

Main Office:

Scottsdale Vein & Proctology Center
8752 E Via De Commercio #2
Scottsdale, Arizona 85258
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RICK A SHACKET
DO, MD(H)



Name: _____ DOB: _____ Date: _____

DISPENSE ONE OF THE FOLLOWING FOUR PRESCRIPTIONS:

INTRON® A Powder for Injection (Single-dose) [Costco \$322 or 32.20 a unit]

INTRON A Powder for Injection, 10 million IU per vial and Diluent for INTRON A (Sterile Water for Injection USP) 1 mL per vial; 10 MIU/mL, boxes containing 1 INTRON A vial and 1 vial of INTRON A Diluent (NDC 0085-0571-02).

If more than 1 vial is dispensed, Dispense ____ Vials

INTRON A Solution for Injection in Vials (Multi-dose) [Costco \$437 or 24.27 unit]

INTRON A Solution for Injection, 18 million IU multidose vial, 6 MIU/mL (22.8 million IU per 3.8 mL per vial); boxes containing 1 vial of INTRON A Solution for Injection (NDC 0085-1168-01).

INTRON A Solution for Injection, 25 million IU multidose vial, 10 MIU/mL (32 million IU per 3.2 mL per vial); boxes containing 1 vial of INTRON A Solution for Injection (NDC 0085-1133-01).
Dispense with 15 Tuberculin syringe with permanently attached needles

Treatment Protocol: The recommended dose is 1.0 million IU per lesion in a maximum of 5 lesions in a single course. The lesions should be injected two or three times weekly on alternate days for 3 to 4 weeks. An additional course may be administered at 12 to 16 weeks.

Dosage: 1 to 5 MIU per treatment (1.0 million IU per lesion in a maximum of 5 lesions in a single treatment) for a maximum of 9 treatments or 45 MIU.

Directions: For the intralesional treatment of refractory or recurring external condylomata acuminata (ICD10 Diagnosis Code A63.0), as directed by physician. Administered every other day, two to three times weekly. May repeat therapy in 12-16 weeks, as needed.

Rick A. Shacket, DO, MD (H), BS9262611
Diplomate American Osteopathic Board of Proctology

LOCATIONS

Scottsdale Vein & Proctology Center 8752 E Via De Commercio, Suite 2, Scottsdale, Arizona 85258
Dr. Rick Shacket PLLC 3543 N. 7th Street, Phoenix, Arizona 85014
Rick Shacket, DO, MD(H) 81 W. Guadalupe Road, Suite 111, Gilbert, Arizona 85233

Intron A INTERFERON ALFA-2b

Filing a claim with your insurance company for INTERFERON ALFA-2b

An acceptable indication recognized by most insurance companies for an INTERFERON ALFA-2b prescription is: “For the intralesional treatment of refractory or recurring external condylomata acuminata, ICD10 Diagnosis Code A63.0.”

- Ask your pharmacist to put through an insurance claim for your prescription of INTERFERON ALFA-2b, using the ICD10 diagnosis code A63.0
- If your pharmacist tries to process your prescription for interferon with your insurance company and your claim is denied, ask him or her for a written copy of the denial of your claim, before you leave the pharmacy.
- Sometimes, your insurance company will mail you a written denial of your claim, or you may have to contact them to obtain one.

If you must pay cash or credit for your medication, be sure to get a receipt.

- With a “written denial of your claim” and a “receipt”, our billing office can help you get your medical insurance company to pay your claim (unless of course INTERFERON ALFA-2b it is specifically excluded as a benefit under your policy).
- Please contact Arizona Computer Services Medical Billing (ACSMB) to help you file a claim for INTERFERON ALFA-2b with your insurance company. You will only need to provide ACSMB with a written denial of your claim and a receipt for the medication. Everything else ACSMB might need will be provided by your physician’s office.

Arizona Computer Services Medical Billing

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