



A CAREPATHrx Company

E-prescribe the Fast & Easy way: select BioPlus Specialty Pharmacy from your EHR!

HIV Referral Form

Fax: 800-269-5493

Phone: 888-292-0744
bioplusrx.com

PATIENT INFORMATION

| | | |
|---------------|----------------|-----------------------------|
| Patient Name: | SSN: | DOB: |
| Address: | City: | State: Zip: |
| Home Phone: | Height: | Weight: Gender: Male Female |
| Cell Phone: | Email Address: | |

INSURANCE INFORMATION (or attach copy of cards)

| | | | | |
|-----------------------|----------------|---------------|-----------|----------|
| Primary Insurance Co: | Policy Holder: | Relationship: | Policy #: | Group #: |
| Secondary Insurance: | Policy Holder: | Relationship: | Policy #: | Group #: |

CLINICAL INFORMATION

Diagnosis: _____ ICD- 10: _____ Serum Creatinine: _____
 CD4 Count: _____ Viral Load: _____ Date of Labs: _____
 Treatment Naïve Treatment Experienced Prior Treatment Type: _____
 Comorbidities: _____ Allergies NKDA Other _____

PRESCRIPTION INFORMATION (for IV medication attach a copy of prescription)

| MEDICATION | STRENGTH | DIRECTIONS | QTY | REFILLS | MEDICATION | STRENGTH | DIRECTIONS | QTY | REFILLS |
|--|--|--|----------------|---------|---|--|--|----------------|---------|
| ATRIPLA® (efavirenz, emtricitabine, tenofovir disoproxil fumarate) | 600/ 300/ 200 mg tablet | One tablet by mouth QD on an empty stomach | 30 tabs | | PREZISTA® (darunavir) | <input type="checkbox"/> 75 mg tablet <input type="checkbox"/> 150 mg tablet <input type="checkbox"/> 600 mg tablet <input type="checkbox"/> 800 mg tablet <input type="checkbox"/> 100 mg/mL spension | Take _____ x daily | 1 month supply | |
| BIKTARVY® (bictegravir, emtricitabine, tenofovir alafenamide) | 50 mg/ 200 mg/ 25 mg | One tablet by mouth QD | | | RUKOBIA® (fostemsavir) | 60 mg tablet | One tablet by mouth BID | | |
| COMBIVIR (lamivudine, zidovudine) | 50 mg/ 300 mg | One tablet by mouth BID | 60 tabs | | REYATAZ® (atazanavir sulfate) | <input type="checkbox"/> 100 mg <input type="checkbox"/> 150 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 300 mg | Take _____ tabs x daily | 1 month supply | |
| COMPLERA® (emtricitabine, tenofovir alafenamide) | 20 mg/25 mg/ 300 mg | One tablet by mouth QD | 1 month supply | | SELZENTRY® (maraviroc) | _____ mg tablet | Take _____ tabs x daily | 1 month supply | |
| DESCOVY® (emtricitabine, tenofovir alafenamide) | 200 mg/ 25 mg | One capsule by mouth QD | | | STRIBILD® (efavirenz, cobicistat, emtricitabine, tenofovir disoproxil fumarate) | 150/ 150/ 200/ 300 mg tablet | One tablet by mouth QD with food | 1 month supply | |
| EDURANTA® (rilpivirine) | 25 mg tabs | Take _____ tabs by mouth QD with food | | | SUSTIVA® (efavirenz) | <input type="checkbox"/> 600 mg tablet | Take one tablet at bedtime | 30 tablets | |
| EMTRIVA® (emtricitabine) | 200 mg caps | One tablet by mouth QD | 30 capsules | | TIVICAY (dolutegravir) | 50 mg tablet | Take _____ tabs x daily | 1 month supply | |
| EPIVIR (lamivudine) | <input type="checkbox"/> 150 mg caps <input type="checkbox"/> 300 mg caps | One capsule _____ x daily | 1 month supply | | TRIUQUEQ® (abacavir, dolutegravir, lamivudine) | 50/600/300 tablet | One tablet by mouth QD with or without food | 30 tablets | |
