

BELLA VIDA PHARMACY----- HEPATITIS C PRESCRIPTION FORM

PATIENT INFORMATION

PRESCRIBER INFORMATION

Patient Name:	Prescriber Name:	Today's Date: _____
Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	DEA: _____ NPI _____	Need By Date: _____
SSN: _____	Address: _____	Ship To Directions:
Address: _____	City, State, Zip Code: _____	
City, State, Zip Code _____	Phone _____ Fax: _____	
Phone: _____	Contact Person: _____	

INSURANCE INFORMATION

Duration of Therapy:

Please fax a copy (front and back) of patients current active Insurance and ID cards.

12 Weeks
 24 Weeks
 Duration: _____

CLINICAL INFORMATION - Please provide most recent lab reports

Diagnosis:

Hepatitis C - ICD 10 B18.2 _____
 Geno Type _____
 State of Fibrosis _____

PRESCRIPTION INFORMATION

TYPE	MEDICATION	DOSE / DIRECTIONS
NS5A /NS5B POLYMERASE INHIBITOR NS5B POLYMERASE INHIBITOR PROTEASE INHIBITOR RIBAVIRIN	HARVONI <input type="checkbox"/> Refills: _____ 90-400mg Supply 28 days	
	DAKLINZA <input type="checkbox"/> Refills: _____ 30/60 mg Supply 28 days	
	SOVALDI <input type="checkbox"/> Refills: _____ 400 mg Supply 28 days	
	OLYSIO <input type="checkbox"/> Refills: _____ 150 mg Supply 28 days	
	RIBAPAK <input type="checkbox"/> Refills: _____ 200 mg Supply 28 days	
Viekira Pak		Viekira Pak
GT1b Non Cirrhotic	<input type="checkbox"/> Viekira Pak Refills: _____ Qty: 28	ombitasvir 25 mg, paritaprevir 150 mg, ritonavir 100 mg fixed does combination tablets copackaged with dasabuvir 250 mg tablets Take two pink-colored tablets po once daily (AM) and one beige-colored tablet po twice daily (AM and PM) with food.
GT1a Non Cirrhotic (or) GT1b Cirrhotic	<input type="checkbox"/> Viekira Pak Refills: _____ Qty: 28	ombitasvir 25 mg, paritaprevir 150 mg, ritonavir 100 mg fixed does combination tablets copackaged with dasabuvir 250 mg tablets Take two pink-colored tablets po once daily (AM) and one beige-colored tablet po twice daily (AM and PM) with food.
GT1a Cirrhotic	<input type="checkbox"/> Viekira Pak Refills: _____ Qty: 28	ombitasvir 25 mg, paritaprevir 150 mg, ritonavir 100 mg fixed does combination tablets copackaged with dasabuvir 250 mg tablets Take two pink-colored tablets po once daily (AM) and one beige-colored tablet po twice daily (AM and PM) with food.
Other	<input type="checkbox"/> Technivie Refills: _____ Qty: 28	ombitasvir 25 mg, paritaprevir 150 mg, ritonavir 100 mg fixed does. Take two pink-colored tablets po once daily (AM)
	Ribavirin	_____ mg Take _____ AM _____ PM

By signing below, the prescriber gives consent to both, the prescription(s) above, as well as to Bella Vida Pharmacy to act as the prescriber's agent to begin and execute the prior authorization process and to help the patient apply to co-pay assistance programs, including all foundations and manufacturer assistance programs if necessary.

1039 West Carson Street
Torrance, CA 90502
Phone: 310-320-3333
Fax: 310-320-3334

Prescriber Signature: _____ **Date:** _____