## **Infectious Disease**



DATE:	NEEDS BY D	ATE:	SHIP TO:	□ PATIENT	☐ OFFICE - FIRST	DOSE GOFFICE - AL	L DOSES	OTHER		
	PATIENT	INFO	RMATION		PRESCRIBER INFORMATION					
Patient Name					Prescriber Name					
Address					Prescriber Type	☐ Physician (MD or DO)	□ Nurse	Practitioner	cian's Assistant	
Address				Supervising Physician	<u> </u>	- 110130	- Tructioner	Liuris 713313turit		
City State			Zip		(If prescriber is a NP o			Tax ID #		
							IdX ID #	IdX ID #		
Main Phone A		Alternative Phone Date of Birth		Birth	Address					
Social Security #			Sex		City		Si	tate Zip		
Social Security #		☐ Male ☐ Female ☐ oth		ther:	r: Phone Fax					
Gender Identity				Contact Person Preferred Method of Contact						
□ Male □ Female □ Transgender □ other:					☐ Phone ☐ Fax ☐ Email				☐ Email	
	INSUR/	ANCE:	PLEASE FAX BOTH	SIDES OF	PRESCRIPTIO	N CARD AND ME	DICAL (	CARD(S)		
				CLINICAL II	NFORMATION					
Patient Height:			Patient Weight:		Patient A	llergies:				
Diagnosis / ICD10	: □ B20 HIV □ 72	20.6 PrF	P 🗖 Other:	DX Co	ode:	☐ Other:		DX Code:		
_			Date:							
,			, list previous treatment a		<u> </u>	<u> </u>				
			legative HIV Test:		,		my of Octo	anania/Ostaanarasis	D Vos D No	
			_				iry of Oste	openia/Osteoporosis	a res a no	
Previous treatment	. and reason for dis	CONTINU	uation:							
			PRESCRIPTION	INFORMAT	ION			QTY	REFILLS	
☐ Apretude *PrEP Only	Optional Oral Lead	ln	☐ Cabotegravir 30mg tab	1 '	al Lead In Needed: olete Viiv enrollmen	☐ Yes ☐ No at form if utilizing the OLI				
	Injection		☐ 600mg (3-ml) injection		2: 1 injection IM continuation: 1 inje	ection IM, every 2 months				
☐ Atripla	600/200/300 mg			Take 1 table	t by month daily or	n empty stomach (CrCl ≥5	0 mL/min)			
→ Atripia										
☐ Biktarvy	50/200/25 mg			Take 1 table	t by mouth daily (Cı	rCl ≥30 mL/min)			<u> </u>	
☐ Biktarvy ☐ Cabenuva	50/200/25 mg Optional Oral Lead	ln	☐ Cabotegravir 30mg tab☐ Rilpivirine 25mg tab	Optional Or	al Lead In Needed:	<u> </u>				
☐ Biktarvy		ln		Optional Or Please comp	al Lead In Needed: olete Viiv enrollmen injections (600mg/9	Yes No No not form if utilizing the OLI	M every mo	1 dosing kit 1 dosing kit		
☐ Biktarvy ☐ Cabenuva **Once Monthly Dosing ☐ Cabenuva	Optional Oral Lead		☐ Rilpivirine 25mg tab☐ 600mg / 900mg kit☐	Optional Or Please comp Month 1: 2 Month 2 & Optional Or	al Lead In Needed: olete Viiv enrollmen injections (600mg/9 continuation: 2 injeal al Lead In Needed:	☐ Yes ☐ No It form if utilizing the OLI 900mg) IM ections (400mg/600mg) II	M every mo			
□ Biktarvy □ Cabenuva *Once Monthly Dosing	Optional Oral Lead		□ Rilpivirine 25mg tab □ 600mg / 900mg kit □ 400mg / 600mg kit □ Cabotegravir 30mg tab	Optional Or Please comp Month 1: 2 Month 2 & Optional Or Please comp Month 1 & 2	al Lead In Needed: olete Viiv enrollmen injections (600mg/s continuation: 2 injo al Lead In Needed: olete Viiv enrollmen 2: 2 injections IM	☐ Yes ☐ No It form if utilizing the OLI 900mg) IM ections (400mg/600mg) II ☐ Yes ☐ No	,			
