



# HIV Referral Form

Faxed prescriptions will only be accepted from an authorized prescriber. Prescribers are reminded patients may choose any pharmacy of their choice

## 1. Patient Information

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex:  Male  Female Weight \_\_\_\_\_  lbs.  kg  
 Height: \_\_\_\_\_  in  cm Known Allergies \_\_\_\_\_  
 Preferred Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)\*\***

## 2. Prescriber Information

Prescriber Name: \_\_\_\_\_ NPI# \_\_\_\_\_ Tax ID# \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Key Contact: \_\_\_\_\_

## 3. Diagnosis/Clinical Information

CrCl: \_\_\_\_\_ Date: \_\_\_\_\_ HIV RNA: \_\_\_\_\_ Date: \_\_\_\_\_  
 Pregnancy: \_\_\_\_\_ Date: \_\_\_\_\_ CD4 Count: \_\_\_\_\_ Date: \_\_\_\_\_  
 TB Testing: \_\_\_\_\_ Date: \_\_\_\_\_ Resistance Testing:  Yes  No  
 HLA-B\*5701 Testing: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_  
 STI Testing:  Yes  No HCV Coinfection:  Yes  No  
 Results:  None  Positive (Record positive results below) HBV Coinfection:  Yes  No  
 HBV Status: \_\_\_\_\_

Concurrent Medications:

Medication	Dosing	Indication	Plan
_____	_____	_____	<input type="checkbox"/> Continue <input type="checkbox"/> Stop <input type="checkbox"/> Change: _____
_____	_____	_____	<input type="checkbox"/> Continue <input type="checkbox"/> Stop <input type="checkbox"/> Change: _____
_____	_____	_____	<input type="checkbox"/> Continue <input type="checkbox"/> Stop <input type="checkbox"/> Change: _____
_____	_____	_____	<input type="checkbox"/> Continue <input type="checkbox"/> Stop <input type="checkbox"/> Change: _____
_____	_____	_____	<input type="checkbox"/> Continue <input type="checkbox"/> Stop <input type="checkbox"/> Change: _____

**\*\*Please FAX recent clinical notes, labs, and tests with the prescription to expedite the Prior Authorization\*\***

## 4. Prescription Information

Medication	Dose/Strength	Sig	QTY.	Refills
<input type="checkbox"/> Biktarvy® <input type="checkbox"/> (Bictegravir-emtricitabine-tenofovir alafenamide)	<input type="checkbox"/> Bictegravir 50 mg, emtricitabine 200 mg, tenofovir alafenamide 25 mg tablet	<input type="checkbox"/> One tablet by mouth once daily		
<input type="checkbox"/> Triumeq® <input type="checkbox"/> (Dolutegravir-abacavir-lamivudine)	<input type="checkbox"/> Abacavir 600 mg, dolutegravir 50 mg, and lamivudine 300 mg tablet	<input type="checkbox"/> One tablet by mouth once daily		
<input type="checkbox"/> Tivicay® PLUS Descovy® <input type="checkbox"/> (Dolutegravir plus tenofovir alafenamide-emtricitabine)	<input type="checkbox"/> Dolutegravir: 50 mg tablet <input type="checkbox"/> Emtricitabine 200 mg and tenofovir alafenamide 25 mg tablet	<input type="checkbox"/> Tivicay: 50 mg once daily <input type="checkbox"/> Tivicay: 50 mg twice daily <input type="checkbox"/> PLUS <input type="checkbox"/> Descovy: One tablet by mouth once daily		
<input type="checkbox"/> Genvoya® <input type="checkbox"/> (Elvitegravir-cobicistat-emtricitabine - tenofovir alafenamide)	<input type="checkbox"/> Elvitegravir 150 mg, cobicistat 150 mg, emtricitabine 200 mg, and tenofovir alafenamide 10 mg tablet	<input type="checkbox"/> One tablet by mouth once daily		
<input type="checkbox"/> Isentress® PLUS Descovy® <input type="checkbox"/> (Raltegravir plus tenofovir alafenamide-emtricitabine)	<input type="checkbox"/> Raltegravir: 400 mg tablet <input type="checkbox"/> Raltegravir: 600 mg tablet <input type="checkbox"/> Emtricitabine 200 mg and tenofovir alafenamide 25 mg tablet	<input type="checkbox"/> Isentress: 400 mg twice daily <input type="checkbox"/> Isentress: 1,200 mg once daily <input type="checkbox"/> PLUS <input type="checkbox"/> Descovy: One tablet by mouth once daily <input type="checkbox"/>		

