



Hepatitis C Enrollment Form
Patient Referral/Medication Request Form

Phone: 806-324-5447 • Toll Free Phone 1-866-629-6779 • Toll Free Fax: 1-866-217-8034

Patient Information

Patient Name
Date of Birth
Address
City
State
Zip
Phone Home
Work
Cell

Social Security #

Allergies NKA

Weight kg lb

Emergency Contact Name

Phone

Please attach copy of insurance information or copy of insurance cards (both sides).

Shipping Information

Patient's Home Physician's Office

Other

Date Medication Needed

Physician Information

Physician Name

Office Contact Name

Address

City State Zip

Phone Fax

Physician Signature

Date

Dispense as written Generic substitution permitted

Diagnosis/Medical Information

ICD9 Code:

070.54 Hepatitis C Other (include code)

Is patient: Naive Partial Responder Non-Responder Relapser

Last Date of Therapy: Product Names:

Is patient currently on Hepatitis C Virus (HCV) therapy? Yes No

If yes, therapy start date: Product Names:

HCV Genotype: 1a 1b 1 2 3 4 5 6

Date of diagnosis Biopsy date Viral load

Prescription Information

INCIVEK (telaprevir) 375mg tablets

Directions: Oral - Take two 375mg tabs for a total of 750mg TID (2tabs/3times per day)

Quantity: 28 day supply Refills:

PEGASYS (peginterferon alfa-2a) (180mcg/ml injection)

180ug/0.5ml PFS 180ug/1ml vial

Directions: Inject 180ug SC once a week as directed.

Other:

Quantity: Refills:

RIBA-PAK (generic ribavirin tablet dose pack)

Directions: Take 600mg tab po qam and 600mg tab po qpm =1200/day (600-600)
Take 600mg tab po qam and 400mg tab po qpm =1000/day (600-400)
Take 400mg tab po qam and 400mg tab po qpm =800/day (400-400)

Quantity: Refills:

RIBASPHERE 200mg tablets 200mg capsules

Directions: Take tabs/caps po qam and tabs/caps po qpm.

Quantity: Refills:

RIBAVIRIN 200mg tablets 200mg capsules

Directions: Take tabs/caps po qam and tabs/caps po qpm.

Quantity: Refills:

VICTRELIS (boceprevir) 200mg capsules

Directions: Oral - 800mg TID (4 caps of 200mg each, 3 times per day) 336 caps per box (28 day supply). Start after week 4 of Pegylated interferon/ribavirin therapy.

Quantity: 28 day supply Refills:

PEG-INTRON (peginterferon alfa-2b) (1.5mcg/kg/SC/QW)

Redipen Vial

Table with 3 columns: Weight-kg (lb), Strength, Dose. Rows include weight ranges and corresponding strength and dose instructions.

INFERGEN 15ug/0.5ml vial

Directions: Inject 15ug sc three times a week. Inject 9ug sc three times a week.

Quantity: Refills: