

**HIV
Prescription Referral Form**

**Phone: 1.877.592.7988
Fax: 1.800.787.0874**



**Rosemont
Specialty Pharmacy**
www.rosemontspecialtyrx.com

Date Medication Needed: _____ Ship To: Patient's Home Prescriber's Office Pick-up

1: Patient Information

Patient Name: _____ Birthdate: _____ Sex: Male Female Height: _____ Weight: _____ lbs. kg.
 Soc. Sec. #: _____ Preferred Phone: _____ Known Allergies: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Alternate Caregiver Name: _____ Preferred Phone: _____

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2: Prescriber Information

Provider Name: _____ DEA#: _____ NPI#: _____ Tax ID#: _____
 Address: _____ Phone: _____ Fax: _____
 City, State, Zip: _____ Key Contact: _____ Phone: _____

3: Diagnosis/Clinical Information | Please FAX recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization

Diagnosis: _____ ICD-10: _____ Serum Creatinine: _____
 CD4 Count: _____ Viral Load: _____ Date of labs: _____

4: Prescription Information

Aptivus® 250mg caps Dispense 1 month supply Take 2 caps 2X daily Refill X <input type="text"/>	Atripla® 600/300/200mg tabs Dispense 30 tabs Take 1 tab QD on empty stomach Refill X <input type="text"/>	Combivir® 150mg/300mg tabs Dispense 60 tabs Take 1 tab 2X daily Refill X <input type="text"/>	Complera 200mg/25mg/300mg Dispense 1 month supply Take 1 tab once daily w/ meal Refill X <input type="text"/>	Emtriva® 200mg caps Dispense 30 capsules Take 1 cap once daily Refill X <input type="text"/>
Edurant® 25mg tabs Dispense 30 tabs Take 1 tab daily with meal Refill X <input type="text"/>	Epivir® <input type="text"/> mg caps Dispense 1 month supply Take 1 cap <input type="checkbox"/> X daily Refill X <input type="text"/>	Epzicom® 600mg/300mg tabs Dispense 1 month supply Take 1 tab daily Refill X <input type="text"/>	Evotaz 300/150 Dispense 30 tablets Take 1 tab QD with a light meal Refill X <input type="text"/>	Fuzeon® 90mg Inj Dispense 1 kit Inject 90mg under skin 2x daily Refill X <input type="text"/>
Genvoya® 150/150/200/10 tabs Dispense 30 tabs Take 1 tab daily with food Refill X <input type="text"/>	Intellelex® 200 mg tabs Dispense 1 month supply Take 1 tab 2X daily Refill X <input type="text"/>	ISENTRESS® 400mg tabs Dispense 60 tabs Take 1 tab 2X daily Refill X <input type="text"/>	Kaletra® 200/50mg tabs Dispense 120 tabs Take <input type="checkbox"/> tabs <input type="checkbox"/> X daily Refill X <input type="text"/>	Lexiva® 700mg tabs Dispense 1 month supply Take <input type="checkbox"/> tabs <input type="checkbox"/> X daily Refill X <input type="text"/>
Mepro® 750mg/5ml <input type="checkbox"/> sachet <input type="checkbox"/> suspension Dispense <input type="text"/> day supply Take <input type="checkbox"/> ml <input type="checkbox"/> X daily Refill X <input type="text"/>	Norvir® 100mg tabs Dispense 1 month supply Take <input type="checkbox"/> tabs <input type="checkbox"/> X daily Refill X <input type="text"/>	Odefsey™ 200mg/25mg/25mg Dispense 30 tabs Take 1 tab daily with food Refill X <input type="text"/>	Prezcobix 800/150 Dispense 30 tablets Take 1 tab daily with food Refill X <input type="text"/>	Prezista® <input type="text"/> mg tabs Dispense 1 month supply Take <input type="checkbox"/> tabs <input type="checkbox"/> X daily Refill X <input type="text"/>
Rescriptor® 200mg caps Dispense 180 capsules Take 2 caps 3X daily Refill X <input type="text"/>	Retrovir® <input type="text"/> mg tabs Dispense 1 month supply Take <input type="checkbox"/> tabs <input type="checkbox"/> X daily Refill X <input type="text"/>	Reyataz® <input type="text"/> mg caps Dispense 1 month supply Take <input type="checkbox"/> caps <input type="checkbox"/> X daily Refill X <input type="text"/>	Selzentry® <input type="text"/> mg tabs Dispense 1 month supply Take <input type="checkbox"/> tabs <input type="checkbox"/> X daily Refill X <input type="text"/>	Serostim® <input type="text"/> mg Dispense 1 month supply Inject <input type="checkbox"/> mg SC daily Refill X <input type="text"/>
Stribild™ tablets Dispense 1 month supply Take 1 tablet daily Refill X <input type="text"/>	Sustiva® 600mg tablets Dispense 30 tablets Take 1 tab at bedtime Refill X <input type="text"/>	Tivicay 50mg tabs Dispense 1 month supply Take <input type="checkbox"/> tabs <input type="checkbox"/> X daily Refill X <input type="text"/>	Triumeq 50/600/300 Dispense 30 tablets Take 1 tablet by mouth daily with or without food Refill X <input type="text"/>	Trizivir® 300/150/300mg tabs Dispense 60 tabs Take 1 tab 2X daily Refill X <input type="text"/>
Truvada® 200mg/300mg tabs Dispense 30 tabs Take 1 tab once daily Refill X <input type="text"/>	Tyboost 150mg tabs Dispense 30 tabs Take 1 tab daily Refill X <input type="text"/>	Viramune® <input type="text"/> mg tabs Dispense <input type="text"/> Take <input type="checkbox"/> tab <input type="checkbox"/> X daily Refill X <input type="text"/>	Viread® 300mg tabs Dispense <input type="text"/> tablets Take <input type="checkbox"/> daily Refill X <input type="text"/>	Vitekta <input type="text"/> mg tabs Dispense 1 month supply Take 1 tab daily Refill X <input type="text"/>
Ziagen® 300mg tabs Dispense 60 tabs Take <input type="checkbox"/> tab <input type="checkbox"/> X daily Refill X <input type="text"/>	Zerit® <input type="text"/> mg caps Dispense 1 month supply Take <input type="checkbox"/> mg 2X daily Refill X <input type="text"/>	Zithromax® 600mg tabs Take <input type="checkbox"/> tabs <input type="checkbox"/> X daily Take <input type="checkbox"/> tabs <input type="checkbox"/> X weekly Refill X <input type="text"/>	Other: <input type="text"/> <input type="text"/> Refill X <input type="text"/>	Other: <input type="text"/> <input type="text"/> Refill X <input type="text"/>

Patient Support Programs: Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Patient Signature: _____ Date: _____

Prescriber Signature: Prescriber, please sign and date below

Dispense as written _____ Date _____ Substitution Permissible _____ Date _____