Ochsner Specialty Pharmacy

HEPATOLOGY FORM

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PATIENT INFORMATION:

Patient Name:_____
Date of Birth:_____Male: ☐ Female: ☐
Address:_____
City/State/Zip:_____
Tel:_____Alt Tel:_____
SS#:_____Wt:_____Ht:_____

NKDA: ☐ Allergy:_____

INSURANCE INFORMATION:

Primary Pharmacy Insurance_____
Member Name:_____
Member ID:_____
Rx Group #:_____
BIN#_____PCN#_____
Customer Service #:_____
Please attach a copy of the front and back of the patient's insurance card, if available.****

DIAGNOSIS AND CLINICAL INFORMATION:

Diagnosis: ☐ B18.2 Chronic Hep C ☐ C22.0 Hepatocellular Carcinoma ☐ Other:_____
Genotype: ☐ 1 ☐ 1a ☐ 1b ☐ 2 ☐ 2a ☐ 2b ☐ 3 ☐ 3a ☐ 3b ☐ 4 ☐ 4a ☐ 4b ☐ Other:_____Viral Load:_____
Previous Treatment:_____ ☐ Non-Responder ☐ Responder/Relapser HIV Co-Infection ☐ Yes ☐ No
Other medications patient is currently taking (including OTC):_____
_____

PRESCRIBER INFORMATION:

Prescriber Name:_____Specialty:_____Date:_____
Address:_____City/State/Zip:_____
Contact Name:_____Phone #:_____Fax #:_____
NPI#:_____DEA #:_____UPIN #:_____

By signing this form and using our services, you are authorizing Ochsner Specialty Pharmacy to serve as your prior authorization designated agent in dealing with prescription and medical insurance companies. Prescriber Signature Below: (*Physician attests this is his/her legal signature.* **NO STAMPS**)

_____ _____
Substitution Allowed *Dispense as Written*

PRESCRIPTION:

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Baraclude®	☐ 1mg or ☐ 5mg	☐ Take 1 tablet daily	30 days	_____
Daklinza®	☐ 60mg or ☐ 30mg ☐ 90 mg	☐ Take 1 tablet daily	28 days	_____
Epclusa®	☐ 400mg/100mg	☐ Take 1 tablet daily with or without food	28 days	_____
Epivir-HBV®	☐ 100mg	☐ Take 1 tablet daily	30 days	_____
Harvoni®	☐ 90-400mg tablets	☐ Take 1 tablet daily with or without food	28 days	_____
Hepsera®	☐ 10mg	☐ Take 1 tablet daily	30 days	_____
Olysio®	☐ 150mg cap	☐ Take 1 capsule by mouth once daily with food	28 days	_____
☐ Ribapak® ☐ Moderiba Pak®	☐ Less than 66 kgs (145lbs) ☐ 66-80 kgs (145-176lbs) ☐ 81-105 kgs (178-231lbs) ☐ Greater than 105 kgs (231lbs)	☐ Take 400mg QAM and 400mg QPM ☐ Take 600mg QAM and 400mg QPM ☐ Take 600mg QAM and 600mg QPM ☐ Take 600mg Qam and 600mg QPM with 200mg Ribasphere	28 days	_____
Ribasphere®	☐ 200mg tab ☐ 200mg cap	_____	28 days	_____
Solvaldi®	☐ 400mg	☐ Take 1 tablet by mouth daily	28 days	_____
Technivie®	☐ 12.5/75/50mg	☐ Take 2 tablets by mouth daily with food	28 days	_____
Victrelis®	☐ 200mg	☐ Take 4 tablets three times daily with food	28 days	_____
Viekera®	☐ 28 Day Pack ☐ Viekira XR	☐ Take 2 (ombitasvir, paritaprevir, ritonavir)tablets every morning and take 1 (dasabuvir) tablet every morning and evening with a meal ☐ Take 3 tablets once daily	28 days	_____
Zepatier®	☐ 50mg/100mg	☐ Take 1 tablet daily with or without food	28 days	_____
Other	_____	_____	_____	_____