STANDARDIZED ONE PAGE PHARMACY PRIOR AUTHORIZATION FORM

Mississippi Division of Medicaid, Pharmacy Prior Authorization Unit,
550 High St., Suite 1000, Jackson, MS 39201

☐ Medicaid Fee for Service/Change Healthcare
Fax to: 1-877-537-0720 Ph: 1-877-537-0722
https://medicaid.ms.gov/providers/pharmacy/pharmacy-prior-authorization/

☐ Magnolia Health/Envolve Pharmacy Solutions
Fax to: 1-866-399-0929 Ph: 1-866-399-0928
https://www.magnoliahealthplan.com/providers/pharmacy.html

☐ UnitedHealthcare/OptumRx
Fax to: 1-866-940-7328 Ph: 1-800-310-6826
http://www.uhccommunityplan.com/health-professionals/ms/pharmacy-program.html

BENEFICIARY INFORMATION

Beneficiary ID: ____ ____ ____ - ____ ____ ____ - ____ ____ ____ **DOB: ____ ____ / ____ ____ / ____ ____ ____ ____**

Beneficiary Full Name:

PRESCRIBER INFORMATION

Prescriber's NPI:

Prescriber's Full Name: **Phone:**

Prescriber's Address: **FAX:**

PHARMACY INFORMATION

Pharmacy NPI:

Pharmacy Name:

Pharmacy Phone: **Pharmacy FAX:**

CLINICAL INFORMATION

Requested PA Start Date:_____ Requested PA End Date:_____

Drug/Product Requested:_____ Strength:_____ Quantity:_____

Days Supply:_____ RX Refills:_____ Diagnosis or ICD-10 Code(s):_____

☐ **Hospital Discharge** ☐ **Additional Medical Justification Attached**

Medications received through coupons and/or samples are not acceptable as justification

PLEASE COMPLETE AND FAX DRUG SPECIFIC CRITERIA/ADDITIONAL DOCUMENTATION FORM FOUND BELOW

Prescribing provider's signature (signature and date stamps, or the signature of anyone other than the provider, are not acceptable)

I certify that all information provided is accurate and appropriately documented in the patient's medical chart.

Signature required: _____ Date: _____

Printed Name of Prescribing Provider:_____

FAX THIS PAGE

PRIOR AUTHORIZATION DESCRIPTION

- ***Note annotations and respective definitions as described on "*Hepatitis C Therapy PA Request Guidelines for Regimen Selection and Definitions" page**

Hepatitis C Therapy PA Request
Guidelines for Regimen Selection and Definitions

The Mississippi Division of Medicaid (DOM) will approve Hepatitis C treatment PA requests for members who meet the following criteria:

- Requested regimen is compliant with latest American Association for The Study of Liver Diseases (AASLD)/Infectious Diseases Society of America (ISDA) Recommendations for Testing, Managing, and Treating Hepatitis C http://www.hcvguidelines.org/full-report-view

AND

- The regimens listed under each genotype and clinical scenario below are the preferred regimens for MS Medicaid beneficiaries, based on clinical and cost considerations and are consistent with AASLD/IDSA guidelines.

OR

- *Clinical rationale is provided for using a regimen that is beyond those within the current guidelines, or for selecting regimens using non-preferred drugs on the Mississippi Division of Medicaid Universal Preferred Drug List*

On the PA Request Form, which must be approved prior to the 1st dose, document the clinical condition supporting the requested regimen. Unless otherwise specified, you do not need to attach documentation to the form. You are attesting to the fact that documentation is available in the patient chart for all information you provide.

