

A Carelon Company

## **Infectious Disease**

Fax: 800-269-5493 Phone: 888-292-0744 bioplusrx.com

Patient Name									
Patient Name	Patient Inf	formation		Drescriber	Inform	ation			
				Prescriber Information  Prescriber Name					
Address			Address						
City State ZIP			City State ZIP	City State ZIP					
Main Phone Alternate Phone		Phone	Phone Fax						
Casial Casurity #			Overtout Persons						
Social Security #			Contact Person						
Date of Birth		□Female □Male	DEA#	DEA# NPI#		License #			
		Clinica	al Information						
Primary Diagnosis: ☐ B20	HIV/AIDS			1 Hepatitis B (chronic) □	B18.2 Hepatiti	s C (chronic)			
□ PREP; ICD-10:		□ PEP; ICD-10:		☐ R64: Cachexia (HIV wasting) ☐ Other:					
CD4 Cell Count		Viral Load/HIV RNA	CrCl		Date of Lab	of Lab			
Is Patient Currently on The	Is Patient Currently on Therapy: ☐ No ☐ Yes		Has Patient Been Treat If Yes, Medication:	Has Patient Been Treated Previously for this Condition: ☐ No ☐ Yes If Yes, Medication:					
Drug Allergies			Weight	□ kg □ lbs	Status:  ☐ New ☐ Restart ☐ Continuing		inuina		
Medication		Dose/Strength	D	Directions		Qty	Refills		
Complete Regime	ens		'						
□ Atripla®	600 mg-300 mg-200 mg	g Tablet	1 tablet by mouth once	daily on empty stomach					
☐ Biktarvy®	50 mg-25 mg-200 mg Ta	ablet							
		abiot	1 tablet by mouth once	daily					
	☐ Oral Lead-In (Therac (cabotegravir 30 mg rilpivirine 25 mg table	con distributed) tablet/	1 tablet by mouth once  1 tablet by mouth once 1 tablet by mouth once	daily with food/		30 30	None None		
☐ Cabenuva®	(cabotegravir 30 mg	con distributed) tablet/ et)	1 tablet by mouth once 1 tablet by mouth once  Load: 2 injections intrand 2 injections ever	daily with food/					
□ Cabenuva®	(cabotegravir 30 mg rilpivirine 25 mg table Every 2-Month Dosing	con distributed) tablet/ et)  I ctions  600 mg-900 mg)	1 tablet by mouth once 1 tablet by mouth once  Load: 2 injections intrand 2 injections ever	daily with food/ daily with food  ramuscularly on month 1 ar y 2 months thereafter ons intramuscularly every 2 l larly, once		1 Kit	None		
□ Cabenuva®	(cabotegravir 30 mg rilpivirine 25 mg table Every 2-Month Dosing ☐ 600 mg-900 mg Injer	con distributed) tablet/ et)  I ctions  600 mg-900 mg) ns (400 mg-600 mg)	1 tablet by mouth once 1 tablet by mouth once   Load: 2 injections intrand 2 injections ever   Maintenance: 2 injections intranuscul	daily with food/ daily with food  ramuscularly on month 1 ar y 2 months thereafter ons intramuscularly every 2 l larly, once larly, monthly		1 Kit 1 Kit 1 Kit	None 1 Refill		
□ Cabenuva®	(cabotegravir 30 mg rilpivirine 25 mg table  Every 2-Month Dosing  □ 600 mg-900 mg Injection  Once Monthly Dosing  □ Initiation Injections (€  □ Continuation Injection	ton distributed) tablet/ et)  Ictions  600 mg-900 mg) ns (400 mg-600 mg)  Tablet	1 tablet by mouth once 1 tablet by mouth once  Load: 2 injections intrand 2 injections ever Maintenance: 2 injections 2 injections intramuscul 2 injections intramuscul	daily with food/ daily with food  ramuscularly on month 1 ar y 2 months thereafter ons intramuscularly every 2 is larly, once larly, monthly daily with food		1 Kit 1 Kit 1 Kit	None 1 Refill		
