

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
Office Contact:			Practice Name / Collaborating MD:				
Address:		City:		State:	Zip:		
Home Phone:		Work/Cell:	HIPPA 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
EPCLUSA® SOFOSBUVIR/VELPATASVIR <i>*Generic only available in 400mg/100mg formulation</i>	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 <i>*Generic only available in 90mg/400mg formulation</i>	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	

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.

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.