

**HEPATITIS B**  
Enrollment  
Form

Deliver Medications To:  Patient's Home  Doctor's Office Date Needed By: \_\_\_\_\_ Inj. Training/Admin.  Y  N

**PATIENT DEMOGRAPHICS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Prescription Insurance: **PLEASE ATTACH A COPY OF THE FRONT AND BACK OF THE PATIENT'S CARD**  
 Primary Prescription Insurance: \_\_\_\_\_ Rx BIN: \_\_\_\_\_ Rx PCN #: \_\_\_\_\_  
 Patient ID/Policy Number: \_\_\_\_\_ Patient Rx Group Number: \_\_\_\_\_

**PATIENT CLINICAL INFORMATION/HISTORY: (PLEASE ATTACH A COPY OF PATIENT'S RECENT CHART NOTES, PATHOLOGY AND LABS)**

Current medications (if necessary, please fax copy of complete list): \_\_\_\_\_  
 Diagnosis/ICD-10:  B18.0 Hepatitis B  B18.1 Hepatitis B Other: \_\_\_\_\_  
 Previously treated with Interferon?  Y  N Pre-treatment HBV viral load: \_\_\_\_\_  
 Start date of Hep B therapy: \_\_\_\_\_ ANC: \_\_\_\_\_  
 Pre-treatment ALT: \_\_\_\_\_ Liver biopsy:  Y  N \_\_\_\_\_  
 Most recent ALT: \_\_\_\_\_ Hgb: \_\_\_\_\_

**PRESCRIPTION INFORMATION**

DRUG	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
Baraclude	0.5mg 1.0mg	Take one tablet by mouth once daily	30	
Epivir-HBV	100mg	Take one tablet by mouth once daily	30	
Hepsera	10mg	Take one tablet by mouth once daily	30	
Tyzeka	600mg	Take one tablet by mouth once daily	30	
Vemlidy	25mg	Take one tablet by mouth once daily	30	
Viread	300mg	Take one tablet by mouth once daily	30	

**PRESCRIBER INFORMATION**

Prescriber Name: \_\_\_\_\_ Facility Group or Hospital: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Office Contact: \_\_\_\_\_  
 DEA: \_\_\_\_\_ NPI: \_\_\_\_\_ UPIN: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"By signing I hereby authorize Encompass Rx, LLC and its pharmacists, technicians and other employees and agents to disclose, share and submit patient information to health insurers, HMOs, employer group health plans, governmental health programs, or other payors, for the purposes of satisfying such payor's prior authorization requirements with respect to the medication being prescribed for the treatment of our mutual patient."