DEFINITIONS/ANNOTATIONS USED ON PA FORM:

∇ **Low Dose Ribavirin = 600 mg/day and increase as tolerated**

◊ **Ribavirin-Ineligible** (documentation exists in the patient's chart for at least one of the following):

- Hypersensitivity to RBV
- History of severe or unstable cardiac disease
- Pregnant women and men with pregnant partners
- Diagnosis of hemoglobinopathy (e.g., thalassemia major, sickle cell anemia)
- Baseline platelet count < 70,000 cells/mm3
- ANC < 1500 cells/mm3
- Hb < 12 gm/ml in women or <13 g/dl in men

* **Daklinza dosing**

- Dose of Daklinza (daclatasvir) MUST BE ADJUSTED with certain co-administered drugs (reduced to 30 mg daily with concurrent strong CYP3A inhibitors and certain antiviral drugs and increased to 90 mg daily with concurrent moderate CYP3A inducers). Daklinza is contraindicated with strong 3A inducers.

¥ **Genotype 1a polymorphisms at amino acid positions 28, 30, 31, or 93 (testing must be within two years of the request date)**

RENAL DYSFUNCTION

Patients with CrCl <50 ml/mm should not be treated with ribavirin.
Patients with CrCl <30 ml/min should not be treated with sofosbuvir containing regimens (including Harvoni/Epclusa/Vosevi).

Preferred Direct Acting Antivirals

Mavyret (glecaprevir/pibrentasvir) 300/120 mg
Zepatier (elbasvir/grazoprevir) 50/100 mg
Epclusa (sofosbuvir/velpatasvir) 400/100 mg

Non-Preferred Direct Acting Antivirals

Daklinza (daclatasvir) 60 mg
Sovaldi (sofosbuvir) 400 mg
Olysio (simeprevir) 150 mg
Harvoni (ledipasvir/sofosbuvir) 90/400 mg
Technivie (ombitasvir/paritaprevir/ ritonavir) 12.5/75/50 mg
Viekira Pak (ombitasvir/paritaprevir/ritonavir) 12.5/75/50mg + (dasabuvir) 250mg
Viekira XR (dasabuvir, ombitasvir, paritaprevir + ritonavir)200/8.33/50/33.33 mg
Vosevi (sofosbuvir, velpatasvir, and voxilaprevir)

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Preferred Regimens Listed Below *(not all regimens available are listed; most cost-effective regimens listed below)*

PLEASE CHECK REQUESTED REGIMEN

Genotype 1 (Note the subtype is only indicated when treatment is different for subtypes)

Treatment naïve, no cirrhosis

- ❑ Mavyret - three (3) tablets daily for 8 weeks
- ❑ Epclusa - one tablet daily for 12 weeks
- ❑ 1a: Zepatier - one tablet daily for 12 weeks in patients without baseline NS5A polymorphisms¥
- ❑ 1b: Zepatier - one tablet daily for 12 weeks

Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Mavyret - three (3) tablets daily for 12 weeks
- ❑ Epclusa - one tablet daily for 12 weeks
- ❑ 1a: Zepatier – one tablet daily for 12 weeks in patients without baseline NS5A polymorphisms¥
- ❑ 1b: Zepatier – one tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis

- ❑ Mavyret - three (3) tablets daily for 8 weeks
- ❑ Epclusa - one tablet daily for 12 weeks
- ❑ 1a: Zepatier - one tablet daily for 12 weeks in patients without baseline NS5A polymorphisms¥
- ❑ 1b: Zepatier - one tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Mavyret - three (3) tablets daily for 12 weeks
- ❑ Epclusa– one tablet daily for 12 weeks
- ❑ 1a: Zepatier– one tablet daily for 12 weeks in patients without baseline NS5A polymorphisms¥
- ❑ 1b: Zepatier – one tablet daily for 12 weeks

Treatment experienced (PEG-IFN/RBV/NS3/4A protease inhibitor, no prior NS5A, no prior sofosbuvir), no cirrhosis

- ❑ Mavyret - three (3) tablets daily for 12 weeks
- ❑ Epclusa – one tablet daily for 12 weeks
- ❑ 1a: Zepatier – one tablet daily plus weight-based RBV for 12 weeks in patients without baseline NS5A polymorphisms¥
- ❑ 1b: Zepatier - one tablet daily plus weight-based RBV for 12 weeks