□ Cabenuva® □ Complera® □ Delstrigo®	(cabotegravir 30 mg rilpivirine 25 mg table  Every 2-Month Dosing  ☐ 600 mg-900 mg Injet  Once Monthly Dosing  ☐ Initiation Injections (€  ☐ Continuation Injection  25 mg-300 mg-200 mg	ton distributed) tablet/ et)  Ictions  600 mg-900 mg) ns (400 mg-600 mg)  Tablet	1 tablet by mouth once 1 tablet by mouth once 1 tablet by mouth once    Load: 2 injections intrand 2 injections ever   Maintenance: 2 injections intramuscul 2 injections intramuscul 1 tablet by mouth once	daily with food/ daily with food  ramuscularly on month 1 ar y 2 months thereafter ons intramuscularly every 2 i larly, once larly, monthly daily with food daily		1 Kit 1 Kit 1 Kit	None 1 Refill		
□ Cabenuva®  □ Complera® □ Delstrigo® □ Dovato®	(cabotegravir 30 mg rilpivirine 25 mg table  Every 2-Month Dosing  Good mg-900 mg Injet  Once Monthly Dosing Initiation Injections (6 Continuation Injections (6 Tontinuation Injections (6) Tontinuation Injections (7) Tontinuation Injection Injectio	con distributed) tablet/ et)  I ctions  600 mg-900 mg) ns (400 mg-600 mg)  Tablet	1 tablet by mouth once 1 tablet by mouth once   Load: 2 injections intrand 2 injections ever   Maintenance: 2 injecti 2 injections intramuscul 2 injections intramuscul 1 tablet by mouth once 1 tablet by mouth once	daily with food/ daily with food/ ramuscularly on month 1 ar y 2 months thereafter ons intramuscularly every 2 l larly, once larly, monthly daily with food daily daily		1 Kit 1 Kit 1 Kit	None 1 Refill		
□ Cabenuva®  □ Complera® □ Delstrigo® □ Dovato® □ Genvoya®	(cabotegravir 30 mg rilpivirine 25 mg table  Every 2-Month Dosing  Gonce Monthly Dosing Initiation Injections (6 Continuation Injections (6 mg-300 mg-200 mg  100 mg-300 mg-300 mg  50 mg-300 mg Tablet	con distributed) tablet/ et)  I ctions  600 mg-900 mg) ns (400 mg-600 mg)  Tablet	1 tablet by mouth once 1 tablet by mouth once 1 tablet by mouth once   Load: 2 injections intrand 2 injections ever   Maintenance: 2 injections intramuscul 2 injections intramuscul 1 tablet by mouth once 1 tablet by mouth once 1 tablet by mouth once	daily with food/ daily with food  ramuscularly on month 1 are y 2 months thereafter ons intramuscularly every 2 is larly, once larly, monthly daily with food daily daily with food		1 Kit 1 Kit 1 Kit	None 1 Refill		
☐ Cabenuva® ☐ Complera® ☐ Delstrigo® ☐ Dovato® ☐ Genvoya® ☐ Juluca®	(cabotegravir 30 mg rilpivirine 25 mg table  Every 2-Month Dosing  ☐ 600 mg-900 mg Injet  Once Monthly Dosing  ☐ Initiation Injections (€  ☐ Continuation Injection  25 mg-300 mg-200 mg  100 mg-300 mg-300 mg  50 mg-300 mg Tablet  150 mg-150 mg-10 mg-	con distributed) tablet/ et)  ctions  600 mg-900 mg) cns (400 mg-600 mg)  Tablet g Tablet  200 mg Tablet	1 tablet by mouth once 1 tablet by mouth once 1 tablet by mouth once   Load: 2 injections intrand 2 injections ever   Maintenance: 2 injections intramuscul 2 injections intramuscul 1 tablet by mouth once	daily with food/ daily with food/ daily with food  ramuscularly on month 1 ar y 2 months thereafter ons intramuscularly every 2 is larly, once larly, monthly daily with food daily daily daily with food daily with food daily with food		1 Kit 1 Kit 1 Kit	None 1 Refill		
☐ Cabenuva®  ☐ Complera® ☐ Delstrigo® ☐ Dovato® ☐ Genvoya® ☐ Juluca® ☐ Odefsey®	(cabotegravir 30 mg rilpivirine 25 mg table  Every 2-Month Dosing  600 mg-900 mg Injet  Once Monthly Dosing Initiation Injections (6 Continuation Injections (6 Continuation Injections (6 mg-300 mg-200 mg mg-300 m	con distributed) tablet/ et)  Ictions  600 mg-900 mg) ons (400 mg-600 mg)  Tablet g Tablet  200 mg Tablet	1 tablet by mouth once 1 tablet by mouth once 1 tablet by mouth once    Load: 2 injections intrand 2 injections ever   Maintenance: 2 injecti 2 injections intramuscul 2 injections intramuscul 1 tablet by mouth once	daily with food/ daily with food/ daily with food  ramuscularly on month 1 ar y 2 months thereafter ons intramuscularly every 2 it larly, once larly, monthly daily with food daily daily daily daily with food daily with food daily with food daily with food		1 Kit 1 Kit 1 Kit	None 1 Refill		
