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 INFORMATION		PRESCRIBER INFORMATION		
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

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

❑ Other: ____

Drug Allergies: ____ Weight: ______________ ❑ kg ❑ lb

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
❑ Doptelet®	20mg Tablet	❑ Take 2 tablets (40mg total) by mouth daily for 5 days ❑ Take 3 tablets (60mg total) by mouth daily for 5 days *DOPTELET® should be initiated 10 to 13 days prior to scheduled procedure date	10 15	__________ __________
❑ Epclusa®	sofosbuvir and velpatasvir 400mg/100mg Tablet	Take 1 tablet by mouth daily with or without food	28 Day Supply	__________
❑ Harvoni®	ledipasvir and sofosbuvir ❑ 90mg/400mg Tablet	Take 1 tablet by mouth daily with or without food	28 Day Supply	__________
❑ Mavyret®	glecaprevir/pibrentasvir 100mg/40mg Tablet	Take 3 tablets by mouth once daily with food	28 Day Supply	__________
❑ Olysio®	150mg Capsule	Take 1 capsule by mouth daily with food	28 Day Supply	__________
❑ Sovaldi®	400mg Tablet	Take 1 tablet by mouth daily with or without food	28 Day Supply	__________
❑ Vosevi™	sofosbuvir, velpatasvir, voxilaprevir 400mg/100mg/100mg Tablet	Take 1 tablet by mouth daily with food	28 Day Supply	__________
❑ Zepatier™	elbasvir/grazoprevir 50mg/100mg Tablet	Take 1 tablet by mouth daily with or without food	28 Day Supply	__________
❑ Moderiba ❑ Ribavirin ❑ Ribasphere®	200mg Tablet 200mg ❑ Tablet ❑ Capsule 200mg ❑ Tablet ❑ Capsule	❑ 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	__________
❑ Xifaxan	550mg Tablet	Take 1 tablet by mouth twice daily Indicate previously failed therapy: ❑ Lactulose ❑ Other ______	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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