HEPATOLOGY

Los Angeles, CA phone 323.935.1186 fax 323.936.0312
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

Compensated Liver Disease: ❑ Yes ❑ No Cirrhosis: ❑ Yes ❑ No Metavir Score: _____ Solid Organ Transplant recipient: ❑ Yes ❑ No Awaiting Liver Transplant?: ❑ Yes ❑ No

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	_____
❑ 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	_____
❑ Technivie™	ombitasvir, paritaprevir, ritonavir (12.5/75/50mg)	Take 2 tablets by mouth daily with food in the morning	28 day supply	_____
❑ Viekira Pak®	ombitasvir, paritaprevir, ritonavir (12.5/75/50mg) dasabuvir 250mg	Take 2 tablets (pink) once daily in the morning and 1 tablet (beige) twice daily in the morning and evening with a meal	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	_____
❑ 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				_____

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Prescriber's Signature (no stamps) Substitution Permitted Date

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

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