Treatment experienced (PEG-IFN/RBV/NS3/4A protease inhibitor, no prior NS5A, no prior sofosbuvir), compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Mavyret - three (3) tablets daily for 12 weeks
- ❑ Epclusa – one tablet daily for 12 weeks
- ❑ 1a: Zepatier – one tablet daily plus weight-based RBV for 12 weeks in patients without baseline NS5A polymorphisms¥
- ❑ 1b: Zepatier – one tablet daily plus weight-based RBV for 12 weeks

Treatment experienced (sofosbuvir + ribavirin +/- PEG-IFN OR simeprevir, no NS5A), no cirrhosis

- ❑ Mavyret - three (3) tablets daily for 12 weeks
- ❑ 1b: Epclusa – one tablet daily for 12 weeks

Treatment experienced (sofosbuvir + ribavirin +/- PEG-IFN OR simeprevir, no NS5A), compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Mavyret - three (3) tablets daily for 12 weeks
- ❑ 1b: Epclusa – one tablet daily for 12 weeks

Treatment experienced, any NS5A inhibitor but NO NS3/4A protease inhibitor (prior therapy ONLY with daclatasvir+sofosbuvir, ledipasvir+sofosbuvir or sofosbuvir +velpatasvir), no or compensated cirrhosis (Child-Pugh A ONLY)

- ❑ Mavyret - three (3) tablets daily for 16 weeks
- ❑ Vosevi – one tablet daily for 12 weeks

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Continued - Genotype 1
Treatment experienced (prior treatment with any NS5A inhibitor (ledipasvir (Harvoni), velpatasvir (Epclusa/Vosevi), elbasvir (Zepatier), dasabuvir (Viekira), pibrentasvir (Mavyret) and daclatasvir (Daklinza), including those given with a NS3/4A protease inhibitor), no cirrhosis or compensated cirrhosis (Child-Pugh A ONLY) ❑ Vosevi – one tablet daily for 12 weeks
Re-infection of allograft liver after transplant, no cirrhosis ❑ Mavyret - three (3) tablets daily for 12 weeks
Re-infection of allograft liver after transplant, compensated cirrhosis (Child-Pugh A ONLY) ❑ Harvoni – one tablet daily plus weight based ribavirin for 12 weeks
Re-infection of allograft liver after transplant, decompensated cirrhosis (Child-Pugh B or C ONLY) ❑ Harvoni – one tablet daily plus low dose ribavirin∇ for 12 weeks
Decompensated cirrhosis, no prior sofosbuvir or NS5A ❑ Epclusa – one tablet daily plus weight-based ribavirin for 12 weeks (low dose ribavirin∇ if Child-Pugh Class C) ❑ Epclusa – one tablet daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin◊)
Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A ❑ Epclusa – one tablet daily plus weight-based ribavirin for 24 weeks (low dose ribavirin∇ if Child-Pugh Class C)
Recurrent HCV infection post–liver transplantation, no cirrhosis ❑ Mavyret - three (3) tablets daily for 12 weeks
Recurrent HCV infection post–liver transplantation, compensated cirrhosis (Child-Pugh A ONLY) ❑ Harvoni – one tablet daily plus weight based ribavirin for 12 weeks
Recurrent HCV infection post–liver transplantation, decompensated cirrhosis (Child-Pugh B and C ONLY) ❑ Harvoni – one tablet daily plus low dose ribavirin∇ for 12 weeks
Genotype 2
Treatment naïve, no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ Epclusa – one tablet daily for 12 weeks
Treatment naïve, compensated cirrhosis (Child-Pugh A ONLY) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ Epclusa – one tablet daily for 12 weeks
Treatment experienced (PEG-IFN + ribavirin), no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ Epclusa – one tablet daily for 12 weeks
Treatment experienced (PEG-IFN + ribavirin), with compensated cirrhosis (Child-Pugh A only) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ Epclusa - daily for 12 weeks
Treatment experienced (sofosbuvir + ribavirin) (no cirrhosis) ❑ Mavyret - three (3) tablets daily for 8 (label indication) or 12 (guideline recommendation) weeks ❑ Epclusa – one tablet daily for 12 weeks
Treatment experienced (sofosbuvir + ribavirin) with compensated cirrhosis (Child-Pugh A only) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ Epclusa – one tablet daily for 12 weeks
Decompensated cirrhosis, no prior sofosbuvir or NS5A failure ❑ Epclusa – one tablet daily plus weight-based ribavirin for 12 weeks ❑ Epclusa – one tablet daily for 24 weeks (will be approved only for patients with documented ineligibility for ribavirin◊)
Decompensated cirrhosis, prior sofosbuvir or NS5A failure ❑ Epclusa – one tablet daily + weight based ribavirin for 12 weeks (low dose ribavirin∇ if Child-Pugh C)

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Continued - Genotype 2
Recurrent HCV infection post–liver transplantation, no cirrhosis ❑ Mavyret - three (3) tablets daily for 12 weeks
Recurrent HCV infection post–liver transplantation, compensated cirrhosis (Child-Pugh B ONLY) ❑ Daklinza 60 mg* daily plus Sovaldi 400mg daily plus low dose ribavirin∇ for 12 weeks ❑ Epclusa - one tablet daily plus weight-based ribavirin for 12 weeks ❑ Mavyret - three (3) tablets daily for 12 weeks
Recurrent HCV infection post–liver transplantation, decompensated cirrhosis ❑ Daklinza 60 mg* daily plus Sovaldi 400mg daily plus low dose ribavirin∇ for 12 weeks ❑ Epclusa - one tablet daily plus weight-based ribavirin for 12 weeks
Genotype 3
Treatment naive, no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ Epclusa - one tablet daily for 12 weeks
Treatment naive, with compensated cirrhosis (Child-Pugh A only) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ Epclusa - one tablet daily for 12 weeks
Treatment experienced (PEG-IFN + ribavirin), no cirrhosis, Y93H negative ❑ Epclusa - one tablet daily for 12 weeks ❑ Mavyret - three (3) tablets daily for 16 weeks
Treatment experienced (PEG-IFN + ribavirin), no cirrhosis, Y93H positive ❑ Epclusa - one tablet daily for 12 weeks with weight-based ribavirin ❑ Mavyret - three (3) tablets daily for 16 weeks
Treatment experienced (PEG-IFN + ribavirin), compensated cirrhosis (Child-Pugh A ONLY) ❑ Mavyret - three (3) tablets daily for 16 weeks ❑ Epclusa - one tablet daily plus weight-based ribavirin daily for 12 weeks ❑ Zepatier - one tablet daily plus Sovaldi 400 mg – one tablet daily for 12 weeks (will only be approved for patients with documented ineligibility for ribavirin◊)
Treatment experienced (any direct acting antiviral including NS5A), no or compensated cirrhosis (Child-Pugh A ONLY) ❑ Vosevi – one tablet daily for 12 weeks (add weight based ribavirin if both prior NS5A and cirrhosis)
Decompensated cirrhosis, no prior sofosbuvir or NS5A failure ❑ Epclusa – one tablet daily plus weight-based ribavirin daily for 12 weeks ❑ Epclusa – one tablet daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin◊)
Decompensated cirrhosis, prior sofosbuvir or NS5A failure ❑ Epclusa – one tablet daily plus weight-based ribavirin daily for 12 weeks (low dose ribavirin∇ if Child-Pugh C)
Recurrent HCV infection post–liver transplantation, no cirrhosis ❑ Mavyret - three (3) tablets daily for 12 weeks
Recurrent HCV infection post–liver transplantation, compensated cirrhosis (Child-Pugh A ONLY) ❑ Daklinza 60 mg* daily plus Sovaldi 400mg daily plus low dose ribavirin∇ for 12 weeks ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ Epclusa – one tablet plus weight-based ribavirin daily for 12 weeks
Recurrent HCV infection post–liver transplantation, decompensated cirrhosis (Child-Pugh B and C ONLY) ❑ Daklinza 60 mg* daily plus Sovaldi 400mg daily plus low dose ribavirin∇ for 12 weeks ❑ Epclusa – one tablet plus weight-based ribavirin daily for 12 weeks

