

DATE: _____
DATE NEEDED: _____

SHIP TO:
 PATIENT OFFICE

PATIENT INFO

NAME _____ E-MAIL _____ DOB _____ MALE FEMALE
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME TELEPHONE _____ MOBILE PHONE _____ SS# _____

PLEASE FAX COPY OF INSURANCE CARD (FRONT & BACK)

DIAGNOSIS CODES: B20 Human immunodeficiency virus (HIV) R64 Cachexia Other: _____
 Date of Diagnosis: _____

Allergies? Latex Other: _____ Viral Load: _____ copies/mL, Date: _____ Check one: New Treatment Continuing treatment

Patient Weight: _____ kg / lb Height: _____ in / cm Serum Creatinine: _____ mg/dL Previous treatment failure/ Drug Resistance _____

CD-4 Count: _____ cells/μL, Date: _____ Creatinine Clearance: _____ mg/dL

Instructions are based on individuals with normal renal function or without drug interactions. Doses may need adjusted in renal impairment or if co-administration with another medication requires adjustment. Please circle sigs if there are multiple sigs listed.

NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS)	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIS)	PROTEASE INHIBITORS (PIS)	ENTRY INHIBITORS			
<p><input type="checkbox"/> COMBIVIR® (3TC/ZDV) DOSE/STRENGTH: 150/300 mg tab SIG*: 1 tab po BID QTY _____ REFILL _____</p> <p><input type="checkbox"/> DESCOVI® (FTC/tenofovir Alafenamide, TAF) DOSE/STRENGTH: 200/25 mg tab SIG*: 1 tab po daily QTY _____ REFILL _____</p> <p><input type="checkbox"/> EMTRIVA® (emtricitabine, FTC) DOSE/STRENGTH: 200 mg cap SIG*: 1 cap po daily QTY _____ REFILL _____</p> <p><input type="checkbox"/> EPIVIR® (lamivudine, 3TC) DOSE/STRENGTH: 150 mg or 300 mg tab SIG*: 150 mg po BID OR 300 mg po daily QTY _____ REFILL _____</p> <p><input type="checkbox"/> EPZICOM® (ABC/3TC) DOSE/STRENGTH: 600/300 mg tab SIG*: 1 tab po daily QTY _____ REFILL _____</p> <p><input type="checkbox"/> RETROVIR® (zidovudine, ZDV) DOSE/STRENGTH: 100 mg cap or 300 mg tab SIG*: 300 mg po BID OR 200 mg po TID QTY _____ REFILL _____</p>	<p><input type="checkbox"/> TRIZIVIR® (ABC/3TC/ZDV) DOSE/STRENGTH: 300/150/300 mg tab SIG*: 1 tab po BID QTY _____ REFILL _____</p> <p><input type="checkbox"/> TRUVADA® (FTC/TDF) DOSE/STRENGTH: 200/300 mg tab SIG*: 200/300 mg po daily QTY _____ REFILL _____</p> <p><input type="checkbox"/> VIDEX EC® (didanosine, ddl) DOSE/STRENGTH: 125 mg, 200 mg, 250 mg, or 400 mg cap SIG*: 125 mg po BID, 200 mg po daily, 250 mg po daily, 400 mg po once daily QTY _____ REFILL _____</p> <p><input type="checkbox"/> VIREAD® (tenofovir disoproxil fumarate, TDF) DOSE/STRENGTH: 300 mg tab SIG*: 300 mg po daily QTY _____ REFILL _____</p> <p><input type="checkbox"/> ZERIT® (stavudine, d4T) DOSE/STRENGTH: 15 mg, 20 mg, 30 mg, 40 mg cap SIG*: 30 mg po BID, 40 mg po BID QTY _____ REFILL _____</p> <p><input type="checkbox"/> ZIAGEN® (abacavir, ABC) DOSE/STRENGTH: 300 mg tab SIG*: 300 mg po BID, 600 mg po daily QTY _____ REFILL _____</p>	<p><input type="checkbox"/> EDURANT® (rilpivirine, RPV) DOSE/STRENGTH: 25 mg tab SIG*: 25 mg po daily with a meal QTY _____ REFILL _____</p> <p><input type="checkbox"/> INTELENCE® (etravirine, ETR) DOSE/STRENGTH: 200 mg tab SIG*: 200 mg po BID QTY _____ REFILL _____</p> <p><input type="checkbox"/> RESCRIPTOR® (delavirdine, DLV) DOSE/STRENGTH: 200 mg tab SIG*: 400 mg po TID QTY _____ REFILL _____</p>	<p><input type="checkbox"/> SUSTIVA® (efavirenz, EFV) DOSE/STRENGTH: 50 mg, 200 mg cap, 600 mg tab SIG*: 600 mg po daily at bedtime Dose: _____ QTY _____ REFILL _____</p> <p><input type="checkbox"/> VIRAMUNE® (nevirapine, NVP) DOSE/STRENGTH: 200 mg tab SIG*: INITIAL DOSE: 200 mg po daily x 14 days MAINT DOSE: 200 mg po BID QTY _____ REFILL _____</p> <p><input type="checkbox"/> VIRAMUNE XR® (nevirapine, NVP) DOSE/STRENGTH: 400 mg tab SIG*: INITIAL DOSE: See Viramune dosing MAINT DOSE: 400 mg daily QTY _____ REFILL _____</p>	<p><input type="checkbox"/> APTIVUS® (tipranavir, TPV) DOSE/STRENGTH: 250 mg cap SIG*: 500 mg po BID (add ritonavir) QTY _____ REFILL _____</p> <p><input type="checkbox"/> CRIVIVAN® (indinavir, IDV) DOSE/STRENGTH: 200 mg, 400 mg cap SIG*: 800 mg po po BID OR 800 mg po BID (add ritonavir) Dose: _____ QTY _____ REFILL _____</p> <p><input type="checkbox"/> EVOTAZ® (atazanavir/cobicistat, ATV/c) DOSE/STRENGTH: 300/150 mg tab SIG*: 1 tab po daily QTY _____ REFILL _____</p> <p><input type="checkbox"/> INVIRASE® (saquinavir, SQV) DOSE/STRENGTH: 200 mg cap, 500 mg tab SIG*: INITIAL DOSE: 500 mg po BID x 7 days SIG*: MAINT DOSE: 1000 mg po BID (both regimens add ritonavir 100mg BID) QTY _____ REFILL _____</p> <p><input type="checkbox"/> KALETRA® (lopinavir/ritonavir, LPV/r) DOSE/STRENGTH: 100/25 mg, 200/50 mg tab SIG*: 400 mg/100 mg po BID Dose: _____ QTY _____ REFILL _____</p> <p><input type="checkbox"/> LEXIVA® (fosamprenavir, FPV) DOSE/STRENGTH: 700 mg tab SIG*: PI-EXPERIENCED: 700 mg po BID, PI-NAIVE: 1400 mg po daily OR 700 mg po BID OR 1400 mg po BID (all regimens add ritonavir) DOSE/STRENGTH: 700 mg po BID, 1400 mg po BID (all regimens add ritonavir) QTY _____ REFILL _____</p>	<p><input type="checkbox"/> NORVIR® (ritonavir, RTV) DOSE/STRENGTH: 250 mg cap SIG*: 100 mg tab, 100 mg cap SIG*: 600 mg po BID with food Dose: _____ QTY _____ REFILL _____</p> <p><input type="checkbox"/> PREZCOBIX® (DRV/c) DOSE/STRENGTH: 800/150 mg tab SIG*: 1 tab po daily with food QTY _____ REFILL _____</p> <p><input type="checkbox"/> PREZISTA® (darunavir, DRV) DOSE/STRENGTH: 600 mg, 800 mg tab SIG*: 800 mg po daily OR 600 mg po BID (both