


Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Senderra.

 <p>SENDERRA Specialty Pharmacy 1301 E. Arapaho Rd., Ste. 101 Richardson, TX 75081</p>	Hepatitis C Enrollment		Prescribing Practitioner: _____		NPI: _____		
			Supervising Physician: _____		NPI: _____		
			Address: _____				
			Office: _____		Fax: _____		
		Contact: _____					

PATIENT INFORMATION							
Name: _____			<input type="checkbox"/> M <input type="checkbox"/> F		DOB: ____/____/____		
Tel: _____		Al. Tel: _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		SS#: _____	
Street: _____		City: _____		State: _____		ZIP: _____	
Wt.: _____		Ht.: _____					

MEDICAL INFORMATION	
Date of Diagnosis: ____/____/____ <input type="checkbox"/> B18.2 HCV (Chronic): Genotype: _____ *If Genotype 1a, is Q80K polymorphism present? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Genotype 1a, is NS5A Resistance-Associated polymorphism present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____ Allergies: _____	Treatment Naive? <input type="checkbox"/> Yes <input type="checkbox"/> No Previously treated with Interferon? <input type="checkbox"/> Yes <input type="checkbox"/> No (<input type="checkbox"/> Relapsed <input type="checkbox"/> Partial <input type="checkbox"/> Null) Cirrhosis? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, is it: <input type="checkbox"/> compensated <input type="checkbox"/> decompensated) Metavir: <input type="checkbox"/> F0 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/> F4 Viral Load: _____ IU/ml Date Drawn: ____/____/____

*****PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY*****

PRESCRIPTION	
<input type="checkbox"/> New <input type="checkbox"/> Refill	
Ship by: ____/____/____ SHIP TO: <input type="checkbox"/> Patient's Home <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other: _____	

Drug	Strength	Directions & Quantity	Refills
<input type="checkbox"/> Daklinza®	<input type="checkbox"/> 60mg <input type="checkbox"/> 30mg*	Take 1 tablet PO QD with or without food (Quantity: 28) <i>*30mg dose is intended for use with strong CYP3A inhibitors*</i> <i>*90mg dose is intended for use with moderate CYP3A inducers*</i>	
<input type="checkbox"/> Harvoni®	400/90mg Tablet (ledipasvir/sofosbuvir)	Take 1 tablet PO QD with or without food (Quantity: 28)	
<input type="checkbox"/> Olysio™	150mg Capsule	Take 1 capsule PO QD with food (Quantity: 28) <i>*Maximum of 2 additional refills*</i>	
<input type="checkbox"/> Sovaldi™	400mg Tablet	Take 1 tablet PO QD with or without food (Quantity: 28) <i>*Maximum of 2 additional refills for Genotypes 1, 2, and 4*</i> <i>*Maximum of 5 additional refills for Genotype 3*</i>	
<input type="checkbox"/> Technivie™	12.5/75/50mg Tablet (ombitasvir, paritaprevir, ritonavir)	Take 2 tablets PO QD with food (Quantity: 56)	
<input type="checkbox"/> Viekira Pak™	12.5/75/50mg & 250mg Tablets (ombitasvir, paritaprevir, ritonavir, dasabuvir)	Take 2 pink tablets PO QD (morning) and 1 beige tablet PO BID (morning and evening) with food (Quantity: 56/56)	
<input type="checkbox"/> Zepatier™	50mg/100mg Tablet (elbasvir/grazoprevir)	Take 1 tablet PO QD with or without food (Quantity: 28)	

Moderiba™ Dose Pack		<input type="checkbox"/> Moderiba™ Tablets *Capsules are NOT available for Moderiba™ (Strength 200mg) <input type="checkbox"/> Ribavirin Capsules *Moderiba™ tablets will be dispensed unless Ribavirin capsules are indicated*	
Directions & Quantity	Refills	Directions & Quantity	Refills
<input type="checkbox"/> Take 200mg QAM, 400mg QPM (Quantity: 56)		<input type="checkbox"/> Take 200mg QAM, 400mg QPM (Quantity: 84)	
<input type="checkbox"/> Take 400mg QAM, 400mg QPM (Quantity: 56)		<input type="checkbox"/> Take 400mg QAM, 400mg QPM (Quantity: 112)	
<input type="checkbox"/> Take 600mg QAM, 400mg QPM (Quantity: 56)		<input type="checkbox"/> Take 400mg QAM, 600mg QPM (Quantity: 140)	
<input type="checkbox"/> Take 600mg QAM, 600mg QPM (Quantity: 56)		<input type="checkbox"/> Take 600mg QAM, 600mg QPM (Quantity: 168)	
<input type="checkbox"/> Take 600mg QAM, 600mg QPM (Quantity: 56) & 200mg Moderiba tablet QPM (Quantity: 28)		<input type="checkbox"/> Take 600mg QAM, 800mg QPM (Quantity: 196)	

<input type="checkbox"/> Peg-Intron® <input type="checkbox"/> Redipen <input type="checkbox"/> Vials <i>*Redipen will be dispensed unless vials are indicated*</i>				<input type="checkbox"/> Pegasys® <input type="checkbox"/> Pre-filled Syringe <input type="checkbox"/> Proclick <input type="checkbox"/> Vial	
Body Weight	Strength	Directions & Quantity	Refills	Directions & Quantity	Refills
<input type="checkbox"/> <than 40 kg (88 lbs)	50mcg/0.5mL	Inject 50mcg (0.5mL) SQ QW (Quantity: 4)		<input type="checkbox"/> Inject 90mcg SQ QW (Quantity: 4) <i>*Proclick is NOT available for this dose*</i>	
<input type="checkbox"/> 40-50 kg (88-111 lbs)	80mcg/0.5mL	Inject 64mcg (0.4mL) SQ QW (Quantity: 4)			
<input type="checkbox"/> 51-60 kg (112-133 lbs)	80mcg/0.5mL	Inject 80mcg (0.5mL) SQ QW (Quantity: 4)			
<input type="checkbox"/> 61-75 kg (134-166 lbs)	120mcg/0.4mL	Inject 96mcg (0.4mL) SQ QW (Quantity: 4)			
<input type="checkbox"/> 76-85 kg (167-187 lbs)	120mcg/0.5mL	Inject 120mcg (0.5mL) SQ QW (Quantity: 4)			
<input type="checkbox"/> >than 85 kg (187 lbs)	150mcg/0.5mL	Inject 150mcg (0.5mL) SQ QW (Quantity: 4)			

PHYSICIAN SIGNATURE	
To Physician: By signing this form and utilizing our services, you are also authorizing Senderra Rx to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.	
Physician Signature: _____	Date: ____/____/____

CONFIDENTIALITY NOTICE	
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