□ Biktarvy □ Cabenuva *Once Monthly Dosing □ Cabenuva *Every 2 Month Monthly	Optional Oral Lead Injection Optional Oral Lead		□ Rilpivirine 25mg tab □ 600mg / 900mg kit □ 400mg / 600mg kit □ Cabotegravir 30mg tab □ Rilpivirine 25mg tab	Optional Or Please comp Month 1: 2 Month 2 & Optional Or Please comp Month 1 & Month 4 &	al Lead In Needed: olete Viiv enrollmen injections (600mg/s continuation: 2 injo al Lead In Needed: olete Viiv enrollmen 2: 2 injections IM	☐ Yes ☐ No  It form if utilizing the OLI  900mg) IM  ections (400mg/600mg) II  ☐ Yes ☐ No  It form if utilizing the OLI  ections IM, every 2 month	,	nth 1 dosing kit  1 dosing kit		
□ Biktarvy □ Cabenuva *Once Monthly Dosing □ Cabenuva *Every 2 Month Monthly Dosing	Optional Oral Lead Injection Optional Oral Lead Injection		□ Rilpivirine 25mg tab □ 600mg / 900mg kit □ 400mg / 600mg kit □ Cabotegravir 30mg tab □ Rilpivirine 25mg tab	Optional Or Please comp Month 1: 2 Month 2 & Optional Or Please comp Month 1 & Month 4 & Take 1 table	al Lead In Needed: olete Viiv enrollmen injections (600mg/s continuation: 2 inje al Lead In Needed: olete Viiv enrollmen 2: 2 injections IM continuation: 2 inje	☐ Yes ☐ No  Interpretation of the OLI  Interpre	,	nth 1 dosing kit  1 dosing kit		
□ Biktarvy □ Cabenuva *Once Monthly Dosing □ Cabenuva *Every 2 Month Monthly Dosing □ Cimduo	Optional Oral Lead Injection Optional Oral Lead Injection 300/300 mg		□ Rilpivirine 25mg tab □ 600mg / 900mg kit □ 400mg / 600mg kit □ Cabotegravir 30mg tab □ Rilpivirine 25mg tab	Optional Or Please comp Month 1: 2 Month 2 & Optional Or Please comp Month 1 & 2 Month 4 & 4 Take 1 table	al Lead In Needed: olete Viiv enrollmen injections (600mg/s continuation: 2 inje al Lead In Needed: olete Viiv enrollmen 2: 2 injections IM continuation: 2 inje tt by mouth daily (6	☐ Yes ☐ No Int form if utilizing the OLI  900mg) IM ections (400mg/600mg) II ☐ Yes ☐ No Int form if utilizing the OLI ections IM, every 2 month  CrCl ≥50 mL/min)  CrCl ≥50 mL/min)	,	nth 1 dosing kit  1 dosing kit		
□ Biktarvy  □ Cabenuva  *Once Monthly Dosing  □ Cabenuva  *Every 2 Month Monthly Dosing  □ Cimduo  □ Delstrigo	Optional Oral Lead Injection Optional Oral Lead Injection 300/300 mg 100/300/300 mg		□ Rilpivirine 25mg tab □ 600mg / 900mg kit □ 400mg / 600mg kit □ Cabotegravir 30mg tab □ Rilpivirine 25mg tab	Optional Or Please comp Month 1: 2 Month 2 & Optional Or Please comp Month 1 & Month 4 & Take 1 table	al Lead In Needed: olete Viiv enrollmen injections (600mg/s continuation: 2 inje al Lead In Needed: olete Viiv enrollmen 2: 2 injections IM continuation: 2 inje t by mouth daily (Ct t by mouth daily (Ct	☐ Yes ☐ No Int form if utilizing the OLI  900mg) IM ections (400mg/600mg) II ☐ Yes ☐ No Int form if utilizing the OLI ections IM, every 2 month  CrCl ≥50 mL/min)  CrCl ≥50 mL/min)	,	nth 1 dosing kit  1 dosing kit		
