

Prescriber Information										
Prescriber Name:					MD	DO	NP	PA	NPI:	
Office Contact:				Practice Name / Collaborating MD:						
Address:				City:			State:		Zip:	
Phone:		Fax:								
Patient Information • PLEASE SEND COPY OF INSURANCE CARD										
Patients Name:		Last 4 Digits of SS#:		DOB: / /		Sex: M F		Weight:	Height:	Diabetic? Y N
Address:				City:			State:		Zip:	
Home Phone:		Work/Cell:		HIPAA Contact:				Emergency #:		
Interpreter Needed? Y N		Allergies: Y N If Yes, list allergies:								
Insurance Information										
Primary Insurance:		Policy ID:		Group #:		BIN:		PCN:		
Policyholder Name:				Policyholder DOB: / /						
Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES										
Diagnosis:		ICD-10:		Patient's Previous Treatment:						
Urine Drug Screen Attached: Y N		Date of Diagnosis: / /		Transplant: Y N		Transplant Type:			Biopsy: Y N	
Fibrosis:		Scale (0-4):		Genotype:		Initial Viral Load IU/ml		Date: / /	HIV: Y N	
Hepatitis B Testing Completed: Y N		Date Taken: / /		Result: Positive Negative						
RAV Testing Completed: Y N		Date Taken: / /		Resistance Variants found:						
TREATMENT ARRANGEMENTS:		Start Date: / /		Length of Therapy: 8 Weeks 12 Weeks Other						
Statin Status:				Patient not taking statin Patient taking statin →			Statin name & dose: _____ Statin to be discontinued during HCV therapy Statin dose will be reduced during HCV therapy No dose change needed – prescriber aware/will monitor			
H₂RA/PPI Status				Patient not taking H ₂ RA/PPI Patient taking H ₂ RA/PPI →			H ₂ RA/PPI name & dose: _____ H ₂ RA/PPI to be discontinued during HCV therapy H ₂ RA/PPI dose will be reduced during HCV therapy No dose change needed – prescriber aware/will monitor			
Prescription Information										
Medication	Dose/Strength		Sig				Quantity	Refills		
MAVYRET™	100mg/40mg tablet 50mg/20mg pellets		Adults: Take 3 tablets by mouth once daily with food Pediatrics Age 3 and Older: <u>Weight ≥ 45kg or 12 years and older:</u> Take three 100mg/40mg tablets once daily Take six 50mg/20mg packets of pellets once daily <u>Weight 30 to <45kg:</u> Take five 50mg/20mg packets of pellets once daily <u>Weight 20kg to <30kg:</u> Take four 50mg/20mg packets of pellets once daily <u>Weight <20kg:</u> Take three 50mg/20mg packets of pellets once daily				28 Day Supply			
SOVALDI™	400mg tablet 200mg tablet 200mg pellets 150mg pellets		Adults: Take 1 tablet (400mg) by mouth once daily with or without food Pediatrics Age 3 and Older: <u>Weight ≥ 35kg:</u> Take one 400mg tablet by mouth once daily Take two 200mg tablets by mouth once daily Take two 200mg packets of pellets by mouth once daily <u>Weight 17 – 34kg:</u> Take one 200mg tablet by mouth once daily Take one 200mg packet of pellets by mouth once daily <u>Weight < 17kg:</u> Take one 150mg packet of pellets by mouth once daily				28 Day Supply			
VEMLIDY®	25mg tablet		Take one tablet by mouth once daily with food				30 Day Supply			
VOSEVI™	400mg/100mg/100mg tablet		Take one tablet by mouth once daily with food				28 Day Supply			
XIFAXAN®	550mg tablet		Take one tablet by mouth 2 times daily with food				30 Day Supply			
ZEPATIER™	50mg/100mg tablet		Take one tablet by mouth once daily with or without food				28 Day Supply			
Other										

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

Prescriber Signature	Date	Prescriber Signature	Date
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Substitution Permitted

Dispense as Written

If brand is required, please write "DAW" in the box to the right.