**LOVELACE SPECIALTY PHARMACY**

500 Walter St Suite 202B Albuquerque, NM 87102

Ph: (505) 727-4532 Toll Free: (888) 727-4530 Fax: (505) 727-2911

**Patient Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Last Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

First Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Date of Birth

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

City State Zip

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Phone number

**Prescriber Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Prescriber Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Prescriber Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

City State Zip

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Phone Number Fax Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

NPI # DEA #

**Insurance Information (fax a copy of card)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Subscriber Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Group #

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

ID #

**Harvoni 90-400mg tablets** (ledipasvir/sofosbuvir)

Dispense\_\_\_\_\_\_ Refills \_\_\_\_\_\_

□ Take 1 tablet by mouth once daily

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Olysio 150mg capsules** (simeprevir)

Dispense\_\_\_\_\_\_ Refills \_\_\_\_\_\_

□ Take 1 tablet by mouth once daily

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sovaldi 400mg tablets** (sofosbuvir)

Dispense\_\_\_\_\_\_ Refills \_\_\_\_\_\_

□ Take 1 tablet by mouth once daily

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Viekira Pak tablets** (ombitasvir/paritaprevir & ritonavir/dasabuvir)

Dispense: #28 Refills \_\_\_\_\_\_

□ Take 2 ombitasvir/paritaprevir/ritonavir 12.5/75/50mg tablets (pink) once daily (each morning) and 1 dasabuvir 250mg tablet (beige) twice daily (morning and evening)

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pegasys [ ]180mcg [ ]135mcg** (peginterferon alfa-2a)

Dispense\_\_\_\_ Proclick \_\_\_\_ Refills \_\_\_\_\_

□ Inject \_\_\_\_mcg sc once weekly x \_4\_ weeks

□Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Peg-Intron** (peginterferon alfa-2b)

Dispense\_\_#4\_\_ Refills \_\_\_\_

□ Inject 50mcg sc once weekly x \_4\_ weeks

[<88lbs (<44kg)]

□ Inject 64mcg sc once weekly x \_4\_ weeks

[88-100lbs (40-50kg)]

□ Inject 80mcg sc once weekly x \_4\_ weeks

[111-132lbs (51-60kg)]

□ Inject 96mcg sc once weekly x \_4\_ weeks

[133-165lbs (61-75kg)]

□ Inject 120mcg sc once weekly x \_4\_ weeks

[166-187lbs (76-85kg)]

□ Inject 150mcg sc once weekly x \_4\_ weeks

[>188 lbs (>85kg)]

**Ribapak** (ribavirin)

Dispense\_\_\_\_\_\_ Refills \_\_\_\_\_\_

□ 800mg/day (400mg am and 400mg pm)

□1000mg/day (400mg am and 600mg pm)

□1200mg/day (600mg am and 600mg pm)

□other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ for \_\_\_\_\_ weeks

**Ribavirin** 200mg

□Dispense a 28 day supply Refills \_\_\_\_\_

□ 800mg PO QD (400mg am and 400mg pm)

□ 1000mg PO QD (600mg am and 400mg pm)

□ 1200mg PO QD (600mg am and 600mg pm)

□ 1400mg PO QD (600mg am and 800mg pm)

□ 1600mg PO QD (800mg am and 800mg pm)

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ for \_\_\_\_\_ weeks

**Procrit** (epoetin alfa)

Dispense\_\_\_\_\_\_ Refills \_\_\_\_\_\_

□Inject \_\_\_\_\_ mcg sc every week for \_\_\_ weeks

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Aranesp** (darbepoetin alfa)

Dispense\_\_\_\_\_\_ Refills \_\_\_\_\_\_

□ Inject \_\_\_\_ mcg sc every week for \_\_\_ weeks

□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neupogen** (filgrastim)

Dispense\_\_\_\_\_\_ Refills \_\_\_\_\_\_

□ Inject \_\_\_\_\_mg sc weekly for \_\_\_\_\_ weeks

□other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**