OPTUM®

Phone: 877-358-8893 option 5
Fax: 877-480-1748

Proteus Hepatitis C Prescription Referral Form

Specialty Pharmacy Enrollment Form Please detach before submitting to a pharmacy – tear here. **This form is not a valid prescription in Arizona**

PATIENT INFORMATION

*Please complete the following or **send patient demographic sheet***

Patient Name _____

DOB _____ Last Four of SS# _____ Gender _____

Weight _____ Height _____ Phone _____

Address _____

City, State, ZIP _____

Language Preference: ☐ English ☐ Spanish ☐ Other _____

PRESCRIBER INFORMATION

Prescriber's Name _____

DEA _____ NPI _____

Group/Hospital _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

Contact Person _____ Phone _____

INSURANCE INFORMATION *(Must fax a copy of patient's insurance card including both sides)*

Prior Authorization Reference number _____

MEDICAL INFORMATION *(Section must be completed to process prescription)* *(Attach separate sheet if needed)*

☐ B18.2 Chronic Hepatitis C ☐ K72.90 Hepatic failure, unspecified without coma ☐ C22.0 Liver Cell Carcinoma

☐ Other Diagnosis: ICD-10 Code _____ Description _____

Genotype _____ Viral Load _____ IU/ml Viral Load Date _____ HIV Coinfected: ☐ Yes ☐ No HBV Coinfected: ☐ Yes ☐ No

Previous therapy history: Naïve _____ Relapsed _____ Partial Responder _____ Null _____

Date(s) of previous therapy and meds _____

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

Liver Transplant: ☐ Yes ☐ No Waiting for Liver Transplant: ☐ Yes ☐ No Allergies: _____

Please include hard copies of: genotype, viral load, liver biopsy scans, CBC, CMP, HIV, PT/INR, H&P, NS5A resistance testing and pertinent office visit notes.

PROTEUS Prescription Information

Medication	Dose/Strength	Directions	Quantity	Refills
☐ Epclusa® (sofosbuvir/velpatasvir)	☐ 400mg/100mg	Take 1 Capsule by mouth daily, with or without food. Each capsule contains 1 Epclusa and 2 Proteus ingestible sensors	28 day supply	
☐ Harvoni® (ledipasvir/sofosbuvir)	☐ 90mg/400mg	Take 1 Capsule by mouth daily, with or without food. Each capsule contains 1 Harvoni and 2 Proteus ingestible sensors	28 day supply	
☐ Mavyret® (glecaprevir/pibrentasvir)	☐ 100mg/40mg	Take 3 Capsules by mouth daily, with food. Each capsule contains 1 Mavyret and 2 Proteus ingestible sensors	28 day supply	
☐ Proteus Adhesive Strips	6 Per Box	Apply to skin weekly or as directed	1 box	PRN
☐ Proteus Data Pod	1 Per Box	Spare Data Pod. Contact Proteus Support before using (855-255-5858)	1 box	PRN
☐ Proteus Starter Kit BYOD		Use Kit for Onboarding	1	
☐ **Additional Notes**				
☐				

Ship to: ☐ Patient ☐ Office First Fill (future fills to Patient) ☐ Office ALL fills ☐ Other _____ Date _____ Needs by Date _____

☐ Product Substitution permitted ☐ Dispense as Written

Prescriber's Signature _____ Date _____

Electronic or digital signatures not accepted.

Supervising Physician Signature: _____ Date _____

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