

## 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.



**Owl Specialty Pharmacy**  
 1010 E. Arrow Hwy., Covina, CA 91724  
 Phone: 626-209-8169 Fax: 626-209-8171 or 855-817-9523  
[www.owlspecialty.com](http://www.owlspecialty.com)

Patient Information: please provide a copy of the patient's insurance card or information							
Patient name:		DOB:		Gender: <input type="checkbox"/> F <input type="checkbox"/> M		HT:	WT:
Address:		City:		State:	Zip Code:		Phone:
Insurance:		Subscriber's name:		ID#:		Group #:	
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> 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: <input type="checkbox"/> Compensated <input type="checkbox"/> Decompensated <input type="checkbox"/> None		Viral Load (date):	
Genotype:	Child-Pugh Class:	Fibrosis Score:	<input type="checkbox"/> Post liver transplant	<input type="checkbox"/> Hepatocellular carcinoma		HIV Status:	<input type="checkbox"/> Patient is treatment naïve
Prior Treatment (dates):							
Prescription							
Medication / Strength		Recommended Dosing Guidelines			Directions / Quantity / Refills		
<input type="checkbox"/> <b>Epclusa®</b> (sofosbuvir 400 mg / velpatasvir 100 mg tablet)		Genotypes 1-6, without cirrhosis and patients with compensated cirrhosis (Child-Pugh A); 12 weeks Genotypes 1-6, patients with decompensated cirrhosis (Child-Pugh B and C): + RBV; 12 weeks			<input type="checkbox"/> Take 1 tablet PO once daily with or without food Qty:                      Refills:		
<input type="checkbox"/> <b>Harvoni®</b> (ledipasvir / sofosbuvir 90 mg / 400 mg tablet)		Genotype 1, Treatment naïve, non-cirrhotic HCV RNA < 6 million IU; 8 weeks Genotype 1, Treatment naïve, non-cirrhotic & cirrhotic; 12 weeks *Genotype 1, Treatment experienced, non-cirrhotic: +/- RBV; 12 weeks * add RBV recommended when Tx experienced was SOF + RBV +/- IFN ** Genotype 4, Tx experienced, cirrhotic: with RBV for 12 weeks or without RBV for 24 weeks			<input type="checkbox"/> Take 1 tablet PO once daily <input type="checkbox"/> Other: Qty:                      Refills:		
<input type="checkbox"/> <b>Mavyret™</b> (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) 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) Genotype 3, Treatment experienced with a regimen containing PRS; 16 weeks			<input type="checkbox"/> Take 3 tablets PO once daily, with food Qty:                      Refills:		
<input type="checkbox"/> <b>Ribavirin</b> 200 mg tablet		<input type="checkbox"/> Take _____mg qAM and _____mg qPM			Qty:                      Refills:		
<input type="checkbox"/> <b>Vosevi™</b> (sofosbuvir 400 mg / velpatasvir 100 mg / voxilaprevir 100 mg tablet)		Genotypes 1-6 without cirrhosis or with mild cirrhosis; 12 weeks			<input type="checkbox"/> Take 1 tablet PO once daily, with food Qty:                      Refills:		
<input type="checkbox"/> <b>Other medication(s):</b>							
Prescriber Information							
Prescriber name:				Phone:		Office contact name:	
Prescriber address:				City:		State:	Zip:
NPI:		DEA:		Fax and/or Email:			
Prescriber signature:				Date:		<input type="checkbox"/> DO NOT SUBSTITUTE	

**Important Notice:** This facsimile transmission is intended to be delivered only to the named recipient(s), 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 recipient, immediately notify the sender at the address and phone number set forth herein and obtain instructions as to properly dispose of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except authority of the sender to the named addressee.