

Patient Information			Prescriber Information	
Patient Name:	DOB:		Prescriber's Name:	
Address:			NPI#:	
City:	State:	Zip:	DEA#:	License#:
Phone:	Alternate Phone:	SSN:	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®	0.5mg tab PO daily (Naïve pt or adolescents ≥ 16 yo)	30 or 90	
	1mg tab PO daily (Lamivudine -Refractory pt)	30 or 90	
	0.05mg/ml	210ml	
	Dose adjustment by Creatinine Clearance (if less than 50ml/min):	210ml	
EPIPEN®	0.3mg IMx1, may repeat Epipen Jr (for Peds less than 30kg) 0.15mg IMx1, may repeat		
EPIVIR® HBV 100mg	100mg PO daily	30	
EPIVIR® 150mg	150mg 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) 5ml IM in 2 divided doses, every 2ml IM in 2 divided doses, every 10,000 International Units(32ml) in 250ml 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	100mg PO daily Dose adjustment by Creatinine Clearance (if less than 50ml/min):	30	
PEGASYS® 180mcg	PFS (pre-filled syringes) Vial "Will dispense PFS (prefilled syringe) unless VIAL is marked" 180mcg SQ QWK Alternative dosage : _____	28 days	
TYZEKA® 600mg	600mg PO daily Dose adjustment by Creatinine Clearance (if less than 50ml/min):	30 30	
VIREAD® 300mg	300mg PO daily Dose adjustment by Creatinine Clearance (if less than 50ml/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.

Prescriber's Signature

Date