Home Infusion & Specialty Pharmacy
CHARTWELL
PENNSYLVANIA, LP

HEPATOLOGY

Chartwell Specialty Pharmacy
Phone: 1-800-366-6020 Fax: 412-920-1869

Date:_____ Auth #: _____ Auth Dates: _____ ☐ UPMC prior auth form attached

Patient Information

First Name: _____ Last Name: _____ DOB: _____ SSN: _____ ☐ Male ☐ Female

Address: _____ City: _____ State:_____ Zip: _____

Phone: _____ Alternate Phone: _____ Caregiver/ Emergency Contact: _____ Phone: _____

Weight: _____ Allergies: _____ Latex Allergy: ☐ Yes ☐ No

Insurance Information

Primary Insurance: _____

Insured: _____

Phone: _____

Policy #: _____ Group #: _____

Secondary Insurance: _____

Insured: _____

Phone: _____

Policy #: _____ Group #: _____

ICD 10

Diagnosis:
☐ B18.2HVC
☐ Other:

Genotype:
☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 6

Viral Load/ Date:

Is member co-infected with HIV? ☐ Yes ☐ No

Is member co-infected with compensated cirrhosis? ☐ Yes ☐ No

Does the patient have a history of receiving treatment? ☐ Yes ☐ No (Naïve) IL28B: ☐ CC ☐ CT ☐ TT

If yes, please indicate medication including dates and dosage:

If yes, please indicate accordingly: ☐ Non-Responder to previous treatment ☐ Partial Responder to previous treatment ☐ Re-lapser after previous treatment

Prescription Information

Medication	Dose/ Strength	Directions	Quantity	Refills
☐ Baraclude® ☐ Entecavir	☐ 0.5mg tablets ☐ 1mg tablets	Take one tablet by mouth once daily	30 tablets	
☐ Daklinza™	☐ 30mg ☐ 60mg	Take one tablet by mouth once daily	28 Days (28 tablets)	
☐ Epclusa® (VELPATASVIR 100MG, SOFOSBUVIR 400MG)	☐ 100mg/ 400 tablet	☐ Take one tablet by mouth once daily for 12 weeks ☐ Take one tablet by mouth for ___ weeks	28 Days (28 tablets)	☐ 2 ☐ ___
☐ Harvoni® (LEDIPASVIR 90MG, SOFOSBUVIR 400MG)	☐ 90mg/400mg tablet	Take one tablet by mouth once daily	28 Days (28 tablets)	
☐ Mavyret™	☐ 100mg-40mg	☐ Take 3 tablets by mouth daily	28 Days (84 tablets)	
☐ Ocaliva®	☐ 5mg tablets ☐ 10mg tablets	☐ Take one tablet by mouth daily ☐ Take one tablet by mouth WEEKLY ☐ Take one tablet by mouth TWICE WEEKLY	1 month supply	
☐ Sovaldi®	☐ 400mg tablet	Take one tablet by mouth once daily	28 Days (28 tablets)	
☐ Vemlidy®	☐ 25mg tablets	☐ 25mg orally once daily	30	
☐ Vosevi® (SOFOSBUVIR 400 MG, VELPATASVIR 100 MG, VOXILAPREVIR 100 MG)	☐ sofosbuvir 400 mg, velpatasvir 100 mg, voxilaprevir 100 mg tablet	Take one tablet by mouth once daily with food	28 Days	
☐ Zepatier® (ELBASVIR 50MG, GRAZOPREVIR 100MG)	☐ 50mg/100mg tablet	Take one tablet by mouth once daily	28 Days (28 tablets)	
☐ Other:				

Prescriber Information

Date Shipment Needed: _____ Ship to: ☐ Patient ☐ Physician/ Clinic ☐ Other: _____

Physician's Name: _____ Office Contact Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician's Signature: _____ Date: _____

I authorize Chartwell Pennsylvania Specialty Pharmacy and its representatives to act as an agent and execute the insurance prior authorization process.