

Patient Information				Prescriber Information	
Patient Name:		DOB:		Prescriber's Name:	
Address:				NPI#:	
City:	State:	Zip:	DEA#:		License#:
Phone:		Alternate Phone:		Address:	
Height:	Weight:	Allergies:		Phone:	Fax:
Emergency Contact:		Phone:		Contact Person:	

Client Considerations

Primary Diagnosis: Hepatitis B HIV HBV co-infection Other: _____

Medical Assessment: (Please provide the information below or Fax copies of labs to Fax number provided above)

PCR for HBV DNA (Viral Load) _____ copies/ml Date: _____ AST/ALT Ratio: ___/___ Date: _____

e-antigen + (HBeAg+) / U e-antigen- (HBeAg-) Co-infected with HIV: Yes No

Has the patient been treated previously for this condition? Yes No Medication(s): _____

Is patient currently on therapy? Yes No Medication(s): _____

Will patient stop taking the above medication(s) before starting the new medication? Yes No; if yes, what _____

Medication	Sig	Qty	Refills
BARACLUDE®	0.5 mg tab po daily (Naïve pt or adolescents ≥ 16 yo)	30 or 90	
	1 mg tab po daily (Lamivudine –Refractory pt)	30 or 90	
	0.05 mg/ml	210ml	
	Dose adjustment by Creatinine Clearance (if less than 50 ml/min):	210ml	
EPIPEN®	0.3 mg IMx1, may repeat Epipen Jr (for Peds less than 30 kg) 0.15 mg IMx1, may repeat		
EPIVIR® HBV 100mg	100 mg po daily	30	
EPIVIR® 150mg	150 mg po BID (only for co-infected pt with HIV)	60	
HBIG	(Hepatitis B Immune Globulin- single use vial) greater than 1560 International Units/5 ml (greater than 312 International Units/ml) 5 ml IM in 2 divided doses, every 2 ml IM in 2 divided doses, every 10,000 International Units(32 ml) in 250 ml NS, IV over ____ hour(s), every ____ for ____ infusions Infusion at Physician's office or Home infusion Alt. Dosage: _____	5 ml vial 2 of 1 ml vial ____ of 5 ml vials	
HEPSERA® 10mg	100 mg po daily Dose adjustment by Creatinine Clearance (if less than 50 ml/min):	30	
PEGASYS® 180mcg	PFS (pre-filled syringes) Vial "Will dispense PFS (prefilled syringe) unless VIAL is marked" 180 mcg SQ QWK Alternative dosage	28 days	
TYZEKA® 600mg	600 mg po daily Dose adjustment by Creatinine Clearance (if less than 50 ml/min): 30	30 30	
VIREAD® 300mg	300 mg po daily Dose adjustment by Creatinine Clearance (if less than 50 ml/min):	30	

OTHER:

By signing this form I authorize Aleracare 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.