



Hepatitis C Enrollment Form

A Dose Of Kindness
With Every Prescription.

PATIENT INFORMATION

Patient Name _____
 DOB _____ Last Four of SS# _____ Gender _____
 Weight _____ Height _____ Phone _____
 Address _____
 City, State, ZIP _____
 Primary Insurance _____
 Primary Insurance Phone _____
 Group/Policy # _____
 Secondary Insurance _____
 Secondary Insurance Phone _____

PRESCRIBER INFORMATION

Prescriber's Name _____
 State License # _____ UPIN _____
 DEA _____ NPI _____
 Group/Hospital _____
 Address _____
 City, State, ZIP _____
 Phone _____ Fax _____
 Contact Person _____ Phone _____

MEDICAL INFORMATION

Genotype _____ Q80K: Yes No DX Code _____ Liver Biopsy: Yes No
 Naive _____ Relapsed* _____ Partial Responder* _____ Null* _____ Date _____ Stage _____ Grade _____
 *Dates of previous treatment and viral load results _____ Creatinine _____ Date _____ HIV Status _____
 Allergies _____ Diagnosis Code _____ NKA

PRESCRIPTION INFORMATION

Patient to be trained for self-injection: At home In physician clinic Ship Medications: Patient's home Physician's office

Pegsaya: 180mcg Proclick Autoinjector 135mcg Proclick Autoinjector 180mcg/0.5ml prefilled syringe
 Dose _____ SC once weekly as directed _____ 1-month supply Refill: x _____

PegIntron Redipen:

50mcg/0.5ml — 0.5ml (50mcg) <88lbs / < 40kg 80mcg/0.5ml — 0.5ml (80mcg) 111–132lbs / 51–60kg 120mcg/0.5ml — 0.5ml (120mcg) 166–187lbs / 76–85kg
 80mcg/0.5ml — 0.4ml (64mcg) 88–110lbs / 40–50kg 120mcg/0.5ml — 0.4ml (96mcg) 133–161lbs / 61–75kg 150mcg/0.5ml — 0.5ml (150mcg) > 187lbs / >85kg
 Dose: SC once weekly as directed 1 month supply Refill: x _____

Ribavirin 200mg:

Directions _____
 Quantity _____ Refill: x _____
 < 75kg = 1000mg/day ≥ 75kg = 1200mg/day

RibaPak (1-month supply):

1200mg daily/600mg QAM — 600mg QPM 800mg daily/400mg QAM — 400mg QPM
 1000mg daily/600mg QAM — 400mg QPM 600mg daily/200mg QAM — 400mg QPM
 Refill: x _____

Nucleotide Polymerase Inhibitor:

Soveldi™ (sofosbuvir) 400mg disp. 28 Sig: 400mg daily Refill: x _____

Protease Inhibitor:

Victrelis (boceprevir) 200mg caps disp. 336 Sig: 800mg (4 caps) TID (q 7–9h) with food (begin at week 5) Refill: x _____
 Inclvex (telaprevir) 375mg tabs disp. 168 Sig: 1125mg (3 tabs) taken twice daily (10-14 hours apart) with food (not low fat) Refill: x _____
 OLYSIO™ (simeprevir) 150mg caps disp. 28 Sig: 150mg daily with food Refill: x _____

Supportive Therapy:

Erythropoietin: Epogen _____ Procrit _____
 Directions _____
 Quantity _____ Refill: x _____ *Attach CBC and Iron Panel lab reports
 Neupogen: Neupogen _____ Directions _____
 Quantity _____ Refill: x _____ *Attach CBC with differential lab report
 Promacta® 25mg PO QD
 Quantity _____ Refill: x _____ *Titrate based on platelet count not to exceed 100mg PO QD

Prescriber's Signature _____ Date _____
 PRODUCT SUBSTITUTION PERMITTED DISPENSE AS WRITTEN

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