

**Baraclude**    **Baraclude (Entecavir) is for the treatment of chronic Hepatitis B as evidenced by persistent elevation in serum aminotransferase (ALT or AST) or histologically active disease in patients > 16 years old.**

Dosing note: 0.5 mg daily in nucleoside-treatment-naïve patients, 1 mg daily in patients receiving lamivudine or known lamivudine resistance mutations.

**Member Information**

Name \_\_\_\_\_

Enrollment / Cardholder ID \_\_\_\_\_

Group / Plan \_\_\_\_\_

Birth date \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_

**Relationship** (Circle)

Subscriber    Spouse    Dependent

**Gender** (Circle)

Male                  Female

AGE: \_\_\_\_\_ Weight (kg): \_\_\_\_\_

**Practitioner Information**

Name \_\_\_\_\_

Agent / Contact Name \_\_\_\_\_

Specialty \_\_\_\_\_

Office / Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone (    )    - \_\_\_\_\_

Fax (    )    - \_\_\_\_\_

ID Number \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

ALT or AST \_\_\_\_\_

**Requested Drug / Pharmaceutical**

**Baraclude (Entecavir)**

**Strength / Dose**

\_\_\_\_\_

**Therapy Start Date**

\_\_\_\_\_

**Duration of Therapy** (Expected)

\_\_\_\_\_

**Type of Request** (Circle)

**One-Time    On-Going**

**Condition / Diagnosis Related - Reason for Request**

\_\_\_\_\_

**Clinical Drug / Lab History Pertinent to Request**

Labs:                          Baseline / Ongoing

  
  

Formulary Alternative(s) Attempted    YES    NO    (Circle)

Please List:

Contact Pharmacy?    Y    N

Pharmacy Phone Number

\_\_\_\_\_

\_\_\_\_\_  
Practitioner Signature