 tablet daily with or without food.<br><br>Qty: 28<br><br>Refills: 2  |   |  |   |
| <input type="checkbox"/> <b>Epclusa</b><br><input type="checkbox"/> Generic<br>(400mg Sofosbuvir/100mg Velpatasvir)<br><br>Directions: Take 1 tablet daily with or without food.<br>Qty: 28<br><br>Refills: 2  |   |  |   |
| <input type="checkbox"/> <b>Ribapak</b><br><br><input type="checkbox"/> 600mg PO Daily; 200mg Qam, 400mg Qpm<br><input type="checkbox"/> 800mg PO Daily; 400mg Gam, 400mg Qpm      103-131<br><input type="checkbox"/> 1000mg PO Daily; 600mg Qam, 400mg Qpm      132-162<br><input type="checkbox"/> 1200mg PO Daily; 600mg Qam, 600mg Qpm      >162<br><br>Qty: _____ Refills: _____ | <input type="checkbox"/> <b>Ribavirin 200mg</b> _____<br><br><b>Dose:</b><br>_____<br>_____<br>_____<br>(if insurance does not cover Ribapak, we will automatically switch to the equivalent doses of Ribavirin 200 mg tabs)<br>Qty: _____ Refills: _____ |  |   |
| <input type="checkbox"/> <b>Xifaxan</b><br><input type="checkbox"/> 200mg tablet <input type="checkbox"/> 550mg tablet<br><br>Dose: one tablet twice daily <input type="checkbox"/> One tablet three times daily <input type="checkbox"/><br><input type="checkbox"/> Other: _____<br>_____<br>Qty: _____ Refills: _____   | <input type="checkbox"/> <b>Other</b><br><br>Qty: _____ Refills: _____  | <b>Supportive Therapy</b><br><input type="checkbox"/> Procrit<br><input type="checkbox"/> Neupogen<br><input type="checkbox"/> Epogen<br>Dosing: _____<br>_____<br>Qty: _____ Refills: _____ | <b>Deliver To:</b><br>Patient's Home: <input type="checkbox"/><br>MD's Office: <input type="checkbox"/><br>First dose to MD: <input type="checkbox"/><br>Physician Training in office: <input type="checkbox"/> |

**By signing below, I certify that above therapy is medically necessary. Prescriber's Signature (SIGN BELOW)**

By signing this form and utilizing our services, I am also authorizing ContinuumRX to serve as my prior authorization agent with medical and pharmacy insurance providers.

|                          |  |                       |  |       |  |
|--------------------------|--|-----------------------|--|-------|--|
| Physician Signature DAW: |  | Substitution Allowed: |  | Date: |  |
| Physician Name:          |  | Office Contact:       |  |       |  |
| Address:                 |  | Phone:                |  | FAX:  |  |
| City/St./Zip:            |  | NPI:                  |  | DEA:  |  |