HAWAII SPECIALTY™ PHARMACY

HIV REFERRAL FORM

Please complete and attach to MDX prior Authorization form

MDX Hawai'i

PATIENT INFORMATION:	PHYSICIAN INFORMATION:
Patient Name: ______	Physician Name: ______
Address: ______	Address: ______
City: ______ State: ______ Zip: ______	City: ______ State: ______ Zip: ______
Home Phone: ______ Alternate Phone: ______	Phone: ______ Fax: ______
Email: ______	Office Email: ______
Soc. Sec #: ______	Key Office Contact ______
Date of Birth: ______ Sex: ☐ Male ☐ Female	State LIC # ______ NPI # ______ DEA# ______
Weight: ☐ lbs ☐Kg Height: ☐ ft ☐ cm BMI:	

INSURANCE INFORMATION: ☐ **DEMOGRAPHIC SHEET** ☐**UNIVERSAL CLAIM FORM** ☐ **INSURANCE CARDS (front + back)**

MEDICATIONS AND DIRECTIONS

MEDICATION / STRENGTH	DIRECTIONS	QUANTITY	REFILL
NRTI/NtRTI (Nucleoside/Nucleoside Reverse Transcriptase Inhibitor "Nuke")			
Combivir (lamivudine/zidovudine or 3TC/AZT) ☐ 150 mg/300 mg			
Emtriva (emtricitabine or FTC) ☐ 200 mg			
Epivir (lamivudine or 3TC) ☐ 150 mg ☐ 300 mg			
Epzicom (abacavir/lamivudine or ABC/3TC) ☐ 600 mg/300 mg			
Retrovir (zidovudine, AZT, or ZDV) ☐ 100 mg ☐ 300 mg			
Trizivir (abacavir/lamivudine/ zidovudine or ABC/3TC/AZT)			
☐ 300 mg/ 150 mg/300 mg			
Truvada (emtricitabine/tenofovir DF or FTC/TDF) ☐ 200 mg/300 mg			
Videx EC (didanosine or DDI) ☐ 125 mg ☐ 200 mg ☐ 250 mg ☐ 400 mg			
Viread (tenofovir disoproxil fumarate or TDF) ☐ 300 mg			
Zerit (stavudine or d4T) ☐ 15 mg ☐ 20 mg ☐ 30 mg ☐ 40 mg			
Ziagen (abacavir sulfate or ABC) ☐ 300 mg			
NNRTI (Non-Nucleoside Reverse Transcriptase Inhibitor "Non-Nuke")			
Endurant (rilpivirine HCL or RPV) ☐ 25 mg			
Intelence (etravirine or ETV) ☐ 100 mg ☐ 200 mg			
Rescriptor (delavirdine or DLV) ☐ 100 mg ☐ 200 mg			
Sustiva (efavirenz or EFV) ☐ 600 mg			
Viramune (neviapine or NVP) ☐ 200 mg			
Viramune XR ☐ 400 mg			
PI (Protease Inhibitor)			
Aptivis (tipranavir or TPV) ☐ 250 mg			
Crixivan (indinavir or IDV) ☐ 400 mg			
Invirase (saquinavir or SQV) ☐ 500 mg			
Kaletra (lopinavir/ritonavir or LPV/R)			
☐ 100 mg/25 mg ☐ 200 mg/50 mg			
Lexiva (fosamprenavir Ca or FPV) ☐ 700 mg			
Norvir (ritonavir or RTV) ☐ 100 mg			
Prezista (darunavir or DRV) ☐ 600 mg ☐ 800 mg			
Reyataz (atazanavir sulfate or ATV)			
☐ 100 mg ☐ 150 mg ☐ 200 mg ☐ 300 mg			
Viracept (nelfinavir or NFV) ☐ 250 mg ☐ 625 mg			
INSTI (Integrase Inhibitor)			
Isentress (raltegravir or RAL) ☐ 400 mg			
Tivicay (dolutegravir or DTG) ☐ 50 mg			
Entry Inhibitor			
Selzentry (maraviroc or MVC) ☐ 150 mg ☐ 300 mg			
STR (Single Tablet Regimen)			
Atripla (efavirenz/emtricitabine/tenofovir DF or EFV/FTC/TDF)			
☐ 600 mg/ 200 mg/300 mg			
Complera (efavirenz/emtricitabine/tenofovir DF or EFV/FTC/TDF)			
☐ 600 mg/ 200 mg/300 mg			
Stribilid (elvitegravir/cobicistat/emtricitabine/ tenofovir DF or			
EVG/COBI/FTC/TDF) ☐ 150 mg/ 150 mg/250 mg/ 300 mg			
Triumeq (dolutegravir/abacavir/lamivudine or DTG/ABC/3TC)			
☐ 50 mg/ 600 mg/ 300 mg			
☐ **Other**			

Prescriber Signature Required ****Prescription is void if the number of drugs prescribed is not noted***

I authorize Hawaii Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

PRESCRIBER SIGNATURE	DATE	NO. OF DRUGS PRESCRIBED _______ ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
x		

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