

Patient Information							
Last Name		First Name		Home Phone		Work/Mobile Phone	
Home Address				City		State	ZIP
Temporary Address or Shipping Address (if different from above)				City		State	ZIP
Social Security Number		Date of Birth	Gender (M/F)	Weight	Height	Allergies	
Today's Date	Date Meds Needed	Emergency Contact/Phone			Primary Caregiver/Phone		

Prescriber Information: <i>*Indicates Required Field</i>							
Practice/Facility Name			Prescriber First and Last Name*			Phone*	Fax
Address*				City*		State*	ZIP*
Prescriber NPI#*		Prescriber UPIN#		Prescriber DEA#		Prescriber State License #	
Nurse/Key Contact			Phone or Pager Number			Email	

Diagnosis/Clinical Information: <i>Please Fax a Copy of Patient's Insurance Card (Front and Back)</i>	
Diagnosis: <input type="checkbox"/> B20 <input type="checkbox"/> B97.35 <input type="checkbox"/> B18.1 <input type="checkbox"/> B18.2 Other _____ New to current therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Serum Creatinine: _____ CD4 Count: _____ Date: _____ HIV RNA: _____ Date of Labs: _____	

Prescription Information				
<input type="checkbox"/> Aptivus [®] 250mg caps Dispense 1 month supply Take 2 caps 2X daily Refills _____	<input type="checkbox"/> Genvoya [®] 150/150/200/10mg tabs Dispense 30 tabs Take 1 tab daily w/food Refills _____	<input type="checkbox"/> Retrovir [®] _____mg tabs Dispense 1 month supply Take _____ tabs _____X daily Refills _____	<input type="checkbox"/> Truvada [®] 200/300mg tabs Dispense 30 tabs Take 1 tab daily Refills _____	<input type="checkbox"/> Other _____ Strength _____ Sig _____ Qty _____ Refills _____
<input type="checkbox"/> Atripla [®] 600/300/200mg tabs Dispense 30 tabs Take 1 tab QD on empty stomach Refills _____	<input type="checkbox"/> Intelence [®] <input type="checkbox"/> 25mg <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg tabs Dispense one month supply Take 1 tab 2X daily Refills _____	<input type="checkbox"/> Reyataz [®] _____mg tabs Dispense 1 month supply Take _____ tabs _____X daily Refills _____	<input type="checkbox"/> Tybost [®] 150mg tabs Dispense 30 tabs Take 1 tab daily Refills _____	<input type="checkbox"/> Other _____ Strength _____ Sig _____ Qty _____ Refills _____
<input type="checkbox"/> Combivir [®] 150mg/300mg tabs Dispense 60 tabs Take 1 tab 2X daily Refills _____	<input type="checkbox"/> Istentress [®] 400mg tabs Dispense 60 tabs Take 1 tab 2X daily Refills _____	<input type="checkbox"/> Selzentry [®] _____mg tabs Dispense 1 month supply Take _____ tabs _____X daily Refills _____	<input type="checkbox"/> Viracept [®] tabs <input type="checkbox"/> 250mg tabs <input type="checkbox"/> 625mg tabs Take _____ tabs _____X daily Refills _____	<input type="checkbox"/> Other _____ Strength _____ Sig _____ Qty _____ Refills _____
<input type="checkbox"/> Complera [®] 200mg/25mg/300mg Dispense 1 month supply Take 1 tab 1X daily w/food Refills _____	<input type="checkbox"/> Kaletra [®] 200mg/50mg tabs Dispense 120 tabs Take _____ tabs _____X daily Refills _____	<input type="checkbox"/> Serostim [®] _____mg Dispense 1 month supply Inject _____mg SC daily Refills _____	<input type="checkbox"/> Viramune [®] <input type="checkbox"/> 250mg tabs <input type="checkbox"/> 50mg/5ml susp Refills _____	<input type="checkbox"/> Other _____ Strength _____ Sig _____ Qty _____ Refills _____
<input type="checkbox"/> Emtriva [®] 200mg tabs Dispense 30 capsules Take 1 cap 1X daily Refills _____	<input type="checkbox"/> Lexiva [®] 700mg tabs Dispense 1 month supply Take _____ tabs _____X daily Refills _____	<input type="checkbox"/> Stribild [®] tabs Dispense 1 month supply Take 1 tab daily w/food Refills _____	<input type="checkbox"/> Viramune XR [®] 400mg tabs Dispense _____ Take _____ tabs _____X daily Refills _____	<input type="checkbox"/> Other _____ Strength _____ Sig _____ Qty _____ Refills _____
<input type="checkbox"/> Endurant [®] 25mg tabs Dispense 30 tabs Take 1 tab daily w/food Refills _____	<input type="checkbox"/> Norvir [®] 100mg <input type="checkbox"/> caps <input type="checkbox"/> tabs Dispense 1 month supply Take _____ tabs _____X daily Refills _____	<input type="checkbox"/> Sustiva [®] 600mg tabs Dispense 30 tabs Take 1 tab at bedtime Refills _____	<input type="checkbox"/> Viread [®] 300mg tabs Dispense _____ tabs Take _____ tabs _____X daily Refills _____	<input type="checkbox"/> Other _____ Strength _____ Sig _____ Qty _____ Refills _____
<input type="checkbox"/> Epivir [®] _____mg caps Dispense one month supply Take 1 cap _____X daily Refills _____	<input type="checkbox"/> Prezcobix [®] 800/150 Dispense 30 tabs Take 1 tab daily w/food Refills _____	<input type="checkbox"/> Tivicay [®] 50mg tabs Dispense 1 month supply Take _____ tabs _____X daily Refills _____	<input type="checkbox"/> Vitekta [®] <input type="checkbox"/> 85 mg <input type="checkbox"/> 150mg tabs Dispense 1 month supply Take 1 tab daily Refills _____	
<input type="checkbox"/> Epizicom [®] 600mg/300mg tabs Dispense one month supply Take 1 tab daily Refills _____	<input type="checkbox"/> Prezista [®] _____ mg tabs Dispense 1 month supply Take _____ tabs _____X daily Refills _____	<input type="checkbox"/> Triumeq [®] 50/600/300 Dispense 30 tabs Take 1 tab daily with or w/o food Refills _____	<input type="checkbox"/> Zerit [®] <input type="checkbox"/> 1mg/ml solution <input type="checkbox"/> 15mg <input type="checkbox"/> 20mg <input type="checkbox"/> 30mg <input type="checkbox"/> 40mg Take _____mg every 12 hours Refills _____	
<input type="checkbox"/> Fuzeon [®] 90mg vial Dispense one kit Inject 90mg SQ 2X daily Refills _____	<input type="checkbox"/> Rescriptor [®] 200mg tabs Dispense 180 caps Take 2 caps 3X daily Refills _____	<input type="checkbox"/> Trizivir [®] 300/150/300 mg tabs Dispense 60 tabs Take 1 tab 2X daily Refills _____	<input type="checkbox"/> Ziagen [®] 300mg tabs Dispense 60 tabs Take _____ tabs _____X daily Refills _____	

When sending a referral please include all clinical information relevant to performing a prior authorization and copies of patient's insurance cards

Prescriber Signature: _____ DAW (Dispense as Written) Date ____/____/____