

 <b>SENDERRA</b> Specialty Pharmacy 1301 E. Arapaho Rd., Ste. 101 Richardson, TX 75081 <i>This prescription form is to be sent &amp; received via fax</i>	<b>Pediatric Hepatitis C Enrollment Form</b>  <b>Physician Offices Call: 855-460-7928</b>  <b>Fax: 888-777-5645</b>		<b>Prescriber:</b> _____ <b>Supervising Physician:</b> _____ Address: _____ Phone: _____ Fax: _____ Contact: _____		<b>NPI:</b> _____  <b>NPI:</b> _____  <b>Tax ID:</b> _____
	<b>PATIENT INFORMATION</b>				
	Name: _____		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans M <input type="checkbox"/> Trans F <input type="checkbox"/> Other		DOB: ____/____/____ SS#: ____-____-____
	Street: _____		City: _____		State: _____ ZIP: _____
	Phone: _____		Alt. Phone: _____		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
<b>PRESCRIPTION</b>					
<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: _____			
<b>Drug</b>	<b>Strength</b>	<b>Directions &amp; Quantity</b>		<b>Refills</b>	
<b>Epclusa®</b> <small>(sofosbuvir/velpatasvir)</small>	<input type="checkbox"/> 400/100 mg Tablet	<input type="checkbox"/> Take one tablet PO QD with or without food (Quantity: 28) <b>***Intended for weight ≥ 30 kg/66 lbs</b>			
	<input type="checkbox"/> 200/50 mg Tablet	<input type="checkbox"/> Take two tablets PO QD with or without food (Quantity: 56) <b>***Intended for weight 17 kg/37 lbs to &lt; 30 kg/66 lbs***</b>			
	<input type="checkbox"/> 200/50 mg Tablet	<input type="checkbox"/> Take one tablet PO QD with or without food (Quantity: 28) <b>***Intended for weight &lt; 17 kg/37 lbs***</b>			
	<input type="checkbox"/> 150/37.5 mg Pellets	<input type="checkbox"/> Take one tablet PO QD with or without food (Quantity: 28) <b>***Intended for weight &lt; 17 kg/37 lbs***</b>			
<b>Harvoni®</b> <small>(ledipasvir/sofosbuvir)</small>	<input type="checkbox"/> 90/400 mg Tablet	<input type="checkbox"/> Take one tablet PO QD with or without food (Quantity: 28) <b>***Intended for weight ≥ 35 kg/77 lbs***</b>			
	<input type="checkbox"/> 45/200 mg Tablet	<input type="checkbox"/> Take two tablets PO QD with or without food (Quantity: 56) <b>***Intended for weight 17 kg/37 lbs to &lt; 35 kg/77 lbs***</b>			
	<input type="checkbox"/> 45/200 mg Pellets	<input type="checkbox"/> Take two packets of pellets QD with or without food (Quantity: 56) <b>***Intended for weight &lt; 17 kg/37 lbs***</b>			
	<input type="checkbox"/> 45/200 mg Tablet	<input type="checkbox"/> Take one tablet PO QD with or without food (Quantity: 28) <b>***Intended for weight &lt; 17 kg/37 lbs***</b>			
	<input type="checkbox"/> 45/200 mg Pellets	<input type="checkbox"/> Take one packet of pellets PO QD with or without food (Quantity: 28) <b>***Intended for weight &lt; 17 kg/37 lbs***</b>			
	<input type="checkbox"/> 33.75/150 mg Pellets	<input type="checkbox"/> Take one packet of pellets PO QD with or without food (Quantity: 28) <b>***Intended for weight &lt; 17 kg/37 lbs***</b>			
<b>Mavyret®</b>	<input type="checkbox"/> 100/40 mg Tablet	<input type="checkbox"/> Take three tablets PO QD with food (Quantity: 84) <b>***Intended for weight ≥ 45 kg/99 lbs OR ages ≥ 12***</b>			
	<input type="checkbox"/> 50/20 mg Pellets	<input type="checkbox"/> Take six packets of pellets PO QD (Quantity: 28) <b>***Intended for weight 30 kg/66 lbs to &lt;45 kg/99 lbs***</b>			
	<input type="checkbox"/> 50/20 mg Pellets	<input type="checkbox"/> Take five packets of pellets PO QD (Quantity: 28) <b>***Intended for weight 20 kg/44 lbs to &lt;30 kg/66 lbs***</b>			
		<input type="checkbox"/> Take four packets of pellets PO QD (Quantity: 28) <b>***Intended for weight &lt; 20 kg/44 lbs</b>			
		<input type="checkbox"/> Take three packets of pellets PO QD (Quantity: 28) <b>***Intended for weight &lt; 20 kg/44 lbs</b>			
