HIV Referral Form

Prescriber's Name: ______________________________

DEA #: ______________ NPI: ______________

Address: ______________________________

Date: ______________ Needs by Date: ______________ City, State, Zip: ______________

Language: ______________ ☐ Nursing Instruction Required Phone: ______________ Fax: ______________

Ship to: ☐ Patient ☐ MD Office ☐ Other: ______________ Office Contact: ______________

PATIENT INFORMATION: Please complete the following or send patient demographic sheet.

Patient Name: ______________________________ Date of Birth: _____/_____/_____ Gender: ☐ M ☐ F

Address: ______________________________ City, State, Zip: ______________________________

Home Phone: ______________ Alternate: ______________ Email: ______________

PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFORMATION

CLINICAL INFORMATION: Please send recent clinical notes, current medications, labs, and tests to expedite the **Prior Authorization**.

Diagnosis: ☐B20 HIV ☐B18.2 Chronic HCV ☐B18.1 Hepatitis B ☐R64 Cachexia ☐Other: ______________

Date of Diagnosis: __________ Weight: __________ lbs Height: __________ BMI: __________

Prior Failed Medications: ______________________________ ☐ Treatment-naive

Concomitant Medications: ______________________________

Allergies/Comments: ______________________________

Lab Data:	Lab Value	Baseline	Current
HIV RNA	________	________	________
CD4/T-cell Count	________	________	________
Hgb/Hct	________	________	________
White Blood Cell Count	________	________	________

PRESCRIPTION INFORMATION

Medication	Strength (mg)	Directions	QTY	Refill	Medication	Strength (mg)	Directions	QTY	Refill
Multi-Combination Antiretrovirals (Fixed Dose)					**NRTIs (Nucleoside reverse Transcriptase Inhibitors)**				
☐ **Complera**	300/200/25 mg				☐ **Emtriva**	200 mg			
☐ **Stribild**	150/150/200/300 mg				☐ **Epivir**	☐ 150 mg ☐ 300 mg			
☐ **Atripla**	200/300/600 mg				☐ **Retrovir**	☐ 100 mg ☐ 300 mg			
☐ **Combivir**	150/300 mg				☐ **Videx Ec**	☐ 125 ☐ 200 ☐ 250 mg ☐ 400 mg			
☐ **Descovy**	200/ 25 mg				☐ **Viread**	300 mg			
☐ **Epzicom**	300/600 mg				☐ **Zerit**	☐15 mg ☐20 mg ☐30 mg ☐40 mg			
☐ **Evotaz**	300/150 mg				☐ **Ziagen**	300 mg			
☐ **Genvoya**	150/150/200/10				**NNRTIs (Non-Nucleoside Reverse Transcriptase Inhibitors)**				
☐ **Triumeq**	50/300/600 mg				☐ **Edurant**	25 mg			
☐ **Trizivir**	300/150/300 mg				☐ **Intelence**	☐ 100 mg ☐ 200 mg			
☐ **Truvada**	200/300 mg				☐ **Rescriptor**	☐ 100 mg ☐ 200 mg			
☐ **Prezcobix**	800/150 mg				☐ **Sustiva**	600 mg			
Protease Inhibitors					☐ **Viramune**	200 mg			
☐ **Aptivus**	250 mg				☐ **Viramune XR**	400 mg			
☐ **Crixivan**	400 mg				**CCR5 Co-Receptor Antagonit**				
☐ **Invirase**	500 mg				☐ **Selzentry**	☐ 150 mg ☐ 300 mg			
☐ **Kaletra**	☐ 100/25 mg ☐ 200/50 mg ☐ 80 /20 mg per ml				**Ancillary Medications**				
☐ **Lexiva**	700 mg				☐ **Acyclovir**	☐ 200 mg ☐ 400 mg ☐ 800 mg			
☐ **Prezista**	☐ 600 mg ☐ 800 mg				☐ **Azithromycin**	600 mg			
☐ **Reyataz**	☐ 150 mg ☐ 200 mg ☐ 300 mg				☐ **Bactrim**	☐400/80 mg ☐800/160 mg			
☐ **Viracept**	☐ 250 mg ☐ 625 mg				☐ **Dapsone**	☐ 25 mg ☐ 100 mg			
Pharmacokinetic Enhancers					☐ **Diflucan**	☐ 50 mg ☐ 100 mg ☐ 150 mg ☐ 200 mg			
☐ **Norvir**	100 mg				☐ **Isoniazid**	☐ 100 mg ☐ 300 mg			
☐ **Tybost**	150 mg				☐ **Mepron**	750 mg/5 mL			
Integrase Inhibitors					☐ **Neupogen**	SC/IV			
☐ **Isentress**	400 mg				☐ **Procrit**	SC/IV			
☐ **Tivicay**	50 mg				☐ **Valtrex**	☐ 500 mg ☐ 1000 mg			
☐ **Vitekta**	☐ 85 mg ☐ 150 mg				☐ **Vitamin B6**	50 mg			
Other:					☐ **Dificid**	200 mg			

QUALITY SPECIALTY PHARMACY

***Prescription is VOID if the Number of drugs prescribed is NOT noted. ________ ☐ 1 ☐ 2 ☐ 3**

Physician Signature: ______________________________ Date: ______________ ☐ Dispense as written Initial __________

IMPORTANT NOTICE: This facsimile is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the center at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitter material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.