HEPATITIS C
Prescription Referral Form

blue sky SPECIALTY PHARMACY

Phone: 843-352-7662 | Fax: 833-898-3992 | Backup Fax 843-352-7629 | 1501 Belle Isle Ave #150 Mt Pleasant SC 29464

PATIENT INFORMATION - PLEASE FORWARD FRONT AND BACK OF INSURANCE CARDS

First Name: _____ Last Name: _____ Date of Birth: _____ ☐M ☐F

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ SSN: _____ Patient Preferred Language: ☐English ☐Spanish ☐ _____

PRESCRIBER INFORMATION

Name: _____ DEA: _____ NPI: _____

Address: _____

Phone Number: _____ Fax Number: _____ Contact Person: _____

Office's Preferred Method of Contact: ☐Phone ☐Fax ☐Portal ☐Email: _____ ☐Other: _____

PATIENT CLINICAL INFORMATION / HISTORY - PLEASE FORWARD ALL CHART NOTES AND LABWORK

Diagnosis: Hepatitis C ICD 10: B18.2 Genotype: ☐1a ☐1b ☐2 ☐3 ☐4 Viral Load: _____

Responder Status: ☐Naive ☐Null ☐Partial ☐Relapse | Severe Renal Impairment: ☐Yes ☐No

Fibrosis Score: _____ Cirrhosis: ☐Yes ☐No ☐Compensated ☐Decompensated

Previous / Failed Medications: _____

ADDITIONAL DOCUMENTATION TO SEND

☐ Viral Load	☐ Genotype Lab	☐ CMP	☐ Liver Staging Documentation	☐ NHBV Surface + Core Antibodies
☐ CBC	☐ Resistance Testing	☐ Chart Notes	☐ Patient's Insurance Card	☐ Commitment Letter

PRESCRIBING INFORMATION

☐ NEW ☐ RESTART ☐ CONTINUING | SHIPPING PREFERENCE: ☐ Deliver Medication to Patient ☐ Deliver Medication to MDO ☐ First Fills ☐ All Fills

MEDICATION	DOSAGE	SIG	QTY	RFLS
☐ EPCLUSA	☐ 400mg/100mg	☐ Take 1 tablet by mouth once daily with or without food		
☐ HARVONI	☐ 90mg/400mg	☐ Take 1 tablet by mouth once daily with or without food		
☐ MAVYRET	☐ 100mg/40mg	☐ Take 3 tablets by mouth once daily with food		
☐ RIBAVIRIN	☐ 200mg	☐ Take _____ by mouth every morning and take _____ by mouth every evening		
☐ VOSEVI	☐ 400mg/100mg/100mg	☐ Take 1 tablet by mouth once daily with food		

PRESCRIPTION SIGNATURE

Dispense as Written: _____ Substitution Permitted: _____ Date: _____

I authorize Blue Sky Specialty Pharmacy and it's representatives to act as my agent in order to initiate and execute the insurance prior authorization process / appeals if necessary, in doing so, to release clinical information via phone / fax to appropriate third party payer