		<input type="checkbox"/> Take three packets of pellets PO QD (Quantity: 28) <b>***Intended for weight &lt; 20 kg/44 lbs</b>			
<b>Sovaldi®</b>	<input type="checkbox"/> 400 mg Tablet	<input type="checkbox"/> Take one tablet PO QD with or without food (Quantity: 28) <b>***Intended for weight ≥ 35 kg/77 lbs***</b>			
	<input type="checkbox"/> 200 mg Tablet	<input type="checkbox"/> Take two tablets PO QD with or without food (Quantity: 56) <b>***Intended for weight 17 kg/37 lbs to &lt; 35 kg/77 lbs***</b>			
	<input type="checkbox"/> 200 mg Pellets	<input type="checkbox"/> Take two packets of pellets QD with or without food (Quantity: 56) <b>***Intended for weight &lt; 17 kg/37 lbs***</b>			
	<input type="checkbox"/> 200 mg Tablet	<input type="checkbox"/> Take one tablet PO QD with or without food (Quantity: 28) <b>***Intended for weight &lt; 17 kg/37 lbs***</b>			
	<input type="checkbox"/> 200 mg Pellets	<input type="checkbox"/> Take one packet of pellets PO QD with or without food (Quantity: 28) <b>***Intended for weight &lt; 17 kg/37 lbs***</b>			
	<input type="checkbox"/> 150 mg Pellets	<input type="checkbox"/> Take one packet of pellets PO QD with or without food (Quantity: 28) <b>***Intended for weight &lt; 17 kg/37 lbs***</b>			
<b>RIBAVIRIN PRODUCTS</b>					
<b>Directions &amp; Quantity</b> <input type="checkbox"/> Take ____ mg QAM, ____ mg QPM (Quantity: ____ )		<input type="checkbox"/> Ribavirin Tablet <input type="checkbox"/> Ribavirin Capsule			
<b>MEDICAL INFORMATION</b>					
<b>***PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES &amp; LAB WORK REGARDING THERAPY***</b>					
<b>Diagnosis:</b> <input type="checkbox"/> B18.2 Chronic Hepatitis C Virus (HCV) <b>Date of Diagnosis:</b> ____/____/____		<b>Treatment Naïve?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Genotype:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <b>Subtype:</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A/B <input type="checkbox"/> N/A		<b>Baseline viral load:</b> ____ IU/mL <b>Date:</b> ____/____/____			
<b>Cirrhosis:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, is it: <input type="checkbox"/> compensated <input type="checkbox"/> decompensated)		<b>Co-infection status:</b> <input type="checkbox"/> HIV <input type="checkbox"/> HBV <input type="checkbox"/> N/A			
<b>Degree of liver fibrosis:</b> <input type="checkbox"/> F0 <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3 <input type="checkbox"/> F4		<b>Polymorphism(s):</b> <input type="checkbox"/> NSSA <input type="checkbox"/> IL28B <input type="checkbox"/> Q80K <input type="checkbox"/> N/A			
<b>Prior HCV Treatment:</b> _____		<b>Date(s) of treatment:</b> _____		<b>Treatment weeks:</b> _____	
				<b>Treatment Response:</b> <input type="checkbox"/> Incomplete <input type="checkbox"/> Null <input type="checkbox"/> Partial <input type="checkbox"/> Relapsed <input type="checkbox"/> Incomplete <input type="checkbox"/> Null <input type="checkbox"/> Partial <input type="checkbox"/> Relapsed	
<b>Allergies:</b> _____		<b>Expected Duration of Therapy:</b> <input type="checkbox"/> 8 weeks <input type="checkbox"/> 12 weeks <input type="checkbox"/> 16 weeks <input type="checkbox"/> 24 weeks			
<b>Additional Clinical Information:</b> _____					
<b>PRESCRIBER SIGNATURE REQUIRED---STAMPED SIGNATURE NOT ALLOWED</b>					
<b>To Prescriber:</b> By signing this form and utilizing our services, you are also authorizing Senderra to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.					
<b>PRODUCT SUBSTITUTION PERMITTED</b>  X _____ Date: ____/____/____		<b>DISPENSE AS WRITTEN</b>  X _____ Date: ____/____/____			
<b>CONFIDENTIALITY NOTICE</b>					
<b>IMPORTANT:</b> This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.					