1960 Pharmacy
Your safety net for healthcare

HIV Prescription Referral Form

5202 Bissonnet | Suite B | Bellaire, TX 77401
Tel: 281-893-6000 | Fax: 281-893-6001 | 1960pharmacy.com

PATIENT INFORMATION

Last Name _____ First Name _____

Social Security No _____ Date of Birth _____ Sex □ M □ F

Home Phone _____ Work/Mobile _____

Home Address _____ City/Zip _____

PATIENT INSURANCE INFORMATION

Primary Medical Insurance _____ Medical Insurance Phone _____

Subscriber Name _____

Policy No _____ Group No _____

Prescription Card Bin # _____ PCN # _____

PRESCRIPTION INFORMATION

NRTIs

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILL
□ Emtriva®	200mg			
□ Epivir®				
□ Retrovir®				
□ Videx®				
□ Viread®	300mg			
□ Ziagen®				

Combination Antiretrovirals

□ Symtuza®	800/150/200/10			
□ Delstrigo®	100/300/300			
□ Biktarvy®	50/200/25			
□ Juluca®	50/25			
□ Atripla®	300/200/600			
□ Combivir®	300/150			
□ Complera®	300/200/25			
□ Epzicom®	600/300			
□ Stribild®	150/200			
□ Trizivir®	300/150/300			
□ Triumeq®	50/600/300			
□ Truvada®	300/200			
□ Genvoya®	150/150/200/10			
□ Descovy®	200/25			
□ Prezcobix®				
□ Odefsey®				
□ Abacavir®-Lamivudine® Zidovudine®				
□ Lamivudine®				
□ Zidovudine®				
□ Lamivudine®-Zidovudine®				

NNRTIs

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILL
□ Edurant®	25mg			
□ Intelence®	100mg			
□ Sustiva®				
□ Viramune®				

Integrase Inhibitors

□ Isentress®	400mg			
□ Tivicay®				

Protease Inhibitors

□ Aptivus®	250mg			
□ Crixivan®				
□ Invirase®				
□ Kaletra®	200/50			
□ Lexiva®	700mg			
□ Norvir® Tab	100mg			
□ Prezista®				
□ Reyataz®				
□ Viracept®				

Entry Inhibitors

□ Fuzeon®	90mg vial			
□ Selzentry®				
□ Trogarzo®				

Other Medications

□ Acyclovir®				
□ Bactrim®				
□ Diflucan®				
□ Procrit®				
□ Valtrex®				
□				
□				

Physician's Signature: _____ **Date:** _____ **Office Contact :**_____

Physician Name: _____ **Phone:** _____ **Fax:** _____

Address: _____ **DEA:** _____ **NPI:** _____

By Signing this enrollment form you authorize Pharmacy to call Insurance companies on behalf of you for prior authorization purposes.