☐ Cabenuva®  ☐ Complera® ☐ Delstrigo® ☐ Dovato® ☐ Genvoya® ☐ Juluca® ☐ Odefsey® ☐ Stribild®	(cabotegravir 30 mg rilpivirine 25 mg table Every 2-Month Dosing 600 mg-900 mg Injections (6 Continuation Injections (6 Continuation Injections (6 Continuation Injections (7 mg-300 mg-200 mg 100 mg-300 mg-300 mg Tablet 150 mg-150 mg-150 mg-150 mg-25 mg Tablet 25 mg-25 mg-200 mg Tablet 150 mg-25 mg-25 mg-200 mg Tablet	con distributed) tablet/ et)  ctions  600 mg-900 mg) ns (400 mg-600 mg)  Tablet g Tablet  200 mg Tablet  ablet g-200 mg Tablet	1 tablet by mouth once 1 tablet by mouth once 1 tablet by mouth once   Load: 2 injections intrand 2 injections ever   Maintenance: 2 injections intramuscul 2 injections intramuscul 1 tablet by mouth once	daily with food/ daily with food/ daily with food  ramuscularly on month 1 ar y 2 months thereafter ons intramuscularly every 2 it larly, once larly, monthly daily with food daily daily daily daily with food daily with food daily with food daily with food		1 Kit 1 Kit 1 Kit	None 1 Refill		
□ Cabenuva®  □ Complera® □ Delstrigo® □ Dovato® □ Genvoya® □ Juluca® □ Odefsey® □ Stribild® □ Symfi®	(cabotegravir 30 mg rilpivirine 25 mg table Every 2-Month Dosing Ground 100 mg-900 mg Injections (6 Continuation Injections (6 Continuation Injections (6 Continuation Injections (7 mg-300 mg-200 mg Tablet 150 mg-150 mg-150 mg-150 mg-150 mg-25 mg Tablet 25 mg-25 mg-200 mg Tablet 150 mg-150 mg-300 mg	con distributed) tablet/ et)  ctions  500 mg-900 mg) ons (400 mg-600 mg)  Tablet  200 mg Tablet  200 mg Tablet  g-200 mg Tablet  g-200 mg Tablet	1 tablet by mouth once 1 tablet by mouth once 1 tablet by mouth once    Load: 2 injections intranuscul 2 injections intranuscul 2 injections intranuscul 1 tablet by mouth once	daily with food/ daily with food/ daily with food  ramuscularly on month 1 arry 2 months thereafter ons intramuscularly every 2 to larly, once larly, monthly daily with food daily daily with food		1 Kit 1 Kit 1 Kit	None 1 Refill		
□ Cabenuva®  □ Complera® □ Delstrigo® □ Dovato® □ Genvoya® □ Juluca® □ Odefsey® □ Stribild® □ Symfi® □ Symfi Lo®	(cabotegravir 30 mg rilpivirine 25 mg table Every 2-Month Dosing 600 mg-900 mg Injections (6 Continuation Injections (6 Continuation Injections (6 Continuation Injections (7 mg-300 mg-200 mg 100 mg-300 mg-300 mg-150 mg-150 mg-150 mg-150 mg-150 mg-150 mg-150 mg-25 mg-200 mg 150 mg-150 mg-300 mg 150 mg-300 mg 150 mg-300 mg-3	con distributed) tablet/ et)  Ctions  600 mg-900 mg) cns (400 mg-600 mg)  Tablet g Tablet  200 mg Tablet  ablet g-200 mg Tablet g Tablet g Tablet	1 tablet by mouth once 1 tablet by mouth once 1 tablet by mouth once    Load: 2 injections intranuscul 2 injections intranuscul 2 injections intranuscul 1 tablet by mouth once	daily with food/ daily with food/ daily with food  ramuscularly on month 1 ar y 2 months thereafter ons intramuscularly every 2 is larly, once larly, monthly daily, monthly daily with food daily daily with food daily on empty stomach		1 Kit 1 Kit 1 Kit	None 1 Refill		



