solera SPECIALTY PHARMACY®

HCV

Solera Specialty Pharmacy
2100 Park Central Blvd N, Ste 300
Pompano Beach, Florida 33064

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Visit us at www.solerarx.com

urac ACCREDITED Specialty Pharmacy Expires 02/01/2020

ACHC

Patient Information

Last Name	**Middle Name**	**First Name**

Address	City	State	ZIP

SSN	**DOB**	Home Phone	Cell Phone

Allergies	Diagnosis	HBV+ ○ Yes ○ No

Insurance Provider

ID	Group Number	BIN	PCN

Deliver To ○ Patient's Home ○ Prescriber's Office ○ Patient Will Pickup ○ Initial to Prescriber, then Patient's Home

Previous Treatment(s)

HCV Genotype	Genotype Date / /	HCV Viral Load	Viral Load Date / /

Liver Biopsy/Fibroscan

Prescriber Information

Name	Practice
Phone Number	NPI

Send Updates To	○ Email	○ Phone	○ Fax

Prescription Order

E-Prescribing: Use NCPDP: 5715264 and NPI: 1710228085 (Solera Specialty Pharmacy)

Medication	Strength	Sig	Qty	Refills
○ **Harvoni** (ledipasvir-sofosbuvir)	○ 90mg-400mg	○ Take 1 tablet by mouth daily with or without food	28 Day Supply	
○ **Epclusa** (sofosbuvir-velpatasuir)	○ 400mg/100mg	○ Take 1 tablet by mouth daily with or without food	28 Day Supply	
○ **Sovaldi** (sofosbuvir)	○ 400mg	○ Take 1 tablet by mouth daily with or without food	28 Day Supply	
○ **Zepatier** (elbasvir-grazoprevir)	○ 50mg/100mg	○ Take 1 tablet by mouth daily with our without food	28 Day Supply	
○ **Viekira Pak** (ombitasvir-paritaprevir-ritonavir-dasabuvir)	○ 12.5mg-75mg-50mg/250mg	○ Take as directed on daily dose package	28 Day Supply	
○ **Ribavirin**	○ 200mg	○ Take _____mg each morning and _____mg each evening	28 Day Supply	
○ **Vosevi** (sofosbuvir-velpatasvir-voxilaprevir)	○ 400mg/100mg/100mg	○ Take 1 tablet by mouth daily with food	28 Day Supply	
○ **Mavyret** (glecaprevir-pibrentasvir)	○ 40mg/100mg	○ Take 3 tablets by mouth daily with food	28 Day Supply	
○				
○				

Prescriber's Name _____ Signature _____ Date _____

I authorize the pharmacy to enroll the patient in manufacturer and third party programs which may provide additional benefit to myself related to the patients prescribed drug therapy. Furthermore, I authorize the pharmacy to disclose the minimum necessary information required to enroll the patient in such programs, and coordinate benefits as deemed necessary by the pharmacy for final delivery of the product.

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Your Prescription Has Been Sent to Solera Specialty Pharmacy and You Will Receive Free Home Delivery!

You may receive a phone call shortly from Solera Specialty Pharmacy (954 area code). The pharmacy will ask you some basic information such as address, prescription insurance coverage and copayment method. They will also answer any questions you may have about this medication.

If you have any questions, please contact Solera Specialty Pharmacy directly at **954.615.1840** or **877.712.7864**
Solera Specialty Pharmacy | 2100 Park Central Blvd N, Ste 300, Pompano Beach, Florida 33064 | www.solerarx.com