BioPlus® Specialty Pharmacy
A CAREPATHrx Company

E-prescribe the *Fast & Easy* way: select **BioPlus Specialty Pharmacy** from your EHR!

HCV Referral Form

Fax: 800-269-5493
Phone: 888-292-0744
bioplusrx.com

PATIENT INFORMATION

Patient's Name:		SSN:		DOB:
Address:		City:	State:	Zip:
Home Phone:	Cell Phone:	Height:	Weight:	Gender: ☐ Male ☐ Female
Email Address:		Diagnosis Code:		

INSURANCE INFORMATION *(or attach copy of cards)*

Primary Insurance Co:	Phone:	Policy #:	Group #:
Secondary Insurance:	Phone:	Policy #:	Group #:

CLINICAL INFORMATION *(attached copy of labs)*

Responder status:
☐ Treatment Naïve ☐ Treatment Experienced

Prior Treatment Type: _____

_____

_____

Did patient fail NS5A based treatment (Harvoni, Daklinza, Viekira, Zepatier)?
☐ No ☐ Yes (Please include RAV)

Comorbidities:
☐ ESRD ☐ HIV ☐ HBV ☐ Diabetes
☐ Other _____

Fibrosis Stage:
_____

Child-PugScore:
_____

HCV genotype:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 1a ☐ 2a
☐ 3a ☐ 4a ☐ 1b ☐ 2b ☐ 3b ☐ 4b
☐ Other _____

HCV RNA: _____

Cirrhosis: ☐ Y ☐ N
If YES:
☐ Compensated ☐ Decompensated

Test Type	GT1 NS5A RAV Test	Genotype + GT1a RAV (reflex) panel	Viral Load + GT1a RAV (reflex) panel	Viral Load + Genotype (reflex) + GT1a RAV (reflex) panel
Quest Lab	92447(X)	93871(X)	N/A	93873(X)
LabCorp	550325	550615	93873(X)	550705

PRESCRIPTION INFORMATION *(for IV medication attach a copy of prescription)*

MEDICATION	SIG / DIRECTIONS:	QUANTITY	REFILLS
☐ **MAVYRET™** (glecaprevir 100mg/ pibrentasvir 40 mg)	Three tablets (total daily dose: glecaprevir 300 mg and pibrentasvir 120 mg) taken orally once daily with food	28 Day Supply	
☐ **HARVONI®** (ledipasvir 90 mg/ sofosbuvir 400 mg)	One tablet taken by mouth once daily.	28 Day Supply	
☐ **EPCLUSA®** (sofosbuvir 400 mg/ velpatasvir 100 mg)	One tablet taken by mouth once daily.	28 Day Supply	
☐ **VOSEVI™**((sofosbuvir 400 mg/ velpatasvir 100 mg/ voxilaprevir 100 mg)	One tablet taken by mouth once daily with food.	28 Day Supply	
☐ **ZEPATIER®** (elbasvir 50 mg/ grazoprevir 100 mg)	One tablet taken by mouth once daily.	28 Day Supply	
☐ **RIBAVIRIN®** 200 mg	_____ mg AM _____ mg PM	28 Day Supply	
☐ **Other**			

As required by your state, Prescriber to check "Dispense as written" or handwrite "Brand Medically Necessary" and sign to prevent generic substitution.

PHYSICIAN INFORMATION

Prescriber Name:	Phone:	Fax:
Office Contact:	Email:	Ship To: ☐ Patient ☐ MD Office
NPI #:	Tax ID #:	
Prescriber Signature:		Date:

BioPlus Specialty Pharmacy 376 Northlake Blvd., Altamonte Springs, FL 32701 **BioPlus Specialty Pharmacy** 100 Southcenter Ct. Suite 100, Morrisville, NC 27560
BioPlus Specialty Pharmacy 13925 Yale Ave Ste 145 Irvine, CA 92620 **MedScripts Medical Pharmacy** 1325 Miller Rd. Suite K, Greenville, SC 29607
River Medical Pharmacy 4752 Research Drive, San Antonio, TX 78240 **Route 300 Pharmacy** 1208 Route 300 Suite 103, Newburgh, NY 12550

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