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□ Biktarvy  □ Cabenuva  *Once Monthly Dosing  □ Cabenuva  *Every 2 Month Monthly Dosing  □ Cimduo  □ Delstrigo  □ Descovy  □ Dovato	Optional Oral Lead Injection Optional Oral Lead Injection 300/300 mg 100/300/300 mg 200/25 mg 50/300 mg		□ Rilpivirine 25mg tab □ 600mg / 900mg kit □ 400mg / 600mg kit □ Cabotegravir 30mg tab □ Rilpivirine 25mg tab	Optional Or Please comp Month 1: 2 Month 2 & Optional Or Please comp Month 1 & Month 4 & Take 1 table Take 1 table Take 1 table Take 1 table Take 1 table	al Lead In Needed: olete Viiv enrollmen injections (600mg/scontinuation: 2 injections IM continuation: 2 injections IM continuation: 2 injections IM continuation: 2 inject by mouth daily (Ct by mouth daily (Ct by mouth daily (Ct to by mouth daily wille by mouth daily wille by mouth daily wille by mouth daily *	□ Yes □ No  Interpretation of the open of	,	nth 1 dosing kit  1 dosing kit		
□ Biktarvy  □ Cabenuva  *Once Monthly Dosing  □ Cabenuva  *Every 2 Month Monthly Dosing  □ Cimduo  □ Delstrigo  □ Descovy  □ Dovato  □ Edurant	Optional Oral Lead Injection Optional Oral Lead Injection 300/300 mg 100/300/300 mg 200/25 mg 50/300 mg		□ Rilpivirine 25mg tab □ 600mg / 900mg kit □ 400mg / 600mg kit □ Cabotegravir 30mg tab □ Rilpivirine 25mg tab	Optional Or Please comp Month 1: 2 Month 2 & Optional Or Please comp Month 1 & Month 4 & Take 1 table Take 1 table Take 1 table Take 1 table Take 1 table	al Lead In Needed: olete Viiv enrollmen injections (600mg/s continuation: 2 inje al Lead In Needed: olete Viiv enrollmen 2: 2 injections IM continuation: 2 inje at by mouth daily (Co t by mouth daily (Co	□ Yes □ No  Interpretation of the original	,	nth 1 dosing kit  1 dosing kit		
□ Biktarvy  □ Cabenuva □ Cabenuva □ Cabenuva □ Every 2 Month Monthly □ Dosing □ Cimduo □ Delstrigo □ Descovy □ Dovato □ Edurant □ Emtriva	Optional Oral Lead Injection Optional Oral Lead Injection 300/300 mg 100/300/300 mg 200/25 mg 50/300 mg 25 mg 200 mg		□ Rilpivirine 25mg tab □ 600mg / 900mg kit □ 400mg / 600mg kit □ Cabotegravir 30mg tab □ Rilpivirine 25mg tab	Optional Or Please comp Month 1: 2 Month 2 & Optional Or Please comp Month 1 & Month 4 & Take 1 table Take 1 table Take 1 table Take 1 table Take 1 table	al Lead In Needed: olete Viiv enrollmen injections (600mg/scontinuation: 2 injections IM continuation: 2 injections IM continuation: 2 injections IM continuation: 2 inject by mouth daily (Ct by mouth daily (Ct by mouth daily (Ct to by mouth daily wille by mouth daily wille by mouth daily wille by mouth daily *	□ Yes □ No  Interpretation of the original	,	nth 1 dosing kit  1 dosing kit		