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Need By Date:	Sh	ip To: □ Patient □	Office 🗆 Other	Fax Copy: □ Rx Ca	ard Front/Back	☐ Clinical No	tes 🗆 Medical	Card Front/Back	
	Patient In	formation		Pre	scriber	nforma	tion		
Patient Information Patient Name			Prescriber Information  Prescriber Name						
Address			Address						
Audi 033									
City State ZIP			City State ZIP						
Main Phone	Alternate Phone			Phone Fax					
Social Security #	ity#			Contact Person					
Date of Birth	f Birth			DEA# NPI#			License #		
			· · ·						
Clinical Information									
Primary Diagnosis:         □ B20 HIV/AIDS           □ PREP; ICD-10:         □ PEP; ICD-10:			Comorbidities: ☐ B18.1 Hepatitis B (chronic) ☐ B18.2 Hepatitis C (chronic)						
CD4 Cell Count	04 Cell Count Viral Load/HIV RNA		CrCl Date		Date of Lab	ate of Lab			
Is Patient Currently on Therapy: □ No □ Yes			Has Patient Been Treated Previously for this Condition: ☐ No ☐ Yes If Yes, Medication:						
Drug Allergies				Weight	□ kg □ lbs	Status:	estart □ Contin	uing	
Medication		Dose/Stren	ath	Direct	ions		Qty	Refills	
NRTI		303c, 3ti cii	<b>9</b>	Direct.			e.,	Refins	
☐ Cimduo®	300 mg-300 mg Tablet			1 tablet by mouth once daily					
□ Combivir®	300 mg-150 mg Tablet			1 tablet by mouth twice daily		_			
□ Descovy®	25 mg-200 mg Tablet			1 tablet by mouth once daily					
□ Emtriva®	☐ 200 mg Capsule	☐ 10 mg/mL Solution							
□ Epivir®	☐ 100 mg Tablet☐ 5 mg/mL Solution	☐ 150 mg Tablet ☐ 10 mg/mL Solution	☐ 300 mg Tablet						
□ Epzicom®	600 mg-300 mg Tablet		<del></del>	1 tablet by mouth once daily		_			
□ Retrovir®	☐ 100 mg Tablet	☐ 300 mg Tablet	☐ 10 mg/mL SoutioIn						
☐ Temyxis®	300 mg-300 mg Tablet	3	· 0	1 tablet by mouth once daily		_			
☐ Truvada®	☐ 300-200 mg Tablet ☐ 200-133 mg Tablet	☐ 250-167 mg Tablet ☐ 150-100 mg Tablet		1 tablet by mouth once daily		-			
☐ Viread®	300 mg Tablet			1 tablet by mouth once daily		_			
☐ Ziagen®	300 mg Tablet			☐ 1 tablet by mouth twice daily☐ 2 tablets by mouth once daily		-			
NNRTI									
□ Edurant®	25 mg Tablet			1 tablet by mouth once daily with	food	_			
☐ Intelence®	☐ 25 mg Tablet	☐ 100 mg Tablet	☐ 200 mg Tablet						
□ Pifeltro®	100 mg Tablet	<del>-</del>	<u>-</u>	1 tablet by mouth once daily		-			
☐ Sustiva®	☐ 50 mg Tablet	☐ 200 mg Tablet	☐ 600 mg Tablet	1 tablet by mouth once daily on er	mpty stomach	-			
□ Viramune®	☐ 200 mg Tablet	☐ 50 mg/5 mL Soln							
☐ Viramune XR®	☐ 100 mg Tablet	☐ 400 mg Tablet							
Integrase Inhibit	tor								
□ Isentress®	☐ 400 mg Tablet	☐ 600mg Tablet							
□ Tivicay®	50 mg Tablet			☐ For naive: 1 tablet by mouth or ☐ For experienced: 1 tablet by m		-			
Entry Inhibitor									
☐ Fuzeon®	90 mg/1 mL Soln			1 mL (90 mg) under the skin twice	daily	-			
□ Rukobia®	600 mg Tablet			1 tablet by mouth twice daily		-			
☐ Selzentry®	☐ 150 mg Tablet	☐ 300 mg Tablet							
By signing this form, you are authori	zing BioPlus Specialty Pharmacy	and its employees to serve as		। inical and other required information to third part that is confidential, privileged property, or exem					
			this document in error and then destro		pom alcolosure di lut	л арриосыяс iaw. II ус	a are not the named di	aa. 33300 you sriouid Hot	

