APEX SPECIALTY PHARMACY

HEPATOLOGY

Benefit Investigation + Prior Authorization Support

Date _____

Ship to:: ☐ Patient ☐ Provider

PATIENT INFORMATION::			
Patient Name:		Prescriber:	
Street Address:		NPI:	
City, State, Zip:		Group:	
Phone #1:		Street Address:	
Phone #2:		City, State, Zip:	
Social Security:		Office Phone:	
Date of Birth:	/ /	Office FAX:	
Sex:	☐ M ☐ F	Primary Contact:	

PLEASE SEND INSURANCE CARD AND DEMOGRAPHIC INFORMATION

DIAGNOSIS (ICD-10)		
☐ B18.____ Hepatitis C ☐ K74.____ Cirrhosis	Genotype:: _____ Viral Load:: _____ Fibrosis Stage:: _____	**PLEASE SEND MOST RECENT CHART NOTES AND LABS**

CURRENT / PREVIOUS THERAPIES FOR THIS CONDITION::			
Med:		Duration?	
Med:		Duration?	
ALLERGIES/SENSITIVIES::			

PRESCRIPTION INFORMATION::			
☐ Daklinza	☐ 30mg Tablet ☐ 60mg Tablet	1 Tablet once daily (qty 28)	Weeks:
☐ Epclusa	400mg/100mg Tablet	1 Tablet once daily (qty 28)	Weeks:
☐ Harvoni	90mg/400mg Tablet	1 Tablet once daily (qty 28)	Weeks:
☐ Mavyret	100mg/40mg Tablet	3 Tablets once daily with food (qty 84)	Weeks:
☐ Olysio	150mg Capsule	1 Capsule once daily with food (qty 28)	Weeks:
☐ Pegasys	☐ ProClick ☐ Prefilled Syringe ☐ Vial	_____ mcg SQ Every Week	Weeks:
☐ Ribapak	Ribavirin Dose Pack	_____ mg: _____ mg QAM _____ mg QPM qty _____	Weeks:
☐ Ribavirin	☐ 200mg Tablet ☐ 200mg Capsule	_____ mg: _____ mg QAM _____ mg QPM qty _____	Weeks:
☐ Sovaldi	400mg Tablet	1 Tablet once daily (qty 28)	Weeks:
☐ Technivie	12.5/75/50mg Tablet	2 Tablets once daily in morning (with food) (qty 56)	Weeks:
☐ Viekira Pak	12.5/75/50mg Tablet + dasabuvir 250mg	2 Tablets taken together once daily in morning 1 Tablet twice daily (1 in morning/1 in evening) (qty 112)	Weeks:
☐ Vosevi	400mg/100mg/100mg Tablet	1 Tablet once daily (qty 28)	Weeks:
☐ Zepatier	50/100mg Tablet	1 Tablet once daily (qty 28)	Weeks:

PRESCRIBER SIGNATURE _____ _____ DATE ____ / ____ / ____

PRODUCT SUBSTITUTION PERMITTED DISPENSE AS WRITTEN

Phone: 855.257.2584 || Fax: 866.680.3539