



Patient Information

Form with fields for Last Name, First Name, Home Phone, Work/Mobile Phone, Home Address, City, State, ZIP, Temporary Address or Shipping Address, Social Security Number, Date of Birth, Gender (M/F), Weight, Height, Allergies, Today's Date, Date Meds Needed, Emergency Contact/Phone, Primary Caregiver/Phone

Prescriber Information: *Indicates Required Field

Form with fields for Practice/Facility Name, Prescriber First and Last Name*, Phone*, Fax, Address*, City*, State*, ZIP*, Prescriber NPI#, Prescriber UPIN#, Prescriber DEA#, Prescriber 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)

Form with fields for 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

Grid of prescription options including Aptivus, Genvoya, Retrovir, Truvada, Atripla, Intence, Reyataz, Tybost, Combivir, Istentress, Selzentry, Viracept, Complera, Kaletra, Serostim, Viramune, Emtriva, Lexiva, Stribild, Viramune XR, Endurant, Norvir, Sustiva, Viread, Epivir, Prezcofix, Tivicay, Vitekta, Epizicom, Prezista, Triumeq, Zerit, Fuzeon, Rescriptor, Trizivir, Ziagen

When sending a referral please include all clinical information relevant to performing a prior authorization and copies of patient's insurance cards

Prescriber Signature: _____ [] DAW (Dispense as Written) Date ____/____/____