meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
www.meijerspecialtypharmacy.com

○ New/Changed Dose

Hepatitis (A-L)

Baraclude®, Epclusa®, Harvoni™, Hepsera®

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				

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
○ **BARACLUDE®**	○ 0.5mg tablet ○ 1mg tablet ○ 0.05mg/ML oral solution	○ Take 1 tablet by mouth once daily ○ Other:	30 Day Supply	
○ **EPCLUSA®** ○ **SOFOSBUVIR/VELPATASVIR** ***Generic only available in 400mg/100mg formulation***	○ 400mg/100mg tablet ○ 200mg/50mg tablet ○ 200mg/50mg pellets ○ 150mg/37.5mg pellets	**Adults:** ○ Take 1 tablet by mouth once daily with or without food **Pediatrics Age 3 and Older:** Weight ≥ 30kg: ○ Take two 200mg/50mg packets of pellets by mouth once daily ○ Take one 400mg/100mg tablet once daily ○ Take two 200mg/50mg tablets once daily Weight 17 to <30kg: ○ Take one 200mg/50mg packet of pellets by mouth once daily ○ Take one 200mg/50mg tablet once daily Weight < 17kg: ○ Take one 150mg/37.5mg packet of pellets by mouth once daily	28 Day Supply	
○ **HARVONI™** ○ **LEDIPASVIR/SOFOSBUVIR** ***Generic only available in 90mg/400mg formulation***	○ 90mg / 400mg tablet ○ 45mg / 200mg tablet ○ 45mg / 200mg pellets ○ 33.75mg / 150mg pellets	**Adults:** ○ Take 1 tablet by mouth once daily with or without food **Pediatrics Age 3 and Older:** Weight ≥ 35kg: ○ Take one 90mg/400mg tablet by mouth once daily ○ Take two 45mg/200mg tablets by mouth once daily ○ Take two 45mg/200mg packets of pellets by mouth once daily Weight 17-34kg: ○ Take one 45mg/200mg tablet or packet of pellets by mouth once daily Weight < 17kg: ○ Take one 33.75mg/150mg packet of pellets by mouth once daily	28 Day Supply	
○ **HEPSERA®**	○ 10mg tablet	○ Take 1 tablet by mouth once daily ○ Other:	30 Day Supply	

Prescriber Signature	Date	Prescriber Signature	Date

Substitution Permitted

Dispense as Written

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