regimens add ritonavir) QTY _____ REFILL _____</p> <p><input type="checkbox"/> REYATAZ® (atazanavir, ATV) DOSE/STRENGTH: 150 mg, 200 mg, 300 mg cap SIG*: 300 mg po daily (add ritonavir) OR 400 mg po daily QTY _____ REFILL _____</p> <p><input type="checkbox"/> VIRACEPT® (nelfinavir, NFV) DOSE/STRENGTH: 250 mg, 625 mg tab SIG*: 1250 mg po BID OR 750 mg TID (with meals) QTY _____ REFILL _____</p>	<p><input type="checkbox"/> FUZEON® (enfuvirtide, T20) DOSE/STRENGTH: 90 mg soln for injection SIG*: 90 mg subcutaneous BID QTY _____ REFILL _____</p> <p><input type="checkbox"/> SELZENTRY® (maraviroc, MVC) DOSE/STRENGTH: 150 mg, 300 mg tab SIG*: 150 mg po BID OR 300 mg po BID OR 600 mg po BID QTY _____ REFILL _____</p>
COMBINATION ANTIRETROVIRALS						
<p><input type="checkbox"/> ATRIPLA® (EFV/FTC/TDF) DOSE/STRENGTH: 600/200/300 mg tab SIG*: 1 tab po daily at bedtime QTY _____ REFILL _____</p> <p><input type="checkbox"/> COMPLERA® (FTC/RPV/TDF) DOSE/STRENGTH: 200/25/300 mg tab SIG*: 1 tab po daily QTY _____ REFILL _____</p> <p><input type="checkbox"/> GENVOYA® (EVG/c/FTC/TAF) DOSE/STRENGTH: 150/150/200/10 mg tab SIG*: 1 tab po daily with food QTY _____ REFILL _____</p>	<p><input type="checkbox"/> ODEFSEY® (FTC/RPV/TAF) DOSE/STRENGTH: 200/25/25 mg tab SIG*: 1 tab po daily with a meal QTY _____ REFILL _____</p> <p><input type="checkbox"/> STRIBILD® (EVG/c/FTC/TDF) DOSE/STRENGTH: 150/150/200/300 mg tab SIG*: 1 tab po daily with food QTY _____ REFILL _____</p> <p><input type="checkbox"/> TRIUMEQ® (ABC/DTG/3TC) DOSE/STRENGTH: 600/50/300 mg tab SIG*: 1 tab po daily QTY _____ REFILL _____</p>	<p>INTEGRASE INHIBITORS</p> <p><input type="checkbox"/> ISENTRESS® (Raltegravir, RAL) DOSE/STRENGTH: 400mg SIG*: 400mg po BID OR 800MG po BID QTY _____ REFILL _____</p> <p><input type="checkbox"/> TIVICAY® (dolutegravir, DTG) DOSE/STRENGTH: 50mg tab SIG*: 50mg po daily 50mg po BID QTY _____ REFILL _____</p>				
<p>PHARMACOKINETIC ENHANCERS</p> <p><input type="checkbox"/> TYBOST® (cobicistat, c) DOSE/STRENGTH: 150 mg tab SIG*: 1 tab po daily QTY _____ REFILL _____</p>						

INJECTION TRAINING Patient has received injection training Physician Office to provide injection training Pharmacy to provide injection training

PRESCRIBER INFORMATION

Prescriber's Name: _____ Contact Person: _____
 Telephone: _____ Fax: _____ Email: _____
 Office Address: _____ City: _____ State: _____ Zip: _____
 NPI #: _____ DEA #: _____ TAX ID #: _____ Medicaid Provider #: _____

PRESCRIBER'S SIGNATURE _____ (DATE) _____ *IF BRAND DRUGS ARE PREFERRED, HANDWRITE "BRAND MEDICALLY NECESSARY" ABOVE

I authorize the Pharmacy noted above and its representatives to act as an agent to initiate and execute the insurance prior authorization process.