



Prescription Order/SMN

Demographics do not need to be completed if a demographic sheet is to follow

Date: _____ Need by date: _____ Ship initial dose to: Patient Office

Patient: _____ Wt: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Insurance: _____ Insurance Phone: _____

ID Number: _____ Group Number: _____

(Or please fax an enlarged front and back copy of the insurance card)

Diagnosis: Hepatitis C (chronic) Hepatitis B ICD-9: _____ Other: _____

Viral Load: _____ Previously Treated? Yes No Allergies: _____

Genotype (Check One): 1 2 3 4 5 6 Pre-Treatment ALT: _____ TSH: _____ Hgb: _____ Plt: _____

Liver Biopsy completed? Yes No Results: _____ Length of Treatment: _____

Pertinent co-morbidity or medications: _____ HIV Status: Positive Negative

PEGINTRON® REDIPEN®

Disp _____ month(s) supply Refills: _____
Weight (lbs) Concentration Sig:
 <87 50mcg/0.5ml Inject 0.5ml SQ weekly
 87 - 111 80mcg/0.5ml Inject 0.4ml SQ weekly
 112 - 133 80mcg/0.5ml Inject 0.5ml SQ weekly
 134 - 166 120mcg/0.5ml Inject 0.4ml SQ weekly
 167 - 188 120mcg/0.5ml Inject 0.5ml SQ weekly
 189 - ≥231 150mcg/0.5ml Inject 0.5ml SQ weekly

RIBAPAK® *

Disp _____ month(s) supply Refills: _____
 400 - 400 (800/mg day) Co-pay assistance available with
 600 - 400 (1000/mg day) certain restrictions. Government
 600 - 600 (1200/mg day) programs are not included.
*To ensure brand name, please handwrite "Brand Medically Necessary" below.

PEGASYS®

Disp _____ month(s) supply Refills: _____
Convenience Pack (4 doses)
 Sig: 180 mcg SQ weekly #4
Reduced dosages 135 mcg weekly 90 mcg weekly

RIBAVIRIN 200mg CAPSULES TABLETS

Disp _____ month(s) supply Refills: _____
Total Daily Dose Equals _____ mg/day
Sig: Take _____ Caps/Tabs PO Qam and _____ Caps/Tabs PO Qpm

INFERGEN®

Disp _____ month(s) supply Refills: _____
 9 mcg/0.3ml SQ TIW Daily
 15 mcg/0.5ml SQ TIW Daily

PROCRIT® VIAL

Disp _____ month(s) supply Refills: _____
 10,000 units 20,000 units 40,000 units
SQ Weekly Every 2 Weeks

VICTRELIS™ (boceprevir)

Disp _____ month(s) supply Refills: _____
 800 mg (four 200 mg capsules) orally TID (7-9 hours apart) with
food (a meal or light snack). Start on week: _____

NEUPOGEN® VIAL

Disp _____ month(s) supply Refills: _____
 300 mcg 480 mcg
SQ Weekly Twice Weekly

INCIVEK™ (telaprevir)

Disp _____ month(s) supply Refills: _____
 750 mg (two 375 mg tablets) orally TID (7-9 hours apart) with
food (not low fat).

OTHER Drug: _____

Sig: _____
Qty: _____ Refills: _____

OTHER Drug: _____

Sig: _____
Qty: _____ Refills: _____

Name: _____ State License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ NPI #: _____

Office Contact: _____ DEA #: _____

Physician's office to train

Patient training to be coordinated by PSI

Uninsured patient, needs assistance

PRESCRIBER SIGNATURE: _____ DATE: _____



Pharmaceutical Specialties, Inc.

Phone: 800-818-6486 ♦ Fax: 800-818-6490



Patient Resources

You will be contacted by Pharmaceutical Specialties, Inc. (PSI) within 1 to 2 business days regarding your prescription. Please call the number above at anytime if you have questions.

PSI has more than 30 years of experience caring for patients with complex medical conditions. PSI provides these benefits for you:

- ❖ Free Sharps disposal by mail system
- ❖ Benefits and financial assistance coordination
- ❖ Medication delivered at no extra charge
- ❖ On-call pharmacist 24/7 for questions and patient counseling
- ❖ Nursing education if requested by your provider
- ❖ Referrals to local support and advocacy organizations
- ❖ Additional prescription medications as needed

NOTE: Refrigerate injectable medication upon receipt.

For additional support during your therapy, we recommend that you call and register with the appropriate support organization listed below.

PEGINTRON® & VICTRELIS™

Merck CARES (formerly Be In Charge ®)
888-437-2608
www.merck-cares.com

INCIVEK™

Guidance and Patient Support
877-824-4281
www.vertexGPS.com

PEGASYS®

Pegassist® Support
877-734-2797
www.pegassist.com

INFERGEN®

Infergen® AspireSM Hotline
888-668-3393
www.infergenaspire.com

Helpful websites for more information:

American Liver Foundation	1-800-465-4837	www.liverfoundation.org
Hepatitis C Association	1-866-437-4377	www.hepcassoc.org
Center for Disease Control	1-800-232-4636	www.cdc.gov/hepatitis

www.psipharmacy.com