

FAX FORM TO: 1.877.597.3070

PHONE: 1.800.473.3516

EMAIL: specialty@wellpartner.com

Complete the following or include demographic sheet.

1. PATIENT INFORMATION		2. PRESCRIBER INFORMATION	
Name:		Name:	
Address:		DEA #:	NPI #: State Lic. #:
City, State, ZIP:		Group or Hospital:	
Primary Phone: - -	DOB: / /	Address:	
Alternate Phone: - -	Gender:	City, State, Zip:	
Email:		Phone: - -	Fax: - -
Primary Language:	Last Four of SSN:	Contact Person:	Phone: - -

3. INSURANCE INFORMATION		<i>Fax copy of prescription and insurance cards with this form, if available (front and back)</i>	
Primary Insurance Company Name:		Secondary Insurance Company Name:	
Primary Cardholder Name:		Secondary Cardholder Name:	
Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent		Relationship: <input type="radio"/> Self <input type="radio"/> Spouse/Partner <input type="radio"/> Child/Dependent	
Phone: - -	Member ID: Group #:	Phone: - -	Member ID: Group #:

4. DIAGNOSIS AND CLINICAL INFORMATION	
Needs by Date: / /	Ship to: <input type="radio"/> Patient <input type="radio"/> Office <input type="radio"/> Other:
Date of Diagnosis: / /	Patient is: <input type="radio"/> Naive <input type="radio"/> Partial responder <input type="radio"/> Non-responder <input type="radio"/> Relapser
<input type="radio"/> B17.1Ø Acute hepatitis C w/o hepatic coma	Last date of therapy: / / Product names:
<input type="radio"/> B18.5 Chronic viral hepatitis C	Is patient currently on hepatitis C virus (HCV) therapy? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Z94.4 Liver transplant status	If yes, therapy start date: / / Product names:
<input type="radio"/> B2Ø HIV	Check if patient has any of the following: <input type="radio"/> No Cirrhosis <input type="radio"/> Compensated Cirrhosis <input type="radio"/> Decompensated Cirrhosis
<input type="radio"/> Other:	Fibrosis score: Initial HCV RNA (IU/ml) (baseline): Date: / /
HCV genotype: <input type="radio"/> 1a <input type="radio"/> 1b <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Is viral load assessed at 4, 8, 12, 24 weeks? <input type="radio"/> Yes <input type="radio"/> No
Allergies:	Viral load (IU/ml) at 4 weeks: 8 weeks: 12 weeks: 24 weeks:
Height (in/cm) Weight (lb/kg)	If taking ribavirin, is the patient (or patient's partner) pregnant or unwilling to use adequate contraception? <input type="radio"/> Yes <input type="radio"/> No
	Has patient previously failed therapy with a treatment regimen that includes a protease inhibitor? <input type="radio"/> Yes <input type="radio"/> No
	Specialty pharmacy to coordinate injection training? <input type="radio"/> Yes <input type="radio"/> No

5. PRESCRIPTION INFORMATION				
Medication	Dose/Strength	Directions	Quantity	Refills
<input type="radio"/> Daklinza™	<input type="radio"/> 60mg tablets <input type="radio"/> 30mg tablets	<input type="radio"/> Take one 60mg tablet orally once a day. <input type="radio"/> Other:	28 day supply	
<input type="radio"/> Epclusa®	400mg sofosbuvir and 100mg velpatasvir	Take one tablet (400mg of sofosbuvir and 100mg of velpatasvir) orally once daily	28 day supply	
<input type="radio"/> Harvoni®	90mg/400mg tablets	<input type="radio"/> Take one tablet orally once daily.	28 day supply	<input type="radio"/> 8 wks <input type="radio"/> 12 wks <input type="radio"/> 24 wks
<input type="radio"/> Olysio®	150mg capsules	<input type="radio"/> Take one 150mg capsule orally once daily.	28 day supply	<input type="radio"/> 12 wks <input type="radio"/> 24 wks
<input type="radio"/> Pegasys®	<input type="radio"/> 135 mcg/0.5ml Proclick Autoinjector <input type="radio"/> 180 mcg/0.5ml ProClick Autoinjector <input type="radio"/> 180 mcg/0.5 ml PFS <input type="radio"/> 180 mcg/1 ml vial	<input type="radio"/> Inject 135 mcg subcutaneously once a week as directed. <input type="radio"/> Inject 180 mcg subcutaneously once a week as directed. <input type="radio"/> Other:		
<input type="radio"/> PegIntron®	<input type="radio"/> Redipen	<input type="radio"/> Inject _____ mcg subcutaneously once weekly. <input type="radio"/> Other:		
<input type="radio"/> Riba-pak®	<input type="radio"/> 200mg <input type="radio"/> 400mg <input type="radio"/> 600mg	Take _____mg tab po qam and _____mg tab qpm (total dose of _____mg/day.		
<input type="radio"/> Ribavirin	<input type="radio"/> 200mg tabs <input type="radio"/> 200mg caps	Take _____tabs / caps po qam and _____tabs / caps qpm.		
<input type="radio"/> Sovaldi®	<input type="radio"/> 400mg tablets	Take one 400mg tablet orally once daily.	28 day supply	<input type="radio"/> 12 wks <input type="radio"/> 24 wks
<input type="radio"/> Technivie™	Fixed dose combo tablet of ombitasvir/paritaprevir/ritonavir (12.5/75/50mg)	Take two tablets (ombitasvir, paritaprevir, ritonavir) once daily in the morning.	28 day supply	
<input type="radio"/> Victrelis™	200mg capsules	Take 800mg orally three times daily every 7-9 hours with food. Begin after week 4 of pegylated interferon therapy.	28 day supply	
<input type="radio"/> Viekira Pak™	Ombitasvir/paritaprevir/ritonavir 12.5/75/50mg and dasabuvir 250mg copackaged	Take two pink tablets (ombitasvir, paritaprevir, ritonavir) once daily in the morning and one beige tablet (dasabuvir) twice daily (in the morning and evening) w/meals.	28 day supply	
<input type="radio"/>				

Ancillary supplies and kits will be provided as needed for administration.

6. PRESCRIBER SIGNATURE	
X _____ / /	X _____ / /
DISPENSE AS WRITTEN	PRODUCT SUBSTITUTION PERMITTED
DATE	DATE

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address or telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.