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Genotype 4
Treatment naïve, no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ Epclusa – one tablet daily for 12 weeks ❑ Zepatier - one tablet daily for 12 weeks
Treatment naïve, compensated cirrhosis (Child-Pugh A only) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ Epclusa -one tablet daily for 12 weeks ❑ Zepatier – one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV ONLY), no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ Epclusa – one tablet daily for 12 weeks ❑ Zepatier – one tablet daily for 12 weeks, only if prior virologic relapse after PEG-IFN therapy, NOT if prior failure to suppress or breakthrough
Treatment experienced (PEG-IFN/RBV ONLY), compensated cirrhosis (Child-Pugh A only) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ Zepatier – one tablet daily for 12 weeks only if prior virologic relapse after PEG-IFN therapy, NOT if prior failure to suppress or breakthrough ❑ Epclusa – one tablet daily for 12 weeks
Treatment experienced (any direct acting antiviral including NS5A), with or without compensated cirrhosis (Child-Pugh A ONLY) ❑ Vosevi – one tablet daily for 12 weeks
Decompensated cirrhosis, no prior sofosbuvir or NS5A ❑ Epclusa – one tablet daily plus weight-based ribavirin daily for 12 weeks ❑ Epclusa – one tablet daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin◊)
Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A ❑ Epclusa – one tablet plus weight-based ribavirin daily for 24 weeks (low dose ribavirin∇ if Child-Pugh C)
Recurrent HCV infection post–liver transplantation, no cirrhosis ❑ Mavyret - three (3) tablets daily for 12 weeks
Recurrent HCV infection post–liver transplantation, compensated cirrhosis (Child-Pugh A ONLY) ❑ Harvoni – one tablet daily plus weight-based ribavirin for 12 weeks
Recurrent HCV infection post–liver transplantation, decompensated cirrhosis ❑ Harvoni – one tablet daily plus low dose ribavirin∇ for 12 weeks
Genotype 5 and 6
Treatment naïve, no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ Epclusa – one tablet daily for 12 weeks
Treatment naïve, compensated cirrhosis (Child-Pugh A only) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ Epclusa – one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV), no cirrhosis ❑ Mavyret - three (3) tablets daily for 8 weeks ❑ Epclusa – one tablet daily for 12 weeks
Treatment experienced (PEG-IFN/RBV), compensated cirrhosis (Child-Pugh A ONLY) ❑ Mavyret - three (3) tablets daily for 12 weeks ❑ Epclusa – one tablet daily for 12 weeks
Treatment experienced (any Direct Acting HCV Antiviral (DAA) including NS5A inhibitors, with no or compensated cirrhosis (Child-Pugh A ONLY) ❑ Vosevi – one tablet daily for 12 weeks

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Continued - Genotype 5 and 6
Recurrent HCV infection post–liver transplantation, no cirrhosis ❑ Mavyret - three (3) tablets daily for 12 weeks
Recurrent HCV infection post–liver transplantation, compensated cirrhosis (Child-Pugh A ONLY) ❑ Harvoni – one tablet daily plus weight-based ribavirin for 12 weeks
Recurrent HCV infection post–liver transplantation, decompensated cirrhosis ❑ Harvoni – one tablet daily plus low dose ribavirin∇ for 12 weeks
Decompensated cirrhosis, no prior sofosbuvir or NS5A ❑ Epclusa – one tablet daily plus weight-based ribavirin daily for 12 weeks ❑ Epclusa – one tablet daily for 24 weeks (will only be approved for patients with documented ineligibility for ribavirin◊)
Decompensated cirrhosis, prior treatment with sofosbuvir or NS5A ❑ Epclusa – one tablet plus weight-based ribavirin daily for 24 weeks (low dose ribavirin∇ if Child-Pugh C)
Other treatment regimen
Genotype _____ Treatment history, and extent of liver disease: _____ _____ _____ Drug name, dose and duration: _____ _____ Clinical rationale for selecting regimens other than those outlined above: _____ _____ _____
Abbreviations: ***PEG-IFN*** *= peginterferon;* ***RBV*** *= ribavirin;* ***PI*** *= protease inhibitor*

