PHARMACARE specialty pharmacy

# PharmaCare Specialty Pharmacy
# HIV/Hepatitis B & C Referral Form

**FAX REFERRAL TO: 800-447-3694**
**Phone: 800-990-9247**

**Date:** _____ **Needs by Date:** _____ ●**Ship to** ☐ **Patient** ☐ **Office** ☐ **Training at PharmaCare**

## PATIENT INFORMATION

(Complete the following ***or send patient demographic sheet***)

Patient Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Alternate Phone: _____
Patient SS#: _____
Date of Birth: _____

## PRESCRIBER INFORMATION

Prescriber's Name: _____
State License #: _____ DEA#: _____
Group or Hospital: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Contact Person: _____

## INSURANCE INFORMATION

| Primary Insurance/ Prescription Card: | PLEASE FAX COPY OF INS CARD (FRONT & BACK) | Secondary Insurance/ Prescription Card: | PLEASE FAX COPY OF INS CARD (FRONT & BACK) |
|---|---|---|---|

## CLINICAL INFORMATION

*(**OPTIONAL** – but will assist in insurance authorization and patient education)*

**Diagnosis:**

☐ 042 HIV/AIDS
☐ 070.32 Hepatitis B (chronic)
☐ 070.54 Hepatitis C (chronic)
☐ _____

**Clinical Information (if applicable):**

- CD4/T-cell count: _____ ● HIV RNA: _____ *copies/ml*
- Hgb/Hct: _____ ● WBC: _____ ● Weight: _____
- HCV genotype: _____ ● ALT: _____ ● HCV RNA _____ IU/ml

## PRESCRIPTION INFORMATION

### *HIV MEDICATIONS*

| MEDICATION | Strength | DIRECTIONS/SIG | Quant | Refill |
|---|---|---|---|---|
| ***NRTIs/NNRTIs*** | | | | |
| ☐ Emtriva® | | | | |
| ☐ Epivir® | | | | |
| ☐ Rescriptor® | | | | |
| ☐ Retrovir® | | | | |
| ☐ Sustiva® | | | | |
| ☐ Videx® | | | | |
| ☐ Viramune® | | | | |
| ☐ Viread® | 300mg | | | |
| ☐ Zerit® | | | | |
| ☐ Ziagen® | | | | |
| ***Combination Antiretrovirals*** | | | | |
| ☐ Atripla® | 300/200/600 | | | |
| ☐ Combivir® | 300/150 | | | |
| ☐ Epzicom® | 600/300 | | | |
| ☐ Trizivir® | 300/150/300 | | | |
| ☐ Truvada® | 300/200 | | | |
| ***Fusion Inhibitors*** | | | | |
| ☐ Fuzeon® | 90mg vial kit | Inject 90mg (1 vial) SC BID (q12 hrs) | | |
| ☐ *Please enroll patient in Roche's complimentary Nurse Connection Program for Fuzeon® Adherence* | | | | |
| ***Protease Inhibitors*** | | | | |
| ☐ Aptivus® | 250mg | | | |
| ☐ Crixivan® | | | | |
| ☐ Invirase® | | | | |
| ☐ Kaletra® | 400/100 | | | |
| ☐ Lexiva® | 700mg | | | |
| ☐ Norvir® | | | | |
| ☐ Prezista® | 300mg | | | |
| ☐ Reyataz® | | | | |
| ☐ Viracept® | | | | |
| ☐ | | | | |
| ☐ | | | | |
| ☐ | | | | |

### *HEPATITIS MEDICATIONS*

| MEDICATION | Strength | DIRECTIONS/SIG | Quant | Refill |
|---|---|---|---|---|
| ***Interferon*** | | | | |
| ☐ Pegasys® | 180ug | | | |
| **Please indicate conv. pack* *(includes inj. supplies* ☐ Prefilled Syringe ☐ Vial | | | | |
| ☐ PEG Intron® | 150ug/0.5ml | | | |
| ☐ PEG Intron® | 120ug/0.5ml | | | |
| ☐ PEG Intron® | 80ug/0.5ml | | | |
| ☐ PEG Intron® | 50ug/0.5ml | | | |
| **Please indicate kit* *(includes injection supplies)* ☐ Redipen ☐ Vial | | | | |
| ☐ Infergen® | | | | |
| ☐ *Include 25G1/2" syringes and alcohol pads with all dispenses* | | | | |
| ***Ribavirin*** | | | | |
| ☐ RibaPak | 400-400mg | 400mg tab qam,400mg tab qpm – 800/day | | |
| ☐ RibaPak | 600-400mg | 600mg tab qam,400mg tab qpm – 1000/day | | |
| ☐ RibaPak | 600-600mg | 600mg tab qam,600mg tab qpm – 1200/day | | |
| ☐ Ribavirin caps | 200mg | | | |
| ☐ Ribavirin tabs | 200mg | | | |
| ☐ | | | | |
| ***Hepatitis B Oral Therapies*** | | | | |
| ☐ Baraclude® | | | | |
| ☐ Epivir HBV® | 100mg | | | |
| ☐ Hepsera® | 10mg | | | |
| ***OTHER MEDICATIONS*** | | | | |
| ☐ Aranesp® | | *(prefilled syr)* | | |
| ☐ Bactrim® | | | | |
| ☐ Diflucan® | | | | |
| ☐ Neulasta® | 6mg | *(prefilled syr)* | | |
| ☐ Neupogen® | | *(prefilled syr)* | | |
| ☐ Procrit® | | *(vial)* | | |
| ☐ *Include 25G1/2" syringes and alcohol pads with all dispenses* | | | | |
| ☐ Serostim® | | | | |
| ☐ Zithromax® | | | | |
| ☐ | | | | |
| ☐ | | | | |

☐ *Do not Substitute*

_____
Prescriber Signature

***IMPORTANT NOTICE:*** *This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee. Revised 2/21/06 HIV*