

HIV Referral Form

PHONE (800) 490-1755 FAX (877) 678-8786

QUALITY SPECIALTY
PHARMACY

Prescriber's Name: _____

DEA #: _____ NPI: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Office Contact: _____

Date: _____

Needs by Date: _____

Language: _____ ☐ Nursing Instruction RequiredShip to: ☐ Patient ☐ MD Office ☐ Other: _____**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: _____**Lab Data:** Lab Value Baseline Current

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

HIV RNA _____

Prior Failed Medications: _____ ☐ Treatment-naïve

CD4/T-cell Count _____

Concomitant Medications: _____

Hgb/Hct _____

Allergies/Comments: _____

White Blood Cell Count _____

PRESCRIPTION INFORMATION

| Medication | Strength (mg) | Directions | QTY | Refill | Medication | Strength (mg) | Directions | QTY | Refill |
|---|---|------------|-----|--------|---|---|------------|-----|--------|
| Combination Antiretrovirals (Fixed Dose) | | | | | NRTIs (Nucleoside reverse Transcriptase Inhibitors) | | | | |
| <input type="checkbox"/> Complera | 300/200/25 mg | | | | <input type="checkbox"/> Emtriva | 200 mg | | | |
| <input type="checkbox"/> Stribild | 150/250/300 mg | | | | <input type="checkbox"/> Epivir | <input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg | | | |
| <input type="checkbox"/> Atripla | 200/300/600 mg | | | | <input type="checkbox"/> Retrovir | <input type="checkbox"/> 100 mg <input type="checkbox"/> 300 mg | | | |
| <input type="checkbox"/> Combivir | 150/300 mg | | | | <input type="checkbox"/> Videx Ec | <input type="checkbox"/> 125 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 250 mg | | | |
| <input type="checkbox"/> Epzicom | 300/600 mg | | | | <input type="checkbox"/> Viread | 300 mg | | | |
| <input type="checkbox"/> Genvoya | 150/150/200/10 mg | | | | <input type="checkbox"/> Zerit | <input type="checkbox"/> 15 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> 30 mg <input type="checkbox"/> 40 mg | | | |
| <input type="checkbox"/> Trimeq | 50/300/600 mg | | | | <input type="checkbox"/> Ziagen | 300 mg | | | |
| <input type="checkbox"/> Trizivir | 50/300 mg | | | | NNRTIs (Non-Nucleoside Reverse Transcriptase Inhibitors) | | | | |
| <input type="checkbox"/> Truvada | 200/300 mg | | | | <input type="checkbox"/> Edurant | 25 mg | | | |
| <input type="checkbox"/> Prezobix | 800/150mg | | | | <input type="checkbox"/> Intelence | <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg | | | |
| Protease Inhibitors | | | | | <input type="checkbox"/> Rescriptor | <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg | | | |
| <input type="checkbox"/> Aptivus | 250 mg | | | | <input type="checkbox"/> Sustiva | 600 mg | | | |
| <input type="checkbox"/> Crixivan | 400 mg | | | | <input type="checkbox"/> Viramune | 200 mg | | | |
| <input type="checkbox"/> Invirase | 500 mg | | | | <input type="checkbox"/> Viramune XR | 400 mg | | | |
| <input type="checkbox"/> Kaletra | <input type="checkbox"/> 100/25 mg <input type="checkbox"/> 200/50 mg | | | | Ancillary Medications | | | | |
| <input type="checkbox"/> Lexiva | 700 mg | | | | <input type="checkbox"/> Acyclovir | <input type="checkbox"/> 200 mg <input type="checkbox"/> 400 mg <input type="checkbox"/> 800 mg | | | |
| <input type="checkbox"/> Prezista | <input type="checkbox"/> 600 mg <input type="checkbox"/> 800 mg | | | | <input type="checkbox"/> Azithromycin | 600 mg | | | |
| <input type="checkbox"/> Reyataz | <input type="checkbox"/> 100 mg <input type="checkbox"/> 150 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 300 mg | | | | <input type="checkbox"/> Bactrim | <input type="checkbox"/> 400/80 mg <input type="checkbox"/> 800/160 mg | | | |
| <input type="checkbox"/> Viracept | <input type="checkbox"/> 250 mg <input type="checkbox"/> 625 mg | | | | <input type="checkbox"/> Dapsone | <input type="checkbox"/> 25 mg <input type="checkbox"/> 100 mg | | | |
| Pharmacokinetic Enhancers | | | | | <input type="checkbox"/> Diflucan | <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg | | | |
| <input type="checkbox"/> Norvir | 100 mg | | | | <input type="checkbox"/> Isoniazid | <input type="checkbox"/> 100 mg <input type="checkbox"/> 300 mg | | | |
| <input type="checkbox"/> Tybost | 150 mg | | | | <input type="checkbox"/> Mepron | 750 mg/5 mL | | | |
| Integrase Inhibitors | | | | | <input type="checkbox"/> Neupogen | | | | |
| <input type="checkbox"/> Isentress | 400 mg | | | | <input type="checkbox"/> Procrit | | | | |
| <input type="checkbox"/> Tivicay | 50 mg | | | | <input type="checkbox"/> Valtrex | <input type="checkbox"/> 500 mg <input type="checkbox"/> 1000 mg | | | |
| Other: | | | | | <input type="checkbox"/> Vitamin B6 | 50 mg | | | |

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Physician Signature: _____

Date: _____

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.