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Need By Date:	Sł	hip To:  Patient	Office 🗆 Other	Fax Copy: □ Rx C	ard Front/Back	□ Clinical No	otes 🗆 Medical	Card Front/Bac	
Patient Information				Prescriber Information					
Patient Name			Prescriber Name						
Address			Address						
City State ZIP				City State ZIP					
Main Phone	e Alternate Phone			Phone Fax					
Social Security #			Contact Person						
Date of Birth	,		DEA# NPI#		License #				
Date of Biltii	☐ Female ☐ Male								
			Clinical In	formation					
Primary Diagnosis: ☐ B2☐ PREP; ICD-10:		□ PEP; ICD-10:		Comorbidities: ☐ B18.1 Hepatitis B (chronic) ☐ B18.2 Hepatitis C (chronic)					
CD4 Cell Count		Viral Load/HIV RNA	□ R64: Cachexia (HIV wasting) □ Other: □ Date of		Date of Lab	of Lab			
Is Patient Currently on Therapy: ☐ No ☐ Yes			Has Patient Been Treated Previously for this Condition: ☐ No ☐ Yes						
Drug Allergies			If Yes, Medication:	□ kg □ lbs	Status:  □ New □ Restart □ Continuing				
Medication		Dose/Stren	gth	Direct	tions		Qty	Refills	
PK Booster									
□ Norvir®	☐ 100 mg Tablet	☐ 80mg/mL Solution							
☐ Tybost®®	150 mg Tablet			1 tablet by mouth once daily with	food				
Protease Inhibit	ors (PI)								
☐ Aptivus <sup>®</sup>	☐ 250 mg Capsule	☐ 100 mg/mL Solutio	n						
□ Crixivan®	☐ 400 mg Capsule			☐ 2 capsules by mouth every 8 l					
□ Evotaz®	300 mg-150 mg Table	t		☐ Take 2 capsules by mouth with NORVIR® twice daily  1 tablet by mouth once daily with food					
□ Kaletra®	☐ 100-25 mg Tablet	□ 200-50 mg Tablet	☐ 80 mg-20 mg/mL Solution						
□ Lexiva®	☐ 700 mg Tablet	☐ 50 mg/mL Susp	3 - 3						
□ Prezcobix®	800 mg-150 mg Table			1 tablet by mouth once daily with	food				
□ Prezista®	☐ 75 mg Tablet ☐ 800 mg Tablet	☐ 150 mg Tablet ☐ 100 mg/mL Susp	☐ 600 mg Tablet						
□ Reyataz®	☐ 150 mg Capsule ☐ 50 mg Packet	□ 200 mg Capsule	☐ 300 mg Capsule						
□ Viracept®	☐ 250 mg Capsule	☐ 625 mg Capsule							
PrEP Only Regi		3 - 1							
□ Apretude		racom distributed; optiona a tablet)	al)	1 tablet by mouth once daily with	food		30	None	
	□ 600 mg Injection	,		☐ Load: 1 injection intramuscula then 1 injection every 2 months	s thereafter	iu 2,	1 Kit 1 Kit	1 Refill	
Cusualtal				☐ Maintenance: 1 injection intran	nuscularly every 2	months			
Growth Hormon				Inject 1.4 mg under the skin once	daily		30		
□ Egrifta SV®	2 mg Vial			, ,	in once daily at b		28		
☐ Serostim®  Ancillary	☐ 4 mg Vial	□ 5 mg Vial	□ 6 mg Vial	Inject mg under the sk  Use as directed with SEROSTIM	*		 QS		
личнагу <u> </u>	☐ BD 3 mL 20 g x 1" ☐ 30 g x 0.5" Needle			Use as unected with SERUS HW			ω <sub>O</sub>		
Other									
	TANT NOTICE: This fax is intend	ded to be delivered only to the n	amed addressee. It contains material	linical and other required information to third par that is confidential, privileged property ,or exer					

Date

Prescriber's Signature (no stamps) Substitution Permitted

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Date