

Access Specialty Pharmacy **Human Immunodeficiency Syndrome (HIV)/ AIDS Prescription Referral Form (1)**

Send your RX to: _____ Access Specialty Pharmacy Fax: 661-489-3553 If you have any questions or concerns, Please contact us at 661-489-3500 or toll free (833-647-0821)

Date Medication Needed: _____ Deliver to: Patient's home Prescriber's office Pick-up Injection training by pharmacy? _____

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#: _____
 Address: _____ Phone: _____ Fax: _____
 City, State, ZIP: _____ Key Contact: _____ Phone: _____

3: Diagnostic/Clinical Information *Please FAX recent clinical notes, labs, Tests, with the prescription*

Diagnosis: _____ ICD-10: _____ Serum Creatinine: _____
 CD4 Count: _____ Viral Load: _____ Date of Labs: _____
 PrEP: Yes No Hep B test completed? Yes No Hep C test completed? Yes No HLA-B*5701 test completed? Yes No
 Treatment Experienced Patient Treatment Naïve Patient

4. Prescription Information

Medication	Dose/Strength	Directions	Qty	Refills	Medication	Dose/Strength	Directions	Qty	Refills
<input type="checkbox"/> Biktarvy	<input type="checkbox"/> 20/200/25 mg tablet				<input type="checkbox"/> Odefsy	<input type="checkbox"/> 200/25/25mg tablet			
<input type="checkbox"/> Cimduo/ Temixys	<input type="checkbox"/> 300/300 mg tablet				<input type="checkbox"/> Prezobix	<input type="checkbox"/> 800/150mg tablet			
<input type="checkbox"/> Descovy	<input type="checkbox"/> 200/25 mg tablet				<input type="checkbox"/> Prezista	<input type="checkbox"/> 75mg tablet <input type="checkbox"/> 150mg tablet <input type="checkbox"/> 600mg tablet <input type="checkbox"/> 800mg tablet <input type="checkbox"/> 100mg/ml suspension			
<input type="checkbox"/> Dovato	<input type="checkbox"/> 50/300 mg tablet				<input type="checkbox"/> Reyataz	<input type="checkbox"/> 150mg capsule <input type="checkbox"/> 200mg capsule <input type="checkbox"/> 300mg capsule <input type="checkbox"/> 50mg oral powder			
<input type="checkbox"/> Epzicom	<input type="checkbox"/> 600/300 mg tablet				<input type="checkbox"/> Syntuza	<input type="checkbox"/> 800/150/200/10mg tablet			
<input type="checkbox"/> Genvoya	<input type="checkbox"/> 150/150/200/10 mg tablet				<input type="checkbox"/> Tivicay	<input type="checkbox"/> 10mg tablet <input type="checkbox"/> 25mg tablet <input type="checkbox"/> 50mg tablet			
<input type="checkbox"/> Intelence	<input type="checkbox"/> 25mg tablet <input type="checkbox"/> 100mg tablet <input type="checkbox"/> 200mg tablet				<input type="checkbox"/> Triumeq	<input type="checkbox"/> 600/50/300 mg tablet			
<input type="checkbox"/> Isentress	<input type="checkbox"/> 25mg chewable tablet <input type="checkbox"/> 100mg chewable tablet <input type="checkbox"/> 100mg granules for susp <input type="checkbox"/> 400mg tablet				<input type="checkbox"/> Truvada	<input type="checkbox"/> 100/150mg tablet <input type="checkbox"/> 133/200 mg tablet <input type="checkbox"/> 167/250mg tablet <input type="checkbox"/> 200/300mg tablet			
<input type="checkbox"/> Isentress HD	<input type="checkbox"/> 600mg tablet								
<input type="checkbox"/> Juluca	<input type="checkbox"/> 50/25mg tablet								
<input type="checkbox"/> Norvir	<input type="checkbox"/> 100mg tablet <input type="checkbox"/> 100mg powder <input type="checkbox"/> 80mg/ml solution								

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 _____ Date: _____

of Prescriptions: _____

Dispense as written _____ Date _____ Substitution Permissible _____ Date _____