DolphinHealthRx
Committed to Helping People Get Well

Alameda Alliance For Health
Hepatitis C Enrollment Forms

Toll Free: 844-436-5744
Local Phone: 510-900-3131
Fax: 844-329-6979

PATIENT INFORMATION

Written Date:

Ship To:
- ☐ Pick up 1st fill at Dolphin Health
- ☐ Provider (1st Fill Only)
- ☐ Provider (All Fills)

Permission to Contact Patient:
- ☐ Yes, OK to call patient
- ☐ No, not OK to call patient

Patient Name:
Date of Birth:
SSN:
Address:
City, State, Zip Code:
Phone:
Email Address:
Preferred language:
Contact Person:

ENROLLMENT CHECKLIST

PLEASE PROVIDE FOR ALL PATIENTS

- ☐ Demographics
- ☐ Insurance cards
- ☐ Last 2 visit notes
- ☐ HCV Genotype
- ☐ HCV RNA (Last 90 days)
- ☐ CBC w/ PLT (Last 90 days)
- ☐ NS5A Resistance Testing for GT1a
- ☐ Complete Metabolic Panel (Last 90 days)
- ☐ Fibrosis documentation (Biopsy, Fibroscan, Fibrosure)
- ☐ Imaging (*if available)
- ☐ PT/INR (*if cirrhotic)
- ☐ NS3A Resistance Testing
- ☐ Current Med List
- ☐ Pt adherence/readiness documentation

DIAGNOSIS INFORMATION (Please include supporting documents)

Diagnosis:
- ☐ B18.2 Hepatitis C
- ☐ HCV/HIV Co-infection
- ☐ HCV/HBV Co-infection
- ☐ HCC
- ☐ Pre/post- transplant

Height: _____
Weight: _____

Genotype:
- ☐ 1A ☐ 1B ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
- ☐ Other: _____

Allergies: _____

Prior treatment history:
- ☐ Naïve ☐ Relapser ☐ Non-Responder
- ☐ Discontinued due to side effects

Prior treatment regimen:
- ☐ RBV ☐ IFN ☐ Harvoni ☐ Sovaldi
- ☐ Olysio ☐ Incivek ☐ Victrelis ☐ Other: _____

Stage of Fibrosis
- ☐ F0 ☐ F1 ☐ F2 ☐ F3 ☐ F4 APRI score: _____

HIGH PRIORITY FOR TREATMENT

(Please select all that apply)
Please include labs and/or notes

COMORBIDITIES
- ☐ HIV co-infection
- ☐ HBV co-infection
- ☐ Type 2 DM
- ☐ Debilitating fatigue due to HCV Infection

EXTRAHEPATIC MANIFESTATIONS
- ☐ Porphyria cutanea carda
- ☐ Symptomatic cryoglobulinemia
- ☐ HCV-related kidney disease

ELEVATED RISK OF HCV TRANSMISSION
- ☐ MSM w/ high risk sexual practices
- ☐ Active IVDU
- ☐ Long-term HD
- ☐ Women of child-bearing potential wishing to get pregnant
- ☐ HCV infected Healthcare worker who performs exposure prone procedures

CURRENT TREATMENT REGIMENS

Genotype	Available Regimens	Duration	Notes
Genotype 1	**Zepatier**	12 weeks	Tx naïve or PegIFN/RBV-experienced without baseline NS5A polymorphisms (GT1a) or Tx naïve or PegIFN/RBV-experienced (GT1b) or CrCl < 30 mL/min (GT1a or GT1b)
	Epclusa	12 weeks	Tx naïve or PegIFN/RBV-experienced GT1a with baseline NS5A polymorphisms or GT1a/GT1b decompensated cirrhosis (Child-Pugh B & C)
Genotype 2	**Epclusa**	12 weeks	Non-cirrhotic & compensated cirrhosis (Child-Pugh A)
	Epclusa + RBV	12 weeks	Decompensated cirrhosis (Child-Pugh B & C) or Sovaldi/RBV-experienced
Genotype 3	**Epclusa**	12 weeks	Non-cirrhotic & compensated cirrhosis (Child-Pugh A)
	Epclusa + RBV	12 weeks	Decompensated cirrhosis (Child-Pugh B & C) or Sovaldi/RBV-experienced or PegIFN/RBV-experienced with cirrhosis
Genotype 4	**Epclusa**	12 weeks	Non-cirrhotic & compensated cirrhosis (Child-Pugh A)
	Epclusa + RBV	12 weeks	Decompensated cirrhosis (Child-Pugh B & C)
	Zepatier	12 weeks	CrCl < 30 mL/min
Genotype 5 & 6	**Epclusa**	12 weeks	Non-cirrhotic & compensated cirrhosis (Child-Pugh A)
	Epclusa + RBV	12 weeks	Decompensated cirrhosis (Child-Pugh B & C)

TREATMENT REGIMEN & PRESCRIPTION

	MEDICATION	STRENGTH	DIRECTIONS	DISPENSE QTY	DURATION
NS5A INHIBITOR & NS3/4A PI	☐ ZEPATIER™	50/100mg	Take 1 tablet by mouth once daily	☐ Up to 30 days ☐ Up to 90 days	
NS5A Inhibitor & NS5B PI	☐ EPCLUSA®	100/400mg	Take 1 tablet by mouth once daily	☐ Up to 30 days ☐ Up to 90 days	
NS5A Inhibitor & NS5B PI	☐ HARVONI®	90/400mg	Take 1 tablet by mouth once daily	☐ Up to 30 days ☐ Up to 90 days	
3D COMBINATION	☐ VIEKIRA XR™	25/150/100/600 mg	Take 3 tablets by mouth once daily with food	☐ Up to 30 days ☐ Up to 90 days	
POLYMERASE INHIBITORS	☐ SOVALDI™	400mg	Take 1 tablet by mouth once daily	☐ Up to 30 days ☐ Up to 90 days	
NS5A INHIBITOR	☐ DAKLINZA™	☐ 30mg ☐ 60mg (normal dosage) ☐ 90mg	Take one tablet by mouth once daily with sofosbuvir	☐ Up to 30 days ☐ Up to 90 days	
COMBINATION	☐ TECHNIVIE™	12.5/75/50 mg	Take 2 tablets by mouth once daily with food	☐ Up to 30 days ☐ Up to 90 days	
RIBAVIRIN	☐ RIBAPAK® ☐ DAW1 (or ribavirin equivalent)	☐ 600mg ☐ 800mg ☐ 1000mg (≤75kg) ☐ 1200mg (>75kg) ☐ 1400mg	400mg QAM, 200mg QPM, with food 400mg QAM, 400mg QPM, with food 600mg QAM, 400mg QPM, with food 600mg QAM, 600mg QPM, with food 800mg QAM, 600mg QPM, with food	☐ Up to 30 days ☐ Up to 90 days	
	☐ _____				
OTHER	☐ _____	☐ _____			

PROVIDER AUTHORIZATION & INFORMATION

By signing below, the prescriber gives consent to both, the prescription(s) above, as well as to Dolphin Health to act as the prescriber's agent to begin and To execute the prior authorization process and to help the patient apply to co-pay assistance programs, including all foundations and manufacturer assistance programs if necessary.

☐ Prescriber Name: DEA: NPI:
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☐ Prescriber Name: DEA: NPI:

Address: _____ Phone: _____ Fax: _____ Contact Person: _____

Date: _____ **Provider Signature:** _____ ☐ **Do not substitute**