For unique patient populations with renal impairment or HIV: please refer to the current AASLD Guidelines for recommended treatments. http://www.hcvguidelines.org/full-report-view

If HIV positive: Please refer to the current AASLD Guidelines for potential drug interactions and recommended dosing adjustments.

DRUG INTERACTIONS

Reference: http://hep-druginteractions.org/ provides clinically useful, reliable, and current evidence-based information on relevant drug interactions with hepatitis medications.

CRITERIA/ADDITIONAL DOCUMENTATION
HEPATITIS C

MISSISSIPPI DIVISION OF MEDICAID

BENEFICIARY INFORMATION	
Beneficiary ID:____ ____ ____ - ____ ____ ____ - ____ ____ ____	**DOB:**____ ____ /____ ____ /____ ____ ____ ____
Beneficiary Full Name:	

Hepatitis C Therapy PA Request

Diagnosis / Treatment Status ***(check all that apply)*** ***See Hepatitis-C PA description sheet for approval criteria and intolerance definitions.**

□ Prescriber is, or has consulted with a gastroenterologist, hepatologist, ID specialist or other hepatic specialist. Requires consult within the past year with documentation of recommended regimen.

□ Active HCV infection verified by viral load within the last year: HCV RNA: _____ million IU/mL Date:_____

Genotype verified by lab: □ 1a □ 1b □ 2 □ 3 □ 4 □ 5 □ 6

HIV status: □ positive □ negative □ unknown

□ Patient has not taken amiodarone within 535 days (required if regimen includes Harvoni or Sovaldi)

□ RBV-Ineligible reason◊: _____

_____

Hepatic fibrosis stage ___ Last stage evaluation date: _____Method of cirrhosis/fibrosis stage:_____

□ Decompensated cirrhosis

□ Compensated cirrhosis Child-Pugh Score and Date: _____

□ Post-liver transplant Date:

□ Hepatocellular carcinoma and awaiting a liver transplant: Transplant date: _____

□ Not yet scheduled

□ Dialysis __Yes/____No

□ CrCl ____ mL/min Lab Date w/n last year:_____

□ Screened for HEP-B and HIV prior to HEP-C treatment start

- Repeat screening should be patient specific

Treatment considered per AASLD/IDSA guidelines

Patient is:

□ Treatment naïve □ Relapser

If Replapser, then prior HCV Treatment: last two regimens, if any

Regimen 1: _____ Dates/duration of use: _____ Response: _____

Regimen 2: _____ Dates/duration of use: _____ Response: _____

□ Prior partial responder □ Prior null responder

□ Stopped prior therapy for other reason:

_____

Regimen: _____ Dates/duration of use: _____ Response: _____

Social History ***(check all that apply)***

□ Patient is ≥ **18** years of age **OR** Patient is ≥ **12** years of age on Harvoni or Sovaldi

Documentation (available if requested) of:

□ Counseling regarding abstinence from alcohol, IV drug use and education on how to prevent HCV transmission.

□ Abstinence from drugs and alcohol for at least 6 months; negative urine drug screen required if there is IV drug use history.

For women of childbearing potential and male patients with female partners of childbearing potential ***(for RBV regimens only)*****:**

□ Patient is not pregnant (or a male with a pregnant female partner) and not planning to become pregnant during treatment or within 6 months of stopping treatment.

□ Agreement that partners will use two forms of effective contraception during treatment and for at least 6 months after stopping treatment.

□ Verification that monthly pregnancy tests will be performed throughout treatment.

Other Medications (OTC, Herbal and Prescription) Information

Drug name / strength	Frequency / instructions	Quantity	Refills

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