

ADVOCATE PHARMACY

Phone: 215-362-2479

535 South Broad Street Lansdale PA 19446

Hepatitis C

Prescription & Pharmacy Intake Form

Provider Representative

Phone

Date Needed

Ship to Specialty Care Center Patient's Home
 Prescriber's Office Other

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Male Female
Address: _____
City: _____ State: _____ Zip Code: _____
Phone # (Daytime): _____ Phone # (Evening): _____
E-mail Address: _____ Case Manager: _____
Insurance Provider (Please include copy of front and back of card): _____
ID#: _____ Policy/Group #: _____ Phone #: _____
Name of Insured: _____ Employer: _____
Relationship to Patient: Self Other: _____ Patient is Eligible for Medicare
Prescription Card: Yes No Carrier: _____ Policy/Group #: _____
Will there be access to anaphylactic medications and oxygen at the administration site? _____

CLINICAL ASSESSMENT PRESCRIPTION INFORMATION

Patient is Naive
 Retirement
 Patient is Currently on Therapy
(Start Date: _____)
Primary ICD-9 Code: _____
Current Weight: _____ Date: _____
Height (pediatrics): _____ Date: _____
Genotype: 1 2 3 4 5 6
Initial Viral Load: _____ IU/mL
Date of Initial viral Load: _____
Previous Treatment:
 No
 Yes, with _____
Other Health Conditions: _____
Allergies: _____
Concomitant Medications: _____

Medication	Directions/Freq	Amount
Pegasys® <input type="checkbox"/> 28 Day Supply <input type="checkbox"/> 180 mcg/0.5 mL prefilled syringe 4 pack <input type="checkbox"/> 180 mcg/1 mL Vial <input type="checkbox"/> 180 mcg/0.5 mL ProClick 4 autoinjectors		Quantity: Refills:
PegIntron® <input type="checkbox"/> 28 Day Supply <input type="checkbox"/> 50 mcg/0.5 mL <input type="checkbox"/> 80 mcg/0.5 mL <input type="checkbox"/> Vial <input type="checkbox"/> 120 mcg/0.5 mL <input type="checkbox"/> Redipen: 1 pack <input type="checkbox"/> 150 mcg/0.5 mL <input type="checkbox"/> Redipen: 4 pack		Quantity: Refills:
RibaPak® <input type="checkbox"/> 28 Day Supply <input type="checkbox"/> 600-600:600 mg AM/600 mg PM = 1200 mg/day <input type="checkbox"/> 600-400:600 mg AM/400 mg PM = 1000 mg/day <input type="checkbox"/> 400-400:400 mg AM/400 mg PM = 800 mg/day		Quantity: Refills:
Ribavirin® <input type="checkbox"/> 28 Day Supply <input type="checkbox"/> 200 mg <input type="checkbox"/> Tablets <input type="checkbox"/> Capsules		Quantity:
Infergen® <input type="checkbox"/> 28 Day Supply <input type="checkbox"/> 9 mcg/0.3mL <input type="checkbox"/> 15 mcg/0.5mL		Quantity:
VICTRELIS™ <input type="checkbox"/> 28 Day Supply <input type="checkbox"/> 200 mg Capsules	<input type="checkbox"/> 4 capsules (800 mg) tid	Quantity:
INCIVEK™ <input type="checkbox"/> 28 Day Supply <input type="checkbox"/> 375 mg tablets	<input type="checkbox"/> 2 capsules (750 mg) tid	Quantity:
<input type="checkbox"/> Procrit <input type="checkbox"/> Neulasta <input type="checkbox"/> Aranesp <input type="checkbox"/> Neupogen <input type="checkbox"/> Other _____		Quantity: Refills:

PRESCRIBER INFORMATION

Prescriber's Name: _____ Practice/Facility Name: _____
Address: _____ Office Contact: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Fax: _____ Best Time to Call: _____
State Licenses #: _____ DEA #: _____ NPI#: _____ Medicaid UPIN #: _____
In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state specific required language to prohibit substitution: _____
I certify that the above therapy is medically necessary and that the information above is accurate to the best of my knowledge.
Prescriber's Signature Required: _____ Date: _____

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It bring-faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

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