□ Biktarvy  □ Cabenuva  *Once Monthly Dosing  □ Cabenuva  *Every 2 Month Monthly Dosing  □ Cimduo  □ Delstrigo □ Descovy □ Dovato □ Edurant □ Emtriva □ Epzicom	Optional Oral Lead Injection Optional Oral Lead Injection 300/300 mg 100/300/300 mg 200/25 mg 50/300 mg 25 mg 200 mg 600/300 mg	ln .	□ Rilpivirine 25mg tab □ 600mg / 900mg kit □ 400mg / 600mg kit □ Cabotegravir 30mg tab □ Rilpivirine 25mg tab	Optional Or Please comp Month 1: 2 Month 2 & Optional Or Please comp Month 1 & Month 4 & Take 1 table Take 1 table Take 1 table Take 1 table Take 1 table Take 1 table	al Lead In Needed: olete Viiv enrollmen injections (600mg/s continuation: 2 inje al Lead In Needed: olete Viiv enrollmen 2: 2 injections IM continuation: 2 inje t by mouth daily (C t by mouth daily (C t by mouth daily (C t by mouth daily wi ule by mouth daily wi t by mouth daily (C t by mouth daily wi t by mouth daily (C t by mouth daily wi t by mouth daily (C t by mouth daily wi	□ Yes □ No  Interpretation of the original	ns	nth 1 dosing kit  1 dosing kit		
□ Biktarvy  □ Cabenuva  *Once Monthly Dosing  □ Cabenuva  *Every 2 Month Monthly Dosing  □ Cimduo  □ Delstrigo  □ Descovy  □ Dovato  □ Edurant  □ Emtriva  □ Epzicom  □ Evotaz	Optional Oral Lead Injection Optional Oral Lead Injection 300/300 mg 100/300/300 mg 200/25 mg 50/300 mg 25 mg 200 mg 600/300 mg 300/150 mg	ln .	□ Rilpivirine 25mg tab □ 600mg / 900mg kit □ 400mg / 600mg kit □ Cabotegravir 30mg tab □ Rilpivirine 25mg tab	Optional Or Please comp Month 1: 2 Month 2 & Optional Or Please comp Month 1 & Month 4 & Take 1 table Take 1 table Take 1 table Take 1 table Take 1 table Take 1 table	al Lead In Needed: olete Viiv enrollmen injections (600mg/s continuation: 2 inje al Lead In Needed: olete Viiv enrollmen 2: 2 injections IM continuation: 2 inje t by mouth daily (C t by mouth daily (C t by mouth daily (C t by mouth daily wi ule by mouth daily wi t by mouth daily (C t by mouth daily wi t by mouth daily (C t by mouth daily wi t by mouth daily (C t by mouth daily wi	□ Yes □ No  Interpretation of the other  Int	ns	nth 1 dosing kit  1 dosing kit		
□ Biktarvy  □ Cabenuva □ Cabenuva □ Cabenuva □ Every 2 Month Monthly □ Delstrigo □ Descovy □ Dovato □ Edurant □ Emtriva □ Epzicom □ Evotaz □ Genvoya □ Intelence	Optional Oral Lead Injection Optional Oral Lead Injection  300/300 mg 100/300/300 mg 200/25 mg 50/300 mg 25 mg 200 mg 600/300 mg 300/150 mg 150/150/200/10 mg 25 mg 100 mg 120 mg	ln J	□ Rilpivirine 25mg tab □ 600mg / 900mg kit □ 400mg / 600mg kit □ Cabotegravir 30mg tab □ Rilpivirine 25mg tab	Optional Or Please comp  Month 1: 2 Month 2 & Optional Or Please comp  Month 1 & Month 4 & Month 4 & Month 4 & Month 5 & Month 6 & Month 6 & Month 7 & Month	al Lead In Needed: olete Viiv enrollmen injections (600mg/s continuation: 2 inje al Lead In Needed: olete Viiv enrollmen 2: 2 injections IM continuation: 2 inje t by mouth daily (C t by mouth daily (C t by mouth daily (C t by mouth daily wi ule by mouth daily wi t by mouth daily (C t by mouth daily wi t by mouth daily (C t by mouth daily wi	□ Yes □ No  Interpretation of the other  Properties □ No  Interpretation of the other  Properties □ No  Interpretation of the other  Interpretation of the other	ns	nth 1 dosing kit  1 dosing kit		

