SPECIALTY PHARMACY

HEPATOLOGY

Irvine, CA toll free 855.313.9202 toll free fax 844.888.4157
krogerspecialtypharmacy.com

DATE: ______________ NEEDS BY DATE: ______________ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER ______________

PATIENT INFO		PRESCRIBER INFO		
Patient Name		Prescriber Name		
Address		DEA #	NPI #	License #
City, State, Zip		Address		
Main Phone	Alternate Phone	City, State, Zip		
Social Security #		Phone	Fax	
Date of Birth	❑ Male ❑ Female	Contact Person		

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

❑ B18.2 Chronic Hepatitis C ❑ K72.90 ❑ K72.91 Hepatic Encephalopathy ❑ C22.0 ❑ C22.2 ❑ C22.7 ❑ C22.8 Hepatocellular Carcinoma ❑ Other: :______________

Drug Allergies: ______________

Genotype: ❑ 1 ❑ 1a (NS5A RAVs: ___ Yes ___ No) ❑ 1b ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 Viral Load:______________ IU/ml Viral Load Date : ______________

❑ Treatment Naive ❑ Previously Treated: Prior treatment used: ______________ ❑ Non-Responder ❑ Responder/Relapser

Duration of previous therapy: From ______________ to ______________ Total of: _________ months

HIV Coinfected: ❑ Yes ❑ No HBV Coinfected: ❑ Yes ❑ No Solid Organ Transplant recipient: ❑ Yes ❑ No Awaiting Liver Transplant?: ❑ Yes ❑ No

METAVIR Score: _______ Cirrhosis: ❑ Yes ❑ No - If Cirrhotic, is patient ___ Compensated OR ___ Decompensated; MUST provide: albumin _____ g/dL, total bilirubin ____ mg/dL, and INR ____

PRESCRIPTION INFORMATION			QUANTITY	REFILLS
❑ Daklinza™	❑ 60mg ❑ 30mg ❑ 90mg	Take 1 tablet by mouth daily with or without food in combination with Sovaldi®	28 day supply	__________
❑ Doptelet®	20mg	❑ Take 2 (40mg) tablets by mouth daily for 5 days ❑ Take 3 (60mg) tablets by mouth daily for 5 days *DOPTELET® should be initiated 10 to 13 days prior to scheduled procedure date	10 15	None __________
❑ Epclusa®	sofosbuvir and velpatasvir 400mg/100mg	Take 1 tablet by mouth daily with or without food	28 day supply	__________
❑ Harvoni®	ledipasvir and sofosbuvir 90mg/400mg	Take 1 tablet by mouth daily with or without food	28 day supply	__________
❑ Mavyret®	glecaprevir/pibrentasvir 100mg/40mg	Take 3 tablets by mouth daily with food	28 day supply	__________
❑ Olysio®	150mg	Take 1 capsule by mouth daily with food	28 day supply	__________
❑ Sovaldi®	400mg	Take 1 tablet by mouth daily with or without food	28 day supply	__________
❑ Vosevi™	sofosbuvir, velpatasvir, voxilaprevir (400/100/100mg)	Take 1 tablet by mouth daily with food	28 day supply	__________
❑ Zepatier™	elbasvir/grazoprevir (50mg/100mg)	Take 1 tablet by mouth daily with or without food	28 day supply	__________
❑ Moderiba ❑ Ribavirin ❑ Ribasphere®	200mg Tablet 200mg ❑ Tabs ❑ Caps 200mg ❑ Tabs ❑ Caps	❑ 600mg AM and 600mg PM (1200mg) ❑ 600mg AM and 400mg PM (1000mg) ❑ 400mg AM and 400mg PM (800mg) ❑ 400mg AM and 200mg PM (600mg) ❑ Other: Take ___________ mg AM and ________________ mg PM	28 day supply	__________
❑ Riba-Pak®		❑ 600mg AM and 600mg PM (1200mg) ❑ 600mg AM and 400mg PM (1000mg)		
❑ Moderiba Pak®		❑ 400mg AM and 400mg PM (800mg) ❑ 400mg AM and 200mg PM (600mg)	28 day supply	__________
❑ Xifaxan	550mg Tablet	Take 1 tablet by mouth twice daily **indicate previously failed therapy (Lactulose) ________	30 day supply	__________
❑ Other				__________

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted ______ Date ______ Prescriber's Signature (no stamps) Dispense As Written ______ Date ______

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