| EPZICOM® (abacavir, lamivudine) | 600 mg/ 300 mg tablet | One tablet by mouth QD | 1 month supply | | TRIZIVIR® (abacavir, lamivudine, zidovudine) | 300/150/300 mg tablet | One tablet by mouth BID | 60 tablets | |
| EVOTAZ™ (atazanavir, cobicistat) | 300 mg/150 mg tablet | One tablet by mouth QD with food | 30 tabs | | TROGARZO™ (ibalizumab-uiyk) | 150 mg/ ml | <input type="checkbox"/> Induction Dose: 2000 mg IV dose per 250 ml Sodium Chloride 0.9% <input type="checkbox"/> Maintenance Dose: 800 mg IV per 250 ml Sodium Chloride 0.9% every 14 days | | |
| FUZEON® (enfuvirtide) | 108 mg/vial | Inject 90 mg SQ 2 x daily | 1 kit | | TRUVADA® (emtricitabine and tenofovir disoproxil fumarate) | 200/ 300 mg tablet | One tablet by mouth QD with or without food | | |
| GENVOYA® (efavirenz, cobicistat, emtricitabine, tenofovir alafenamide) | 150/150/200/10 tablet | One tablet by mouth QD with food | 30 tabs | | VIRACEPT® (nelfinavir mesylate) | <input type="checkbox"/> 250 mg <input type="checkbox"/> 625 mg | Take _____ tabs x daily | | |
| INTELENCE® (etravirine) | 200 mg tablet | One tablet by mouth BID | 1 month supply | | VIRAMUNE XR® (nevirapine) | 400 mg tab | One tablet by mouth QD | | |
| ISENTRESS® (raltegravir) | 400 mg tablet | One tablet by mouth 2 x daily | 60 tabs | | VIREAD® (tenofovir disoproxil fumarate) | 300 mg tabs | Take _____ tabs daily | | |
| KALETRA® (lopinavir/ritonavir) | 200/ 50 mg tablet | Take _____ tablet x daily | 120 tabs | | ZERIT® (stavudine) | <input type="checkbox"/> 15 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> 30 mg <input type="checkbox"/> 40 mg | Take _____ tabs BID | | |
| LEXIVA® (fosamprenavir calcium) | 700 mg tablet | Take _____ tablet x daily | 1 month supply | | OTHER | | | | |
| NORVIR® (ritonavir) | 100 mg tablet | Take _____ tablet x daily | 1 month supply | | OTHER | | | | |
| ODEFSEY® (emtricitabine, rilpivirine, and tenofovir alafenamide) | 200/25/25 mg tablet | One tablet by mouth QD with food | 30 tabs | | OTHER | | | | |
| PIFELTRO™ (doravirine) | 100 mg tablet | One tablet by mouth QD with food | 30 tablets | | | | | | |
| PREZCOBIX® (darunavir and cobicistat) | 800/150 mg tablet | One tablet by mouth QD | 30 tablets | | | | | | |

Start of Therapy Date:

Special Delivery Instructions:

As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution. Dispense as written

PHYSICIAN INFORMATION

| | | |
|-----------------------|----------|------|
| Prescriber Name: | Phone: | Fax: |
| Office Contact: | Email: | |
| Address: | | |
| NPI #: | Tax ID # | |
| Prescriber Signature: | Date | |

Your signature authorizes BioPlus Specialty Pharmacy Services, LLC, and their network of pharmacies, MedScripts Medical Pharmacy, River Medical Pharmacy, and Route 300 Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copy and financial assistance on behalf of your patients.
 BioPlus Specialty Pharmacy 376 Northlake Blvd., Altamonte Springs, FL 32701 BioPlus Specialty Pharmacy 100 Southcenter Ct. Suite 100, Morrisville, NC 27660
 BioPlus Specialty Pharmacy 13925 Yale Ave Ste 145 Irvine, CA 92620 MedScripts Medical Pharmacy 1325 Miller Rd. Suite K, Greenville, SC 29607
 River Medical Pharmacy 4752 Research Drive, San Antonio, TX 78240 Route 300 Pharmacy 1208 Route 300 Suite 103, Newburgh, NY 12550

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