meijer specialty pharmacy

P: 800-657-2212 • F: 888-592-7723
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			

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
H_2RA/PPI Status	Patient not taking H_2RA/PPI Patient taking H_2RA/PPI →	H_2RA/PPI name & dose: ______________ H_2RA/PPI to be discontinued during HCV therapy H_2RA/PPI dose will be reduced during HCV therapy No dose change needed – prescriber aware/will monitor

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.