meijer specialty pharmacy

P: 800-657-2212 • F: 888-592-7723
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Hepatitis (A-S)

Epclusa®, Sofosbuvir/Velpatasvir, Harvoni™, Ledipasvir/Sofosbuvir, Mavyret™, Ribavirin, Sovaldi™

Prescriber Information

Ship Meds to: ◯ Patient's Home ◯ Prescriber's Office

Prescriber Name:		◯MD ◯DO ◯NP ◯PA	NPI:
Office Contact:		Practice Name / Collaborating Physician:	
Address:		City:	
State:	Zip:	Phone:	Fax:

Patient Information | PLEASE SEND COPY OF INSURANCE CARD

Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: ◯ M ◯ F	Weight:	Height:	Diabetic: ◯ Y ◯ N
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
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**	◯ 400mg / 100mg tablet	◯ Take 1 tablet by mouth once daily with or without food	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	
◯ **MAVYRET™**	◯ 100mg / 40mg tablet	◯ Take 3 tablets by mouth once daily with food	28 Day Supply	
◯ **RIBAVIRIN**	◯ 200mg tablet ◯ 200mg capsule	◯ _____ taken with food	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	

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**

Substitution Permitted

Prescriber Signature:	**Date**

Dispense as Written

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