Dispense As Written (no stamps) Date Substitution Permitted (no stamps)

1. In order for a brand name product to be dispensed, the prescriber must write "Brand Necessary" or "Brand Medically Necessary" or any required state-specific language.
2. By signing this form, you are authorizing the pharmacy and its representatives to act on your behalf to obtain prior authorizations for the prescribed medication(s). We will also pursue available copay and financial assistance on behalf of your patients when available.
3. The pharmacy can only accept faxed prescriptions directly from a prescriber's office.
4. Prescribers must comply with any of their state-specific prescription requirements.

## **Infectious Disease**



	PRES	CRIBER	INFORMATION		narmacy.com							
Prescriber Name		Address										
			City	State	ZIP							
	sician (MD or DO) UNurse Practitioner Physician's Assist	ant										
Supervising Physician (If prescriber is a NP or PA)			Phone	Fax								
DEA#	NPI # Tax ID#		Contact Person									
PATIENT INFORMATION												
Patient Name Date of Birth												
	PRESCRIPTION IN	IFORMAT	ION	QTY	REFILLS							
□ Isentress	<ul> <li>□ 25 mg chewable tablet - pediatric</li> <li>□ 100 mg chewable tablet - pediatric</li> <li>□ 100 mg granules for suspension - pediatric</li> <li>□ 400 mg tablet</li> </ul>											
☐ Isentress HD	600 mg tablet	Take 2 tablet	s by mouth once a day **									
☐ Juluca	50/25 mg	Take 1 tablet	by mouth daily with food **									
☐ Norvir	□ 100 mg tablet □ 100 mg powder □ 80 mg/mL solution											
☐ Odefsey	200/25/25 mg	Take 1 tablet	by mouth daily with food (CrCl ≥30 mL/min) **									
☐ Pifeltro	100 mg	Take 1 tablet	by mouth daily									
☐ Prezcobix	800-150 mg	Take 1 tablet	by mouth daily with food **									
☐ Prezista	☐ 75 mg ☐ 150 mg ☐ 600 mg ☐ 800 mg ☐ 100 mg/mL suspension											
☐ Reyataz	☐ 150 mg ☐ 200 mg ☐ 300 mg ☐ 50 mg oral powder											
☐ Selzentry	☐ 150 mg ☐ 300 mg ☐ 20 mg/mL solution											
☐ Symfi	600/300/300 mg	Take 1 tablet	by mouth daily on empty stomach (CrCl ≥50 mL/min)									
☐ Symfi Lo	400/300/300 mg	Take 1 tablet	by mouth daily on empty stomach (CrCl ≥50 mL/min)									
☐ Symtuza	800/150/200/10 mg	Take 1 tablet	by mouth daily with food (CrCl ≥30 mL/min)									
☐ Tivicay	□ 10 mg □ 25 mg □ 50 mg											
☐ Triumeq	600/50/300 mg	+	by mouth daily (CrCl ≥50 mL/min)									
☐ Truvada	200/300 mg	Take 1 tablet	by mouth daily **									
	prior authorization process, please fax copies of the patient's mo	st recent progre	ss notes and lab work.									
^^ Dosing adjustments	may be necessary based on certain labs and clinical guidelines											
		LEFT I	BLANK									

Dispense As Written (no stamps) Substitution Permitted (no stamps) Date Date

1. In order for a brand name product to be dispensed, the prescriber must write "Brand Necessary" or "Brand Medically Necessary" or any required state-specific language.

2. By signing this form, you are authorizing the pharmacy and its representatives to act on your behalf to obtain prior authorizations for the prescribed medication(s). We will also pursue available copay and financial assistance on behalf of your patients when available.

3. The pharmacy can only accept faxed prescriptions directly from a prescriber's office.

4. Prescribers must comply with any of their state-specific prescription requirements.