HEPATITIS C PRESCRIPTION FORM

Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy.
Prescribers are reminded patients may choose any pharmacy of their choice.

altScripts Specialty Pharmacy
1636 Miller Park Way, West Milwaukee, WI 53214
Phone: 414-385-9500 Fax: 414-385-7200

Patient Information: please provide a copy of the patient's insurance card or information

Patient name:	DOB:	Gender: □ F □ M	HT:	WT:

Address:	City:	State:	Zip Code:	Phone:

Insurance:	Subscriber's name:	ID#:	Group #:

Allergies: ☐ NKDA ☐ List allergies:

Clinical Diagnosis: please fax or email relevant clinical notes, labs, tests and previous medical history to expedite prior authorization

Diagnosis / ICD-10:	Cirrhosis: □ Compensated □ Decompensated □ None	Viral Load (date):

Genotype:	Child-Pugh Class:	Fibrosis Score:	□ Post liver transplant	□ Hepatocellular carcinoma	HIV Status:	□ Patient is treatment naïve

Prior Treatment (dates):

Prescription

Medication / Strength	Recommended Dosing Guidelines	Directions / Quantity / Refills
□ **Epclusa®** (sofosbuvir 400 mg / velpatasvir 100 mg tablet)	Genotypes 1-6, without cirrhosis and patients with compensated cirrhosis (Child-Pugh A); 12 weeks	□ Take 1 tablet PO once daily with or without food
	Genotypes 1-6, patients with decompensated cirrhosis (Child-Pugh B and C): + RBV; 12 weeks	Qty: Refills:
□ **Harvoni®** (ledipasvir / sofosbuvir 90 mg / 400 mg tablet)	Genotype 1, Treatment naïve, non-cirrhotic HCV RNA < 6 million IU; 8 weeks	□ Take 1 tablet PO once daily
	Genotype 1, Treatment naïve, non-cirrhotic & cirrhotic; 12 weeks	□ Other:
* add RBV recommended when Tx experienced was SOF + RBV +/- IFN	*Genotype 1, Treatment experienced, non-cirrhotic: +/- RBV; 12 weeks	
** Genotype 4, Tx experienced, cirrhotic: with RBV for 12 weeks or without RBV for 24 weeks	*Genotype 1, Treatment experienced, cirrhotic: +/- RBV; 12-24 weeks	Qty: Refills:
	**Genotype 4, 5, 6, non-cirrhotic & cirrhotic; 12 weeks	
□ **Mavyret™** (glecaprevir 100 mg and pibrentasvir 40 mg tablet)	Genotypes 1-6, Treatment naïve, non-cirrhotic (8 weeks) and compensated cirrhosis, Child-Pugh A (12 weeks)	□ Take 3 tablets PO once daily, with food
	Genotype 1, Treatment experienced with an NS5A inhibitor without prior treatment with an NS3/4A protease inhibitor; 16 weeks	
	Genotype 1, Treatment experienced with an NS3/4A protease inhibitor, without prior treatment with an NSA inhibitor; 12 weeks	
	Genotypes 1, 2, 4, 5 or 6, Treatment experienced with a regimen containing PRS; non-cirrhotic (8 weeks) and compensated cirrhosis, Child-Pugh A (12 weeks)	Qty: Refills:
	Genotype 3, Treatment experienced with a regimen containing PRS; 16 weeks	
□ **Ribavirin** 200 mg tablet	□ Take_____mg qAM and _____mg qPM	Qty: Refills:
□ **Vosevi™** (sofosbuvir 400 mg / velpatasvir 100 mg / voxilaprevir 100 mg tablet)	Genotypes 1-6 without cirrhosis or with mild cirrhosis; 12 weeks	□ Take 1 tablet PO once daily, with food
		Qty: Refills:

□ **Other medication(s):**

Prescriber Information

Prescriber name:	Phone:	Office contact name:

Prescriber address:	City:	State:	Zip:

NPI:	DEA:	Fax and/or Email:

Prescriber signature:	Date:	□ DO NOT SUBSTITUTE