BioPlus® Specialty Pharmacy
A Carelon 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
ATRIPLA® *(efavirenz, emtricitabine,tenofovir disoproxil fumarate)*	600/ 300/ 200 mg tablet	One tablet by mouth QD on an empty stomach	30 tabs	
BIKTARVY® *(bictegravir, emtricitabine, tenofovir alafenamide)*	50 mg/ 200 mg/ 25 mg	One tablet by mouth QD		
COMBIVIR *(lamivudine, zidovudine)*	50 mg/ 300 mg	One tablet by mouth BID	60 tabs	
COMPLERA® *(emtricitabine,*	20 mg/25 mg/ 300 mg	One tablet by mouth QD	1 month supply	
DESCOVY® *(emtricitabine, tenofovir alafenamide)*	200 mg/ 25 mg	One capsule by mouth QD		
EDURANTA® *(rilpivirine)*	25 mg tabs	Take _____ tabs by mouth QD with food		
EMTRIVA® *(emtricitabine)*	200 mg caps	One tablet by mouth QD	30 capsules	
EPIVIR *(lamivudine)*	□ 150 mg caps □ 300 mg caps	One capsule _____ x daily	1 month supply	
EPZICOM® *(abacavir, lamivudine)*	600 mg/ 300 mg tablet	One tablet by mouth QD	1 month supply	
EVOTAZ™ *(atazanavir, cobicistat)*	300 mg/150 mg tablet	One tablet by mouth QD with food	30 tabs	
FUZEON® (enfuvirtide)	108 mg/vial	Inject 90 mg SQ 2 x daily	1 kit	
GENVOYA® *(elvitegravir, cobicistat, emtricitabine, tenofovir alafenamide)*	150/150/200/10 tablet	One tablet by mouth QD with food	30 tabs	
INTELENCE® *(etravirine)*	200 mg tablet	One tablet by mouth BID	1 month supply	
ISENTRESS® *(raltegravir)*	400 mg tablet	One tablet by mouth 2 x daily	60 tabs	
KALETRA® *(lopinavir/ritonavir)*	200/ 50 mg tablet	Take _____ tablet _____x daily	120 tabs	
LEXIVA® *(fosamprenavir calcium)*	700 mg tablet	Take _____tablet _____x daily	1 month supply	
NORVIR® *(ritonavir)*	100 mg tablet	Take _____ tablet _____x daily	1 month supply	
ODEFSEY® *(emtricitabine, rilpivirine, and tenofovir alafenamide)*	200/25/25 mg tablet	One tablet by mouth QD with food	30 tabs	
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	

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
PREZISTA® *(darunavir)*	□ 75 mg tablet □ 150 mg tablet □ 600 mg tablet □ 800 mg tablet □ 100 mg/mL spension	Take _____ _____x daily	1 month supply	
RUKOBIA® *(fostemsavir)*	60 mg tablet	One tablet by mouth BID		
REYATAZ® *(atazanavir sulfate)*	□ 100 mg □ 150 mg □ 200 mg □ 300 mg	Take _____ tabs _____x daily	1 month supply	
SELZENTRY ® *(maraviroc)*	_____ mg tablet	Take _____ tabs _____x daily	1 month supply	
STRIBILD® *(elvitegravir, cobicistat, emtricitabine, tenofovir disoproxil fumarate)*	150/ 150/ 200/ 300 mg tablet	One tablet by mouth QD with food	1 month supply	
SUSTIVA® *(efavirenz)*	□ 600 mg tablet	Take one tablet at bedtime	30 tablets	
TIVICAY *(dolutegravir)*	50 mg tablet	Take _____ tabs _____x daily	1 month supply	
TRIUMEQ® *(abacavir, dolutegravir, lamivudine)*	50/600/300 tablet	One tablet by mouth QD with or without food	30 tablets	
TRIZIVIR® *(abacavir, lamivudine, zidovudine)*	300/150/300 mg tablet	One tablet by mouth BID	60 tablets	
TROGARZO™ (ibalizumab-uiyk)	150 mg/ ml	□ Induction Dose: 2000 mg IV dose per 250 ml Sodium Chloride 0.9% □ Maintenance Dose: 800 mg IV per 250 ml Sodium Chloride 0.9% every 14 days		
TRUVADA® *(emtricitabine and tenofovir disoproxil fumarate)*	200/ 300 mg tablet	One tablet by mouth QD with or without food		
VIRACEPT® *(nelfinavir mesylate)*	□ 250 mg □ 625 mg	Take _____ tabs 3 x daily		
VIRAMUNE XR® *(nevirapine)*	400 mg tab	One tablet by mouth QD		
VIREAD® *(tenofovir disoproxil fumarate)*	300 mg tabs	Take _____tabs daily		
ZERIT® *(stavudine)*	□ 15 mg □ 20 mg □ 30 mg □ 40 mg	Take _____ tabs BID		
OTHER				
OTHER				
OTHER				

Start of Therapy Date: **Special Delivery Instructions:**

As required by your state, Prescriber to check "Dispense as written" or handwrite "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, Route 300 Pharmacy, and Santa Barbara Specialty Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization, including appeals and peer to peer reviews, for the prescribed medications We will also pursue available copay and financial assistance on behalf of your patients.

BioPlus Specialty Pharamcy 376 Northlake Blvd., Altamonte Springs, FL 32701 **BioPlus Specialty Pharmacy** 100 Southcenter Ct., Suite 100, Morrisville, NC 27560 **BioPlus Specialty Pharmacy** 13925 Yale Ave, Suite145, 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 **Santa Barbara Specialty Pharmacy** 4690 Carpinteria Ave, Ste B, Carpinteria, CA 93013

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