# HIV ENROLLMENT & PRESCRIPTION FORM

**PHONE:** 800-641-8475 **FAX:** 800-530-8589 **WEB:** www.WellDyneSpecialty.com

To submit a new prescription via eRx, use NPI 1902298805. Faxed prescriptions will only be accepted from prescribing practitioners. Patients may not submit prescriptions via fax and must submit original copies in person or via the mail. Prescribers are reminded patients may choose any pharmacy of their choice.

## PATIENT INFORMATION

Patient: _____ Caregiver: _____

DOB: _____ ☐ Male ☐ Female Weight: _____ ☐ kgs or ☐ lbs (check one) Recorded Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Phone #: _____ ☐ Cell Alternate Phone #: _____ ☐ Cell

Allergies: _____

## MEDICAL ASSESSMENT

**PLEASE FAX COPY OF ALL INSURANCE CARDS (FRONT & BACK) INCLUDING MEDICAL AND PRESCRIPTION**

**DIAGNOSIS:** ☐ 042 HIV/AIDS ☐ 079.53 HIV-2 ☐ 070.32 HBV (Chronic) ☐ 070.54 HCV (Chronic)

New to current therapy ☐ Yes ☐ No ☐ CD4: _____ Date: _____ HIV RNA: _____ Date: _____

## ANTIRETROVIRALS (ARVS)

| MEDICATION | STRENGTH (mg) | DOSING | QTY | REFILLS |
|---|---|---|---|---|
| Aptivus® (tipranavir) (TPV) | 250 | Two capsules BID (Q12 hours) | | |
| Atripla® (EFV/FTC/TDF) | 600/200/300 | One tablet QD HS on an empty stomach | | |
| Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide) | 50/200/25 | One tablet QD | | |
| Cimduo (lamivudine/tenofovir disoproxil fumarate) | 300/300 | One tablet QD | | |
| Combivir® (lamivudine/zidovudine) | 150/300 | One tablet BID (Q12 hours) | | |
| Complera® (FTC/rilpivirine/TDF) | 200/25/300 | One tablet QD with food | | |
| Crixivan® (indinavir) (IDV) | 400 | | | |
| Delstrigo (doravirine/lamivudine/tenofovir disoproxil fumarate) | 100/300/300 | One tablet QD | | |
| Descovy (emtricitabine/tenofovir alafenamide) | 200/25 | One tablet QD | | |
| Dovato (dolutegravir/lamivudine) | 50/300 | One tablet QD | | |
| Edurant® (rilpivirine) (RPV) | 25 | One tablet QD with a meal | | |
| Emtriva® (emtricitabine) (FTC) | 200 | One capsule QD | | |
| Epivir® (lamivudine) (3TC) | | | | |
| Epzicom® (abacavir/lamivudine) (ABC/3TC) | 600/300 | One tablet QD | | |
| Evotaz® (atazanavir/cobicistat) | 300/150 | One tablet QD with food | | |
| Fuzeon® (enfuvirtide) | 90 | 90 mg (1mL) Sub-Q BID (Q12 hours) | | |
| Genvoya (cobicistat/evitegravir/emtricitabine/ tenofovir alafenamide) | 150/150/200/10 | One tablet QD with food | | |
| Intelence® (etravirine) (ENF) | | | | |
| Invirase® (saquinavir) (SQV) | | | | |
| Isentress® (raltegravir) (RAL) | 400 | One tablet BID (Q12 hours) | | |
| Isentress HD (raltegravir) | 600 | Two tablets once daily | | |
| Juluca (dolutegravir/rilpivirine) | 50/25 | One tablet QD with a meal | | |
| Kaletra® (lopinavir/ritonavir) | 200/50 | | | |
| Lexiva® (fosamprenavir) (FPV) | 700 | | | |
| Norvir® (ritonavir) capsules (RTV) | 100 | | | |
| Norvir® (ritonavir) tablets (RTV) | 100 | | | |
| Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide) | 200/25/25 | One tablet QD with a meal | | |
| Pifeltro (doravirine) | 100 | One tablet QD | | |
| Prezcobix® (darunavir/cobicistat) | 800/150 | One table QD with food | | |
| Prezista® (darunavir) (DRV) | 75 or 150 or 600 or 800 or 100mg/mL | | | |
| Retrovir® (zidovudine) (ZDV) | | | | |
| Reyataz® (atazanavir) (ATV) | | | | |
| Rukobia (fostemsavir) | 600 | One tablet BID | | |
| Selzentry® (maraviroc) (MVC) | 150 or 300 | | | |
| Stribild™ (EVG/COBI/FTC/TDF) | 150/150/200/300 | One tablet QD with food | | |
| Sustiva® (efavirenz) (EFV) | | | | |
| Symfi (efavirenz/lamivudine/tenofovir disoproxil fumarate) | 600/300/300 | One tablet QD HS on an empty stomach | | |
| Symfi Lo (efavirenz/lamivudine/tenofovir disoproxil fumarate) | 400/300/300 | One tablet QD HS on an empty stomach | | |

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Patient: _____ DOB: _____

**ANTIRETROVIRALS (ARVS)**

| MEDICATION | STRENGTH (mg) | DOSING | QTY | REFILLS |
|---|---|---|---|---|
| Symtuza (darunavir/cobicistat/emtricitabine/ tenofovir alafenamide) | 800/150/200/10 | One tablet QD with food | | |
| Tivicay® (dolutegravir) (DTG) | 10 or 25 or 50 | | | |
| Triumeq® (abacavir/dolutegravir/lamivudine) | 600/50/300 | One tablet daily | | |
| Trizivir (ABC/3TC/ZDV) | 300/150/300 | One tablet BID (Q12 hours) | | |
| Truvada® (emtricitabine/tenofovir) | 200/300 | One tablet QD | | |
| Tybost (cobicistat) | 150 | One tablet QD with food | | |
| Videx (didanosine) (DDL) | | | | |
| Videx® EC (didanosine) (DDL) | | | | |
| Viracept® (nelfinavir) (NFV) | 250 or 625 | | | |
| Viramune® (nevirapine) (NVP) | 200 | | | |
| Viramune® XR™ (nevirapine ER) (NVP) | 400 | One tablet QD | | |
| Viread® (tenofovir) (TDF) | 300 | One tablet QD | | |
| Vitekta® (elvitegravir) | 85 or 150 | | | |
| Zerit® (stavudine) (D4T) | | | | |
| Ziagen® (abacavir) (ABC) | 300 | One tablet BID or two tablets daily | | |

**PRESCRIBER INFORMATION**

**INJECTION TRAINING: OFFICE TO COORDINATE WELLDYNE SPECIALTY TO COORDINATE**

Anticipated Start Date: _____ Prescriber Specialty: _____

Ship to: ☐ Patient ☐ Physician ☐ Clinic ☐ Other: _____

Fax #: _____ Contact Name: _____

Office Address: _____ City: _____ State: _____ Zip: _____

The terms and conditions posted at www.WellDyneSpecialty.com have been read by the person signing this form and are incorporated into this document by reference.

The data privacy terms posted at www.WellDyneSpecialty.com have been read by the person signing this form and are incorporated into this document by reference.

☐ I understand that WellDyne Specialty may transfer this prescription to another pharmacy as an agent of the prescriber if unable to dispense.

Prescriber's Name: _____ Prescriber's Signature: _____ Date: _____

☐ Use substitution ☐ Dispense as written