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

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Medication	Dose/Strength	Sig	QTY.	Refills
<input type="checkbox"/> Dovato ® <input type="checkbox"/> (Dolutegravir-lamivudine)	<input type="checkbox"/> Dolutegravir sodium 50 mg and lamivudine 300 mg tablet	<input type="checkbox"/> One tablet by mouth once daily		
<input type="checkbox"/> Prezista ® WITH ritonavir OR cobicistat PLUS Descovy ® <input type="checkbox"/> (Darunavir (boosted with ritonavir or cobicistat) plus tenofovir alafenamide-emtricitabine)	<input type="checkbox"/> Darunavir: 75 mg tablet <input type="checkbox"/> Darunavir:150 mg tablet <input type="checkbox"/> Darunavir: 600 mg tablet <input type="checkbox"/> Darunavir: 800 mg tablet <input type="checkbox"/> Ritonavir: 100 mg tablet <input type="checkbox"/> Cobicistat: 150 mg tablet <input type="checkbox"/> Emtricitabine 200 mg and tenofovir alafenamide 25 mg tablet	<input type="checkbox"/> Prezista 800 mg once daily with cobicistat 150 mg once daily <input type="checkbox"/> Prezista 800 mg once daily with ritonavir 100 mg once daily <input type="checkbox"/> Descovy: One tablet by mouth once daily		
<input type="checkbox"/> Pifeltro ® PLUS Descovy ® <input type="checkbox"/> (Doravirine plus tenofovir alafenamide emtricitabine)	<input type="checkbox"/> Doravirine: 100 mg tablet <input type="checkbox"/> Emtricitabine 200 mg and tenofovir alafenamide 25 mg tablet	<input type="checkbox"/> Pifeltro: One tablet by mouth once daily. <input type="checkbox"/> Descovy: One tablet by mouth once daily		
<input type="checkbox"/> Sustiva ® PLUS Descovy ® <input type="checkbox"/> (Efavirenz plus tenofovir alafenamide emtricitabine)	<input type="checkbox"/> Efavirenz: 600 mg tablet <input type="checkbox"/> Emtricitabine 200 mg and tenofovir alafenamide 25 mg tablet	<input type="checkbox"/> Sustiva: One tablet by mouth once daily <input type="checkbox"/> Descovy: One tablet by mouth once daily		
<input type="checkbox"/> Atripla ® <input type="checkbox"/> (Efavirenz-emtricitabine-tenofovir disoproxil fumarate)	<input type="checkbox"/> Efavirenz 600 mg, emtricitabine 200 mg, and tenofovir disoproxil fumarate 300 mg tablet	<input type="checkbox"/> One tablet by mouth once daily		
<input type="checkbox"/> Odefsey ® <input type="checkbox"/> (Rilpivirine-emtricitabine-tenofovir alafenamide)	<input type="checkbox"/> Emtricitabine 200 mg, rilpivirine 25 mg, and tenofovir alafenamide 25 mg tablet	<input type="checkbox"/> One tablet by mouth once daily		
<input type="checkbox"/> Prezista ® WITH ritonavir OR cobicistat PLUS Tivicay ® <input type="checkbox"/> (Darunavir (boosted with ritonavir or cobicistat) plus dolutegravir)	<input type="checkbox"/> Darunavir: 75 mg tablet <input type="checkbox"/> Darunavir:150 mg tablet <input type="checkbox"/> Darunavir: 600 mg tablet <input type="checkbox"/> Darunavir: 800 mg tablet <input type="checkbox"/> Ritonavir: 100 mg tablet <input type="checkbox"/> Cobicistat: 150 mg tablet <input type="checkbox"/> Dolutegravir: 50 mg tablet	<input type="checkbox"/> Prezista 800 mg once daily with cobicistat 150 mg once daily <input type="checkbox"/> Prezista 800 mg once daily with ritonavir 100 mg once daily <input type="checkbox"/> PLUS <input type="checkbox"/> Tivicay: 50 mg once daily <input type="checkbox"/> Tivicay: 50 mg twice daily		
<input type="checkbox"/> Prezista ® WITH ritonavir OR cobicistat PLUS Epivir ® <input type="checkbox"/> (Darunavir (boosted with ritonavir or cobicistat) plus lamivudine)	<input type="checkbox"/> Darunavir: 75 mg tablet <input type="checkbox"/> Darunavir:150 mg tablet <input type="checkbox"/> Darunavir: 600 mg tablet <input type="checkbox"/> Darunavir: 800 mg tablet <input type="checkbox"/> Ritonavir: 100 mg tablet <input type="checkbox"/> Cobicistat: 150 mg tablet <input type="checkbox"/> Lamivudine: 150 mg tablet <input type="checkbox"/> Lamivudine: 300 mg tablet	<input type="checkbox"/> Prezista 800 mg once daily with cobicistat 150 mg once daily <input type="checkbox"/> Prezista 800 mg once daily with ritonavir 100 mg once daily <input type="checkbox"/> PLUS <input type="checkbox"/> Epivir: 150 mg twice daily <input type="checkbox"/> Epivir: 300 mg once daily		
<input type="checkbox"/> Reyataz ® WITH ritonavir OR cobicistat PLUS Descovy ® <input type="checkbox"/> (Atazanavir (boosted with ritonavir or cobicistat) plus tenofovir alafenamide-emtricitabine)	<input type="checkbox"/> Atazanavir: 150 mg tablet <input type="checkbox"/> Atazanavir: 200 mg tablet <input type="checkbox"/> Atazanavir: 300 mg tablet <input type="checkbox"/> Ritonavir: 100 mg tablet <input type="checkbox"/> Cobicistat: 150 mg tablet <input type="checkbox"/> Emtricitabine 200 mg and tenofovir alafenamide 25 mg tablet	<input type="checkbox"/> Atazanavir 300 mg once daily with cobicistat 150 mg once daily <input type="checkbox"/> Atazanavir 300 mg once daily with ritonavir 100 mg once daily <input type="checkbox"/> PLUS <input type="checkbox"/> Descovy: One tablet by mouth once daily		

Dispensing Options:  Patient  Prescriber's Office

<b>Prescriber Signature:</b> Prescriber, please sign and date below			
Dispense as Written	Date	Substitution Permitted	Date

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