

## **HEPATOLOGY**

Lake Mary, FL toll free

toll free fax

krogerspecialtypharmacy.com

Address  DEA # NPI # License #  City, State, Zip  Main Phone Alternate Phone  Social Security # Phone Fax		_						
Personal Part   Personal Par	SPECIALTY PHARI	MACY	DATE:	NEEDS BY DATE:	SHIP TO: 🖵 PATIENT	OFFICE OTHER		
Address  Cry, State, 2ip  Man Phone  Atternate Phone  PEEASE FAX COPY OF: PRESCRIPTION CARD FRONT & BACK  CUNICAL INFORMATION  BERZ Chronic Hepartisc C UK2280 UK2281 Hepartic Encephialograthy UK228 UK228 Hepartocellular Curcinomas  URber University UK2280 UK2281 Hepartic Encephialograthy UK228 UK228 Hepartocellular Curcinomas  URber Ukassa William Ukassa William Ukassa Uka		PATII	ENT INFO			PRESCRIBER	INFO	
Afternace Plane  PEEASE FAX COPY OF:  PRESCRIPTION CARD FRONT & BACK  CLINICAL INFORMATION  BITS 2 Chronic Heaptitis C	Patient Name				Prescriber Name			
Main Proces  Alternate Phone  Alternate Phone  Cop. State, Zip  Planne  Fax  Cortact Person  Contact Person  C	Address				DEA#	NPI#	License #	
Date of Birth  PLEASE FAX COPY OF: 1] PRESCRIPTION CARD FRONT & BACK   CLINICAL NOTES   MEDICAL CARD FRONT & BACK   CLINICAL INFORMATION  BIRD 2. Chonnic Hepartitis C   072,90   072,91   Hepatic Encephalopathy   072,91   072,21   072,21   072,21   072,22   072,21   072,23	City, State, Zip				Address			
PLEASE FAX COPY OF: PRESCRIPTION CARD FRONT & BACK  CLINICAL INFORMATION  BBI82 Chlonic Hepatits C	Main Phone	Alternate Phone	!		City, State, Zip			
PLEASE FAX COPY OF: PRESCRIPTION CARD FRONT & BACK CLINICAL INFORMATION    Bill 82 Chronic Hepatitis C	Social Security #				Phone	Fax		
CLINICAL INFORMATION  Bits2 Chronic Hepatitis C	Date of Birth		☐ Mal	e 🖵 Female	Contact Person			
CLINICAL INFORMATION  Bits2 Chronic Hepatitis C	PLEASE FA	AX COPY OF:	PRESCRIP	TION CARD FRONT & B		NOTES 📮 MEDICA	AL CARD FRONT	& BACK
Bit 82 Chronic Hepatitis C								
Allegies   Control   Contr	■ B18.2 Chronic Hepa	atitis C □ K72.90 □ K7	72.91 Hepatic End			lar Carcinoma		
Previously Treated Prior treatment used   Green From   Total Office   Mon-Responder   Responder/Relapser	Other:							
Treatment Naive   Previously Treated Prior treatment used:	Orug Allergies:							
Treatment Naive   Previously Treated Prior treatment used:	Genotype: □ 1 □ 1a (	(NS5A RAVs: Yes	No) □ 1b □ 2	□ 3 □ 4 □ 5 □ 6 Viral Load:		IU/ml Viral Load Da	te:	
Total of:months _HIV Coinfected:YesNoHBV Coinfected:YesNoHBV Coinfected:YesNoHBV Coinfected:YesNoNoHBV Coinfected:YesNoNoHBV Coinfected:YesNoNoHBV Coinfected:YesNoNoAwaiting Liver Transplant?:YesNoNoAwaiting Liver Transplant?:YesNoNo								
Compensated Ever Disease:   Yes   No   Cirrhosis:   Yes   No   Metavir Score;   Solid Organ Transplant recipient:   Yes   No   Awaiting Ever Transplant?:   Yes   No								
PRESCRIPTION INFORMATION   QUANTITY   REFILES								
□ Daklinza*         □ 60mg         □ 10mg         □ 90mg         □ 28 day supply         □ 50mg         □ 90mg         □ 8 day supply         □ 50mg         □ 90mg         □ 8 day supply	Lompensated Liver L	Disease: 🗖 Yes 🗖 No - Cir	rnosis: 🗖 Yes 🗓 N	io ivietavir score: Solid	Organ Transplant recipient: 🗖	res <b>u</b> No Awaiting Liver	iranspiant <i>::</i> 🖬 yes 🖬 iyo	
□ Epclusa¹ solicutivi and velotativity				PRESCRIPTION	INFORMATION		QUANTITY	REFILLS
Epclusa'	<b>□</b> Daklinza <sup>™</sup>	_	Take 1 table	et by mouth daily with or withou	t food in combination with	Sovaldi <sup>®</sup>	28 day supply	
Mavyret *   glecaprewir/piberatavir   Take 3 tablets by mouth daily with food   28 day supply	□ Epclusa®				t food		28 day supply	
Olysio'   150mg   Take 1 capsule by mouth daily with food   28 day supply	□ Harvoni <sup>®</sup>	1 '	Take 1 table	et by mouth daily with or withou	t food		28 day supply	
