



HIV/AIDS Prescription Referral Form

Phone (888) 370.1724 Fax (877) 645.7514

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			

Healthcare Provider Information: *Indicates Required Field

Practice/Facility Name			Physician First and Last Name*			Phone*		Fax
Address*					City*		State*	ZIP*
Physician NPI#*		Physician UPIN#		Physician DEA#		Physician State License #		
Nurse/Key Contact			Phone or Pager Number			Email		

Diagnosis/Clinical Information: Please Fax a Copy of Patient's Insurance Card (Front and Back)

Diagnosis: B20 B97.35 B18.1 B18.2 Other _____ New to current therapy? Yes 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"/> Intence ® <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"/> Seroestim ® _____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"/> Prezco ® 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

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

I authorize Amber Pharmacy and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so, to release clinical information via phone to the appropriate third party payer.