

• (P) 973.925.7200

• BarnertPharmacy.com

• (F) 973.925.7202

Patient Information

Patient Name _____ Today's Date _____ NEW Patient CURRENT Patient
 DOB _____ Height _____ Weight _____ Male Female Preferred Language _____
 Best Phone _____ Email _____
 Street Address _____ Apt# _____ City _____ State _____ Zip _____
 Ship to Patient at: Home Physician Office Work Address
 Allergies _____
 Current Medications including OTC's (please fax a complete list) _____

Please Fax Insurance Card(s) both sides

Insured's Name _____
 Relation to Patient _____
 Primary Insurance _____
 ID# _____ Group# _____
 Secondary Insurance _____
 ID# _____ Group# _____

Ordering Prescriber

Office Contact _____
 Street Address _____ Suite # _____
 City _____ State _____ Zip _____
 Tel _____ Fax _____
 Email _____
 License# _____
 NPI# _____

ICD-10 Code B18.2 HCV (Chronic)
 Yes No Is patient co-infected with HIV?
 Yes No Interferon ineligible?
 Yes No Does Patient have Cirrhosis?
 Yes No Drug and Alcohol Screening
If no, patient must obtain test
 Yes (naïve) No Is Patient treatment naïve?
 If No, what drugs _____ # of Weeks _____ relapsed partial response null response
Please forward all pertinent chart notes and lab results for prior authorization

Genotype* 1a 1b 2 3 4 6
 _____ Pretreatment (Viral Load)
 _____ Current Treatment (Viral Load)
 _____ HCV RNA Viral Load* on Date _____
 _____ Fibrosis Score/Test (stage)*
 _____ Fibroscan KPA
 _____ Metavir Score (F0-F4)

Prescription

FOR ALL MEDICATIONS QTY/REFILL:
 8 weeks (no cirrhosis) 12 weeks (cirrhosis)
EPCLUSA Sofosbuvir 400 mg/Velpatasvir 100 mg tablet
 SIG: Take 1 tab 1x day for 12 weeks
 Take 1 tab 1x day for 12 weeks WITH ribavirin
DAKLINZA **GT 1 & 3 ONLY**
 30 mg w/ 400 mg SOVALDI 60 mg w/ 400 mg SOVALDI
 SIG: Take 1 tablet each daily
 HARVONI Ledipasvir 90 mg / Sofosbuvir 400 mg
 SIG: Take 1 tablet by mouth daily
 MAVYRET 100 mg glecaprevir/40 mg pibrentasvir tablet
 SIG: Take 3 tablets PO once daily with food
Total daily dose: glecaprevir 300 mg and pibrentasvir 120 mg
 Other: _____
 TECHNIVIE Paritaprevir/Ritonavir (75/50mg) & Ombitasvir (12.5mg) **GT 4 ONLY**
 SIG: Take two tablets QAM with meal and with RIBAVIRIN
 VOSEVI 400 mg sofosbuvir/100 mg velpatasvir/100 mg voxilaprevir tablet
 SIG: Take 1 tablet PO daily with food for 12 weeks
 Other: _____
 ZEPATIER Grazoprevir 100mg/ Elbasvir 50mg tab **GT 1 & 4 ONLY**
 NS5A test for GT 1a patients Yes No 12 weeks 16 weeks
 SIG: Take one tablet PO daily
 with Ribavirin? No Yes: See Ribavirin box for dosages

RIBAVIRIN **RIBAPAK** **MODERIBA**
 Dosing 600 mg/day 200 mg QAM 400 mg QPM
 800 mg/day 400 mg QAM 400 mg QPM
 1000 mg/day 600 mg QAM 400 mg QPM
 1200 mg/day 600 mg QAM 600 mg QPM
 200 mg SIG: _____
 Other: _____
 VIEKIRA XR Dasabuvir 200mg/ Ombitasvir 8.33mg/ Paritaprevir 50mg/ Ritonavir 33.33mg
 SIG: Take 3 tablets PO with meal for:
 12 weeks w/ Ribavirin (GT 1a, w/o cirrhosis)
 24 weeks w/ Ribavirin (GT 1a, w/ compensated cirrhosis)
 12 weeks (GT 1b, w/ or w/o compensated cirrhosis)
 VIEKIRA PAK
 Ombitasvir/Paritaprevir/Ritonavir 12.5mg/75 mg/50 mg tabs (pink) Dasabuvir 250 mg tab (beige)
 Directions: Take 2 pink tabs PO once daily (AM) with food and one beige tab
 PO twice daily (AM and PM) with food
SUPPORTIVE THERAPIES Strength _____
 Procrit Epogen Neulasta Aranesp Neupogen
 SIG: _____ QTY: _____ Refill: _____
HEPATITIS B ORAL THERAPIES
 Baraclude 0.5 mg 1.0 mg
 Epivir HBV 100 mg Hepsara 10 mg Tyzeka 600 mg
 Additional Directions: _____
 1 Tablet PO QD QTY: 1 Month 3 Month
 ENROLL IN NURSE TRAINING / MANUFACTURER PROGRAM

By signing this form I authorize Barnert Pharmacy and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third party payer.

_____ Prescriber's signature (no stamps) if brand required check this DAW _____ Date _____