meijer specialty pharmacy

P: 800-657-2212 • F: 888-592-7723
www.meijerspecialtypharmacy.com

New/Changed Dose

Hepatitis (M-Z)

Mavyret™, Sovaldi™, Vemlidy™, Vosevi™, Xifaxan®, Zepatier™

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
MAVYRET™	100mg/40mg tablet 50mg/20mg pellets	**Adults:** Take 3 tablets by mouth once daily with food **Pediatrics Age 3 and Older:** Weight ≥ 45kg or 12 years and older: Take three 100mg/40mg tablets once daily Take six 50mg/20mg packets of pellets once daily Weight 30 to <45kg: Take five 50mg/20mg packets of pellets once daily Weight 20kg to <30kg: Take four 50mg/20mg packets of pellets once daily Weight <20kg: 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:** Weight ≥ 35kg: 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 Weight 17 –34kg: Take one 200mg tablet by mouth once daily Take one 200mg packet of pellets by mouth once daily Weight < 17kg: 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

Substitution Permitted

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