Sovaldi* 400mg Take 1 tablet by mouth daily with or without food 28 day supply 28 day supply 30 mobitasvir, paritaprevir, itonavir (125/75/50mg) 4 Take 2 tablets by mouth daily with food in the morning and 1 tablet (beige) twice daily in the morning and 1 tablet (beige) twice daily in the morning and 28 day supply 30 mobitasvir, paritaprevir, itonavir (125/75/50mg) 4 dasabuvir 250mg 30 mobitasvir, paritaprevir, itonavir, flataprevir, itonavir, paritaprevir, itonavir, dasabuvir 250mg 30 mobitasvir, paritaprevir, itonavir, dasabuvir (8.33/50/33,200mg) 30 mobitasvir, paritaprevir, itonavir, dasabuvir, selpatasvir, vooliaprevir (400/100/100mg) 4 Take 1 tablet by mouth daily with food 30 sofosbuvir, velpatasvir, vooliaprevir (400/100/100mg) 4 Take 1 tablet by mouth daily with or without food 30 sofosbuvir, velpatasvir, vooliaprevir (50mg/100mg) 4 Moderiba 200mg Tablet 30 doomg AM and 600mg PM (1200mg) 6 doomg AM and 400mg PM (1000mg) 5 doomg AM and 200mg PM (600mg) 6 sofosmg AM and 200mg PM (600mg) 7 doomg AM and 200mg PM (600mg) 7 doomg AM and 400mg PM (1000mg) 7 doomg AM and 400mg PM (1000mg) 8 doomg AM and 400mg PM (1000mg) 9 doomg AM and 400mg PM (1000mg) 10 do	□ Mavyret °	3 ' '					28 day supply	
Take 2 tablets by mouth daily with food in the morning  Viekira Pak' ombitasvir, paritaprevir, intonavir (12.575/5/50mg) dasabuvir 250mg dasabuvir 250mg of dasabuvir (12.575/5/50mg) dasabuvir 250mg of dasabuvir (12.575/5/50mg)	□ Olysio°	150mg Take 1 capsule by mouth daily with food				28 day supply		
Viekira Pak'   ombitasvir, paritaprevir, ritonavir (125/75/50mg)   dasabuvir 250mg	■ Sovaldi*	400mg	Take 1 table	et by mouth daily with or withou	t food		28 day supply	
ritonavir (12.5/75/50mg) dasabuvir (250mg  Wiekira XR" ombitasvir, paritaprevir, ritonavir, dasabuvir (8.33/50/33.3/200mg)  Wosevi sofosbuvir, velpatasvir, voilaprevir (400/100/100mg)  Zepatier elbasvir/grazoprevir (50mg/100mg)  Moderiba 200mg Tablet	<b>□</b> Technivie <sup>™</sup>		Take 2 tabl	ets by mouth daily with food in t	he morning		28 day supply	
Viekira XR" ombitasvir, paritaprevir, ritonavir, dasabuvir (8.33/50/33.3/200mg)   Take 3 tablets by mouth once daily with food   28 day supply	□ Viekira Pak®	ritonavir (12.5/75/50mg)		, ,	9		28 day supply	
voxilaprevir (400/100/100mg)    Zepatier"   elbasvir/grazoprevir (50mg/100mg)   Take 1 tablet by mouth daily with or without food   28 day supply	<b>□</b> Viekira XR <sup>™</sup>	ombitasvir, paritaprevir, ritonavir, dasabuvir	Take 3 table	ets by mouth once daily with food	i		28 day supply	
□ Zepatier**       elbasvir/grazoprevir (50mg/100mg)       Take 1 tablet by mouth daily with or without food       28 day supply	□ Vosevi <sup>™</sup>	voxilaprevir	Take 1 table	et by mouth daily with food			28 day supply	
□ Ribavirin 200mg □ Tabs □ Caps □ 400mg AM and 400mg PM (800mg) □ 400mg AM and 200mg PM (600mg) 28 day supply □ Ribasphere* □ 00mg □ Tabs □ Caps □ Other: Take □ mg AM and □ mg PM 28 day supply □ Riba-Pak* □ 600mg AM and 600mg PM (1200mg) □ 600mg AM and 400mg PM (1000mg) □ 400mg AM and 200mg PM (600mg) □ 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 □ 10 day supply □	<b>□</b> Zepatier <sup>™</sup>	elbasvir/grazoprevir	Take 1 table	et by mouth daily with or withou	t food		28 day supply	
□ Ribasphere* 200mg □Tabs □Caps □ Other: Takemg AM andmg PM 28 day supply	■ Moderiba	200mg Tablet	□ 600mg A	AM and 600mg PM (1200mg) 🔲	600mg AM and 400mg PM	(1000mg)		
□ Riba-Pak* □ 600mg AM and 600mg PM (1200mg) □ 600mg AM and 400mg PM (1000mg) □ 400mg AM and 400mg PM (600mg) □ 28 day supply □ Xifaxan	☐ Ribavirin	200mg □Tabs □ Caps □ 400mg AM and 400mg PM (800mg) □ 4			400mg AM and 200mg PM	(600mg)		
□ Riba-Pak* □ 600mg AM and 600mg PM (1200mg) □ 600mg AM and 400mg PM (1000mg) □ 400mg AM and 400mg PM (600mg) □ 28 day supply □ Xifaxan	☐ Ribasphere®		_				28 day supply	
□ Xifaxan 550mg Tablet Take 1 tablet by mouth twice daily **indicate previously failed therapy (Lactulose) 30 day supply	☐ Riba-Pak®					(1000mg)		
□ Xifaxan 550mg Tablet Take 1 tablet by mouth twice daily **indicate previously failed therapy (Lactulose) 30 day supply	☐ Moderiba Pak®		□ 400mg A	AM and 400mg PM (800mg)	400mg AM and 200mg PM	(600mg)	28 day supply	
		550mg Tablet		3				
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