

Please note that this is not an enrollment form. To download our forms, visit diplomat.is/rxforms.

| HEPATITIS B | | |
|---|--------------|----------------------|
| DRUG | ROUTE | MANUFACTURER |
| Baraclude ® (entecavir) | Oral | Bristol-Myers Squibb |
| Epivir ® (lamivudine) | Oral | ViiV Healthcare |
| Hepsera ® (adefovir dipivoxil) | Oral | Gilead |
| Intron ® A (interferon alfa-2b) | Subcutaneous | Genentech |
| Vemlidy ® (tenofovir alafenamide) | Oral | Gilead |
| Viread ® (tenofovir disoproxil fumarate) | Oral | Gilead |

| HEPATITIS C ^{1,2} | | | | | | | |
|---|-----------------------|---|---|---|---|---|----------------------|
| DRUG | GENOTYPE ³ | | | | | | MANUFACTURER |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| Daklinza ™ (daclatasvir) | ▪ | | ▪ | | | | Bristol-Myers Squibb |
| Epclusa ® (velpatasvir / sofosbuvir) | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | Gilead |
| Harvoni ® (ledipasvir / sofosbuvir) <i>for patients age 12+ years</i> | ▪ | | | ▪ | ▪ | ▪ | Gilead |
| Mavyret ™ (glecaprevir/pibrentasvir) | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | Abbvie |
| Olysio ® (simeprevir) | ▪ | | | ▪ | | | Janssen |
| Sovaldi ® (sofosbuvir) <i>genotype 2 and 3 for patients age 12+ years</i> | ▪ | ▪ | ▪ | ▪ | | | Gilead |
| Technivie ™ (ombitasvir/paritaprevir/ritonavir) | | | | ▪ | | | Abbvie |
| Viekira XR ™ / Viekira Pak ™ (dasabuvir / ombitasvir / paritaprevir / ritonavir) | ▪ | | | | | | Abbvie |
| Vosevi ® (sofosbuvir, velpatasvir, voxilaprevir) | ▪ | ▪ | ▪ | ▪ | ▪ | ▪ | Gilead |
| Zepatier ® (elbasvir / grazoprevir) | ▪ | | | ▪ | | | Merck |

¹Medications listed are prescribed for adults, unless otherwise indicated.

²Diplomat can also provide ribavirin and interferon products, if needed.

³Indications for genotypes listed are as per prescribing information.