

DATE: _____ NEEDS BY DATE: _____

Patient Information

Patient Name	
Address	
City, State, Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female

Clinical Information

Diagnosis Code: _____
 Allergies: _____
 Genotype: _____ (NS5A RAVs: Yes No)
 Viral Load: _____ IU/ml Viral Load Date : _____
 Treatment Naïve? Previously Treated?: _____
 Prior treatment used: _____
 Non-Responder Responder/Relapser
 Duration of previous therapy:
 From _____ to _____ Total of: _____ months

Provider Information

Prescriber Name		
DEA #	NPI #	License #
Address		
City, State, Zip		
Phone	Fax	
Contact Person		

HIV Coinfected: Yes No HBV Coinfected: Yes No
 Solid Organ Transplant recipient: Yes No
 Awaiting Liver Transplant?: Yes No
 METAVIR Score: _____ Cirrhosis: Yes No
 If Cirrhotic, is patient Compensated OR Decompensated;
MUST Provide:
 albumin _____ g/dL, total bilirubin _____ mg/dL, and INR _____

Product	Quantity	Prescription Information	Supply	Refills
<input type="radio"/> Daklinza™	<input type="radio"/> 60mg <input type="radio"/> 30mg <input type="radio"/> 90mg	Take 1 tablet by mouth daily with or without food in combination with Sovaldi®	28 day supply	_____
<input type="radio"/> Epclusa®	sofosbuvir and velpatasvir 400mg/100mg	Take 1 tablet by mouth daily with or without food	28 day supply	_____
<input type="radio"/> Harvoni®	ledipasvir and sofosbuvir 90mg/400mg	Take 1 tablet by mouth daily with or without food	28 day supply	_____
<input type="radio"/> Mavyret®	glecaprevir/pibrentasvir 100mg/40mg	Take 3 tablets by mouth daily with food	28 day supply	_____
<input type="radio"/> Olysio®	150mg	Take 1 capsule by mouth daily with food	28 day supply	_____
<input type="radio"/> Sovaldi®	400mg	Take 1 tablet by mouth daily with or without food	28 day supply	_____
<input type="radio"/> Vosevi™	sofosbuvir, velpatasvir, voxilaprevir (400/100/100mg)	Take 1 tablet by mouth daily with food	28 day supply	_____
<input type="radio"/> Zepatier™	elbasvir/grazoprevir (50mg/100mg)	Take 1 tablet by mouth daily with or without food	28 day supply	_____
<input type="radio"/> Moderiba <input type="radio"/> Ribavirin <input type="radio"/> Ribasphere®	200mg Tablet 200mg <input type="radio"/> Tabs <input type="radio"/> Caps 200mg <input type="radio"/> Tabs <input type="radio"/> Caps	<input type="radio"/> 600mg AM and 600mg PM (1200mg) <input type="radio"/> 600mg AM and 400mg PM (1000mg) <input type="radio"/> 400mg AM and 400mg PM (800mg) <input type="radio"/> 400mg AM and 200mg PM (600mg) <input type="radio"/> Other: Take _____ mg AM and _____ mg PM	28 day supply	_____
<input type="radio"/> Riba-Pak®		<input type="radio"/> 600mg AM and 600mg PM (1200mg) <input type="radio"/> 600mg AM and 400mg PM (1000mg)	_____	_____
<input type="radio"/> Moderiba Pak®		<input type="radio"/> 400mg AM and 400mg PM (800mg) <input type="radio"/> 400mg AM and 200mg PM (600mg)	28 day supply	_____
<input type="radio"/> Xifaxan	550mg Tablets	Take 1 tablet by mouth twice daily * * indicate previously failed therapy (Lactulose) _____	30 day supply	_____
<input type="radio"/> Other	_____	_____	_____	_____

By signing this form and utilizing our services, you are authorizing Eventus Rx, Inc to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.