HEPATOLOGY

New Orleans, LA toll free 888.355.4191 toll free fax 888.355.4192
krogerspecialtypharmacy.com

SPECIALTY PHARMACY

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

PATIENT INFO

Patient Name	
Address	
City, State, Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	❑ Male ❑ Female

PRESCRIBER INFO

Prescriber Name		
DEA #	NPI #	License #
Address		
City, State, Zip		
Phone	Fax	
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