CEDRA

HEPATITIS B

REFERRAL FORM

FAX: 888.889.7129
TOLL FREE: 844.233.7279
CEDRASPECIALTY.COM

PATIENT INFORMATION

Patient Name: DOB: Preferred Phone:

SSN#: Language: English Other

Address: Sex: Male Female Height: Weight: lbs kg

City: State: Zip: Known Allergies:

*** PLEASE FAX FRONT/BACK COPY OF PHARMACY BENEFIT CARD, MEDICAL INSURANCE CARD, NOTES, LABS & TESTS WITH THE PRESCRIPTION TO EXPEDITE PROCESSING ***

PRESCRIBER INFORMATION

Prescriber Name: DEA#: NPI#: Tax ID#:

Address: Phone: E-mail:

City: State: Zip: Key Contact: Phone: Fax:

STATUS UPDATE PREFERENCE: Phone Text Fax E-mail:

DIAGNOSIS/CLINICAL INFORMATION

Diagnosis: Chronic HBV HIV-HBV co-infection ICD 10: HBV Viral Load: Copies/mL Date:

Serologies: E-antigen HBeAg+ HBeAg- Other: LFTs tested: ALT Units/L Other: Date:

Cirrhosis: Yes No (Compensated Decompensated) Liver Biopsy: Yes No Result:

Has 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 is the washout period?

Other medications patient is currently taking including OTC medications with dosage and direction (or fax medication profile):

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	SIG	QTY.	REFILLS
BARACLUDE®	0.5 mg 1 mg	Take 1 tablet by mouth daily on an empty stomach. Other:	30-day supply	
EPIVIR HBV®	100 mg	Take 1 tablet by mouth daily with or without food. Other:	30-day supply	
HEPSERA®	10 mg	Take 1 tablet by mouth daily with or without food. Other:	30-day supply	
PEGASYS®	180 mcg/ml Vial 180 mcg/0.5 mL Prefilled Syringe 180 mcg/0.5 mL Autoinjector 135 mcg/0.5 mL Autoinjector	180 mcg per week	30-day supply	
TYZEKA®	600 mg	Take 1 tablet by mouth daily with or without food. Other:	30-day supply	
VEMLIDY®	25 mg	Once daily with food Testing: Prior to initiation of VEMLIDY, test patients for HIV infection. VEMLIDY alone should not be used in patients with HIV infection. Assess serum creatinine, serum phosphorous, estimated creatinine clearance, urine glucose, and urine protein before initiating VEMLIDY and during therapy in all patients as clinically appropriate.	30-day supply	
VIREAD®	300 mg	Take 1 tablet by mouth daily with or without food. Other:	30-day supply	

Deliver To: Patient Home MD Office

Prescriber Signature: (Please sign and date below.)
Your signature authorizes Cedra Pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.

Substitution Permissible Date Dispense as written "DAW" Date

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