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Hepatitis C Referral Form

Urgent/Stat **Standard**

Prescriber	Prescriber Information							
	Prescriber Name:				MD PA NP			
	NPI:		DEA:		Office Contact:			
	Address:							
City:	State:	Zip:	Phone #:		Fax #:			
Patient	Patient Information - Fax A Copy Of The Front And Back Of All Insurance Cards							
	First Name:			MI:	Last Name:			
	DOB:		Sex: M F	Last 4 Digits SSN :		Interpreter: Y N Specify:		
	Address:							
	City:	State:	Zip:	Primary #:		Alternate #:		
Emergency Contact:		Phone #:		Contact Preference: AM Noon PM				
Clinical	Clinical Information - Please Send Progress Notes, Lab Reports And Any Other Supporting Documents							
	ICD10/ Diagnosis Code:				Diagnosis Date: / /			
	Genotype: 1 2 3 4 5 6 Subtype: A B A/B N/A			Baseline viral load:		I/U mL Date: / /		
	Cirrhosis: Yes No (If yes, is it Compensated Decompensated)			Co-infection: HIV HBV N/A				
	Fibrosis Score: 0 1 2 3 4			Transplant: Y N Type:				
	Previous Treatment(s) & Date(s):				Treatment Response			
					Incomplete Null Partial Relapsed			
					Incomplete Null Partial Relapsed			
	Allergies:			Expected Duration of Therapy: 8 weeks 12 weeks Other/____ weeks				
	Additional Clinical Information:							
Prescription	Prescription Information							
	Deliver to:	Patient's Home		Prescriber's Office		Other	Start Date: / /	
	Drug	Dose/Strength			Directions		Quantity	Refills
	DAKLINZA™	30 mg Tablet	60 mg Tablet	90 mg Tablet	Take 1 tablet by mouth once daily with or without food in combination with Sofosbuvir		28 Day Supply	
	EPCLUSA®	400 mg/ 100 mg Tablet			Take 1 tablet by mouth once daily with or without food		28 Day Supply	
	HARVONI™	90 mg/ 400 mg Tablet			Take 1 tablet by mouth once daily with or without food		28 Day Supply	
	MAVYRET™	100 mg/ 40 mg Tablet			Take 3 tablets by mouth once daily with food		28 Day Supply	
	RIBAVIRIN	200 mg Tablet	200 mg Capsule		_____ taken with food		28 Day Supply	
	SOVALDI™	400 mg Tablet			Take 1 tablet by mouth once daily with or without food		28 Day Supply	
	VOSEVI™	400 mg Tablet/ 100 mg/ 100 mg Tablet			Take 1 tablet by mouth once daily with food		28 Day Supply	
	XIFAXAN™	550 mg Tablet			Take 550 mg tablet by mouth 2 times a day		30 Day Supply	
ZEPATIER™	50 mg/ 100 mg Tablet			Take 1 tablet by mouth once daily with or without food <small>(Zepatier is FDA approved for use with or without Ribavirin depending on certain population)</small>		28 Day Supply		
Other:								
Dispense ancillary supplies, syringes and medical equipment necessary to administer medication.								

By signing this form and utilizing our services, you are authorizing Universal Specialty Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Sign	Prescriber Signature and Date (Required to validate prescription)	
	Physician Signature:	Date: / /

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