REALO SPECIALTY CARE PHARMACY

Community Consultant Contact:

HIV PRESCRIPTION REFERRAL FORM

Fax referral to: 844-814-1944 Phone: 844-814-1943
Email referral form to: connect@realospecialtycare.com
For additional forms, visit realospecialtycare.com.

PATIENT INFORMATION

Patient Name: _____ ❑Male ❑Female SS#: _____ DOB: _____
Address: _____ City, State, Zip: _____
Primary Phone: _____ ❑Home ❑Cell ❑Work Alternate Phone: _____ ❑Home ❑Cell ❑Work
Email: _____ Height: _____ Weight: _____
Allergies: _____ Comorbidities: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ Office Contact: _____
Address: _____ City, State, Zip: _____
Phone: _____ Fax: _____
NPI: _____ DEA: _____

SHIPPING INFORMATION

Ship To: ❑Patient ❑Physician/Clinic ❑Realo Location: _____
Date Shipment Needed By: _____ ❑Alternate Location: _____
Shipping Address City, State, Zip

DIAGNOSIS AND CLINICAL INFORMATION

Diagnosis ICD-9: ❑042 HIV/AIDS ❑079.53 HIV2 ❑070.32 HBV (Chronic) ❑070.54 HCV (Chronic)
New to Current Therapy: ❑yes ❑no CD4: _____ Date: _____ HIV RNA: _____ Date: _____

PRESCRIPTION INFORMATION

MEDICATION	DOSE	QUANTITY	REFILLS
❑Aptivus® (tipranavir) Directions:	250 mg		
❑Atripla® (EFV/FTC/TDF) Directions:	600 / 200 / 300 mg		
❑Combivir® (lamivudine/zidovudine) Directions:	150 / 300 mg		
❑CompleraTM (FTC/rilpivirine/TDF) Directions:	200 / 25 / 300 mg		
❑Crixivan® (indinavir) Directions:			
❑EdurantTM (rilpivirine) Directions:	25 mg		
❑Emtriva® (emtricitabine) Directions:	200 mg		
❑Epivir® (lamivudine) Directions:			
❑Epzicom® (abacavir/lamivudine) Directions:	600 / 300 mg		
❑Fuzeon® (enfuviritide) Directions:	90 mg		
❑Intelence® (entravirine) Directions:			
❑Invirase® (saquinavir) Directions:			
❑Isentress® (raltegravir) Directions:	400 mg		
❑Kaletra® (lopinavir/ritonavir) Directions:	200 / 50 mg		
❑Laxiva® (fosamprenavir) Directions:	200 / 50 mg		
❑Norvir® (ritonavir) capsules Directions:	100 mg		
❑Norvir® (ritonavir) tablets Directions:	100 mg		

MEDICATION	DOSE	QUANTITY	REFILLS
❑Prezista® (darunavir) Directions:			
❑Rescriptor® (delavirdine) Directions:			
❑Retrovir® (zidovudine) Directions:			
❑Revataz® (atazanavir) Directions:			
❑Selzentry® (maraviroc) Directions:			
❑StribidTM (EVG/COBI/FTC/TDF) Directions:	150 / 150 / 200 / 300 mg		
❑Sustiva® (efavirenz) Directions:			
❑Trizivir® (ABC/3TC/AZT) Directions:	300 / 150 / 300 mg		
❑Truvada® (emtricitabine/tenofovir) Directions:	200 / 300 mg		
❑Videx® EC (didanosine) Directions:			
❑Viracept® (nelfinavir) Directions:			
❑Viramune® (nevirapine) Directions:	200 mg		
❑Viramune® XRTM (nevirapine ER) Directions:	400 mg		
❑Viread® (tenofovir) Directions:	300 mg		
❑Zerit® (stavudine) Directions:			
❑Ziagen® (avacavir) Directions:	300 mg		
Other Medications: ☐ ☐			

Prescriber Signature: I authorize Realo Specialty Care Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

Dispense As Written - Signature | Date | Substitution Permissable - Signature | Date

PLEASE FAX COPY OF INSURANCE CARD (FRONT + BACK) AND MEDICATION LIST TO 844-814-1944.