HEPATOLOGY

OAKHILLSPRX
SPECIALTY PHARMACY

7711 Louis Pasteur Ave, San Antonio TX 78229
oakhillsprx.com

DATE: _____ NEEDS BY DATE: _____ SHIP TO: ❑ PATIENT ❑ OFFICE ❑ OTHER _____

PATIENT INFORMATION

Patient Name
Address
City, State, Zip
Main Phone Alternate Phone
Social Security #
Date of Birth ❑ Male ❑ Female

PRESCRIBER INFORMATION

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

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 OakHillsprx Pharmacy and its employees to serve as youir 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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