

HIV Prescription Referral Form

Phone: 843-352-7662 | Fax 833-898-3992 | Backup Fax 843-352-7632 | 1501 Belle Isle Ave #150 Mt. Pleasant SC 29464



PATIENT INFORMATION - PLEASE FORWARD FRONT AND BACK OF INSURANCE CARDS

First Name: _____ Last Name: _____ Date of Birth: _____ M F
 Street Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ SSN: _____ Patient Preferred Language: English Spanish _____

PRESCRIBER INFORMATION

Prescriber Name: _____ DEA: _____ NPI: _____
 Address: _____
 Phone Number: _____ Fax Number: _____ Contact Person: _____
 Office's Preferred Method of Contact: Phone Fax Portal Email: _____ Other: _____

PATIENT CLINICAL INFORMATION / HISTORY - PLEASE FORWARD CHART NOTES AND RELEVANT LABS

Diagnosis: HIV1 HIV2 Other: _____ ICD 10: _____ Weight: _____ (lb/kg) Height: _____
 Opportunistic Infection: No Yes: _____ Treated No Yes: _____
 Treatment Naïve No Yes: _____ Viral Load: _____ CD4 Count: _____ HEP B: No Yes
 HLA-B5701 Status: Positive Negative Known Resistance or Genetic Mutations No Yes: _____
 Previous / Failed Medications: _____

MEDICATION - [PLEASE NOTE, THIS IS NOT AN INCLUSIVE LIST, PLEASE WRITE IN DESIRED MEDICATIONS ON BOTTOM OF FORM]

SINGLE TABLET REGIMENS

Biktarvy	Complera	Delstrigo	Dovato	Genvoya
Juluca	Odefsey	Stribild	Symtuza	Triumeq

SIG	QTY	RFLS
<input type="checkbox"/> Take 1 tablet by mouth once daily	30	

INJECTION

Cabenuva	Fuzeon
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COMBO TABLET REGIMEN

Descovy	Truvada
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SINGLE INGREDIENT TABLETS

Edurant	Lexiva	Pifeltro	Prezcobix	Prezista
Rukobia	Selzentry	Tivicay	Isentress	Isentress HD

PRESCRIPTION INFORMATION

NEW RESTART CONTINUING | SHIPPING PREFERENCE: Deliver medication to patient Deliver medication to MD for first fill

MEDICATION	STRENGTH	ROA (PO/IV/SC)	SIG	QTY	RFLS

PRESCRIPTION SIGNATURE

Dispense as Written: _____ Substitution Permitted: _____ Date: _____

I Authorize Blue Sky Specialty Pharmacy and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process/appeals if necessary, in doing so, to release clinical information via phone/fax to appropriate third party payor.

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