Hepatitis B
Prescription Referral Form

Phone: 1.877.592.7988
Fax: 1.800.787.0874

Rosemont Specialty Pharmacy
www.rosemontspecialtypharmacy.com

Date Medication Needed: _____ Ship To: ○ Patient's Home ○ Prescriber's Office ○ Pick-up

1: Patient Information

Patient Name: _____ Birthdate: _____ Sex: ○ Male ○ Female Height: _____ Weight: _____ ○ lbs. ○ kg.

Soc. Sec. #: _____ Preferred Phone: _____ Known Allergies: _____

Address: _____ City: _____ State: _____ Zip: _____

Alternate Caregiver Name: _____ Preferred Phone: _____

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2: Prescriber Information

Provider Name: _____ DEA#: _____ NPI#: _____ Tax ID#: _____

Address: _____ Phone: _____ Fax: _____

City, State, Zip: _____ Key Contact: _____ Phone: _____

3: Diagnosis/Clinical Information | *Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization*

Diagnosis: _____ ICD-10: _____

4: Prescription Information

Medication	Dose/Strength	Sig	Qty.	Refills
☐ **Baraclude®**	☐ 0.5mg ☐ 1mg ☐ 0.05mg/ml:	☐ 0.5mg tab by mouth daily ☐ 1mg tab by mouth daily ☐ **Other:**	30 ☐ ml	
☐ **Epivir HBV**	☐ 100mg	☐ 100mg by mouth daily	30 ☐	
☐ **Hepsera®**	☐ 10mg	☐ 10mg by mouth daily	30 ☐	
☐ **HBIG** (Hepatitis B Immune Globulin - single use vial)				
☐ **Pegasys®** ☐ Prefilled Syringe ☐ Vial ☐ ProClick®	☐ 180mcg ☐ 135mcg	☐ 180 mcg SQ once weekly ☐ 90 mcg SQ once weekly ☐ 135 mcg SQ once weekly	28 day supply	
☐ **Tyzeka®**	☐ 600mg	☐ 600mg by mouth daily	30	
☐ **Vemlidy®**	☐ 25mg	☐ 25mg by mouth daily with food	30	
☐ **Viread®**	☐ 300mg	☐ 300mg by mouth daily ☐ **Other:**	30	
☐				
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☐				

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Patient Signature: _____ Date: _____

Prescriber Signature: Prescriber, please sign and date below

Substitution Permissable _____ Date _____ Dispense as written _____ Date _____

I authorize Rosemont Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

# of Prescriptions: _____