



Hepatitis C Prescription Referral Form

Send your Rx to:

avella.com
If you have questions or concerns, please contact us.

Date Medication Needed: First shipment only to MDO, All shipments to MDO, All shipments to patient

1: Patient Information

Patient Name:

Birthdate:

Sex: Male Female

Height:

Weight:

lbs.

kg.

Soc. Sec. #:

Preferred Phone:

Known Allergies:

Address:

City:

State:

Zip:

Alternate Caregiver Name:

Preferred Phone:

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2: Prescriber Information

Provider Name:

DEA#:

NPI#:

Tax ID#:

Address:

Phone:

Fax:

City, State, Zip:

Key Contact:

Phone:

3: Diagnosis/Clinical Information | Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization

Diagnosis/ICD-10:

Genotype: 1a 1b 2 3 4 5 6

Viral Load:

Date:

Fibrosis Score: F0 F1 F2 F3 F4

Cirrhosis: None Compensated Decompensated

Child-Pugh: A B C

HIV Co-infection

HBV Co-infection

Patient treatment history – Response Status: Naive Null Partial Relapse

End date of previous therapy or medications:

Medication taken:

4: Prescription Information

Medication	Dose/Strength	Sig	Qty.	Refills
Epclusa® (sofosbuvir/velpatasvir)	400mg/100mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
Harvoni® (ledipasvir/sofosbuvir)	90mg/400mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
Mavyret™ (glecaprevir/pibrentasvir)	100mg/40mg	Take three tablets once daily with food	28 day supply	
RibaPak®	600mg 800mg 1000mg 1200mg	200mg every morning, 400mg every evening 600mg every morning, 400mg every evening	400mg every morning, 400mg every evening 600mg every morning, 600mg every evening	28 day supply
Moderiba®	600mg 800mg 1000mg 1200mg	200mg every morning, 400mg every evening 600mg every morning, 400mg every evening	400mg every morning, 400mg every evening 600mg every morning, 600mg every evening	28 day supply
Ribavirin®	600mg 800mg 1000mg 1200mg	200mg every morning, 400mg every evening 600mg every morning, 400mg every evening	400mg every morning, 400mg every evening 600mg every morning, 600mg every evening	28 day supply
Sovaldi®	400mg	Take 1 tablet by mouth daily, with or without food	28 day supply	
Vosevi™ (sofosbuvir/velpatasvir/voxilaprevir)	400mg/100mg/100mg	Take 1 tablet by mouth daily with food	28 day supply	
Zepatier™ (elbasvir/grazoprevir)	50mg/100mg	Take 1 tablet by mouth daily, with or without food	28 day supply	

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Patient Signature:

Date:

Prescriber Signature: Prescriber, please sign and date below

Dispense as written

Date

Substitution Permissible

Date

I authorize Avella Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process. IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do 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. Pursuant to VA/OH/MO/VT law, only 1 medication is permitted per order form. Please use a new form for additional items.

of Prescriptions: