

Today's Date _____ Needs by _____ Ship to Patient at Home Office Other _____

PATIENT INFORMATION
PRESCRIBER INFORMATION

 Patient Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Alt Phone _____
 Email _____
 SS# _____ DOB _____
 Male Female Height _____ ft _____ in Weight _____ kg lb
 SEND COPY OF PATIENT'S INSURANCE CARDS: FRONT AND BACK

 Prescriber Name _____
 DEA# _____ NPI# _____ License# _____
 Address/Suite _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____
 Contact Person _____
 Best Contact via: Phone Fax Email Other _____

DIAGNOSIS/CLINICAL INFORMATION (PLEASE SEND A COPY OF ALL PERTINENT LABS AND CHART NOTES)

 ICD-10 Diagnosis: B18.2 Chronic Hepatitis C Other ICD-10 _____ Diagnosis _____
 Allergies: _____
 Treatments: Treatment Naive Treatment-Experienced
 If treatment experienced, patient is a: Non-Responder Responder/Relapser
 Prior treatment(s) _____
 Duration of previous therapy from _____ to _____ for a total of _____ months
 Does the patient have cirrhosis? No cirrhosis Compensated cirrhosis Decompensated cirrhosis
 Solid Organ Transplant Recipient? Yes No
 Awaiting a liver transplant? Yes No
 Please fax the following along with enrollment form:
 Genotype Viral Load Fibrosis score NS5A RAVs (*not required for Mavyret)
 Hepatitis B test HIV test CBC including eGFR Liver function tests (AST, ALT, Albumin, Bilirubin)
 Platelets/INR Chart note (progress notes)

PRESCRIPTION INFORMATION (REFILLS 1=8 WEEKS, 2=12 WEEKS, 3=16 WEEKS, 4=24 WEEKS)

MEDICATION & DOSAGES	DIRECTIONS	QTY	REFILLS
<input type="checkbox"/> Epclusa® (sofosbuvir and velpatasvir) <input type="checkbox"/> Dispense as Written <input type="checkbox"/> Sofosbuvir / Velpatasvir (generic) 400mg/100mg tablet	<input type="checkbox"/> Take 1 tablet by mouth daily with or without food	28 tablets	_____
<input type="checkbox"/> Harvoni® (ledipasvir and sofosbuvir) <input type="checkbox"/> Dispense as Written <input type="checkbox"/> Ledipasvir / Sofosbuvir (generic) 90mg/400mg tablet	<input type="checkbox"/> Take 1 tablet by mouth daily with or without food	28 tablets	_____
<input type="checkbox"/> Mavyret® (glecaprevir/pibrentasvir) 100mg/40mg tablet	<input type="checkbox"/> Take 3 tablets by mouth once daily with food	84 tablets	_____
<input type="checkbox"/> Vosevi™ (sofosbuvir, velpatasvir, voxilaprevir) 400mg/100mg/100mg tablet	<input type="checkbox"/> Take 1 tablet by mouth daily with food	28 tablets	_____
<input type="checkbox"/> Ribavirin® <input type="checkbox"/> 200mg capsules <input type="checkbox"/> 200mg tablets	<75kg <input type="checkbox"/> Take 600mg AM and 400mg PM by mouth daily >75kg <input type="checkbox"/> Take 600mg AM and 600mg PM by mouth daily	28 capsules or tablets	_____
HEPATITIS B ORAL THERAPIES <input type="checkbox"/> Baraclude® <input type="checkbox"/> 0.5mg <input type="checkbox"/> 1.0mg oral solution <input type="checkbox"/> Epivir® HBV <input type="checkbox"/> 100mg tablets <input type="checkbox"/> 100mg oral solution <input type="checkbox"/> Hepsera® 10mg tablets <input type="checkbox"/> Vemlidy® 25mg tablets <input type="checkbox"/> Viread® <input type="checkbox"/> 300mg tablets <input type="checkbox"/> 300mg powder	Sig: _____	_____	_____
<input type="checkbox"/> Other _____	Sig: _____	_____	_____

 Prescriber's Signature (no stamps) _____ **Dispense as Written** Date _____

 By signing above, I authorize GOLDEN HEALTHCARE 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.