

Physician Information									
Prescriber Name:								☐ MD ☐ DO ☐ NP ☐ PA	
Office Contact:				Practice Name / Supervising MD:					
Address:				City:					
State:		Zip:		Phone:				Fax:	
Send updates to: ☐ Fax: _____ ☐ Email: _____ ☐ Text: _____									
Patient Information PLEASE SEND COPY OF INSURANCE CARD									
Patient's Name:			Last 4 Digits of SS#:		DOB: / /		Sex: ☐ M ☐ F		Weight:
Address:			City:		State:		Zip:		Allergies:
Home Phone:			Work Or Cell:		HIPAA Contact:		Emergency #:		Interpreter Needed? ☐ Y ☐ N
Insurance Information									
Primary Insurance:				Policy ID:				Group #:	
Policyholder Name:				Policyholder DOB:				BIN: PCN:	
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	
TREATMENT ARRANGEMENTS:		Ship Meds: ☐ Home ☐ Doctor's Office		Start Date: / /		Length of Therapy: ☐ 8 weeks ☐ 12 weeks ☐ Other			
Prescription Information									
Medication	Dose/Strength		Sig				Quantity	Refills	
☐ DAKLINZA™	☐ 30mg tablet ☐ 60mg tablet ☐ 90mg tablet		☐ Take 1 tablet by mouth once daily with or without food in combination with sofosbuvir				28 Day Supply		
☐ EPCLUSA®	☐ 400mg / 100mg tablet		☐ Take 1 tablet by mouth once daily with or without food				28 Day Supply		
☐ HARVONI™	☐ 90mg / 400mg tablet		☐ Take 1 tablet by mouth once daily with or without food				28 Day Supply		
☐ MAVYRET™	☐ 100mg / 40mg tablet		☐ Take 3 tablets by mouth once daily with food				28 Day Supply		
☐ OLYSIO®	☐ 150mg capsule		☐ Take 1 capsule by mouth once daily with food. ☐ (Olysio is FDA approved for use with ribavirin and pegylated interferon, also approved in combination with Sovaldi)				28 Day Supply		
☐ RIBAPAK® ☐ MODERIBA®	☐ 600mg daily ☐ 800mg daily ☐ 1000mg daily ☐ 1200mg daily		☐ Take 200mg every morning, 400mg every evening with food ☐ Take 400mg every morning, 400mg every evening with food ☐ Take 600mg every morning, 400mg every evening with food ☐ Take 600mg every morning, 600mg every evening with food				28 Day Supply		
☐ RIBASPHERE®	☐ 200mg tablet		☐ _____ taken with food				28 Day Supply		
☐ SOVALDI™	☐ 400mg tablet		☐ Take 1 tablet by mouth once daily with or without food				28 Day Supply		
☐ TECHNIVIE™	☐ 12.5mg / 75mg / 50 mg tablet		☐ Take 2 tablets by PO once daily in the morning with a meal without regard to fat or calorie content. <i>(Technivie is FDA approved for use with ribavirin)</i>				28 Day Supply		
☐ VIEKIRA PAK™	☐ 12.5mg / 75mg / 50mg / 250mg tablet		☐ Take 2 pink tablets (AV1) PO Qam and 1 beige tablet (AV2) BID with food				28 Day Supply		
☐ VIEKIRA XR™	☐ 200mg / 8.33mg / 50mg / ☐ 33.33mg tablet		☐ Take 3 tablets by mouth once daily with a meal				28 Day Supply		
☐ VOSEVI™	☐ 400mg/100mg/100mg tablet		☐ Take 1 tablet by mouth daily with food				28 Day Supply		
☐ XIFAXAN®	☐ 550mg tablet		☐ Take 550mg tablet by mouth 2 times a day				30 Day Supply		
☐ ZEPATIER™	☐ 50mg / 100mg tablet		☐ Take 1 tablet by mouth once daily with or without food <i>(Zepatier is FDA approved for use with or without ribavirin depending on certain populations)</i>				28 Day Supply		
☐ Other:									
Injection Training									
☐ Patient received injection training			☐ Prescriber's office to provide injection training			☐ Meijer to coordinate injection training			

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.

Physician Signature:	Physician Signature:
Date	Date