



HIV Enrollment Form

Fax Referral To: 1-888-280-1191 OR 787-759-4161
Phone: 1-888-280-1190 OR 787-759-4162
Email Referral To: Customer.ServiceFax@CVSHealth.com
Address: 280 Avenida Jesus T. Pinero Ste B Rio Piedras, PR 00927

Six Simple Steps to Submitting a Referral

1 PATIENT INFORMATION (Complete or include demographic sheet)

Patient Name: _____ DOB: _____
Address: _____ City, State, ZIP Code: _____
Gender: Male Female
Preferred Contact Methods: Phone (to primary # provided below) Text (to cell # provided below) Email (to email provided below)
Note: Carrier charges may apply. If unable to contact via text or email, Specialty Pharmacy will attempt to contact by phone.
Primary Phone: _____ Alternate Phone: _____
If **Minor**, Parent/Caregiver/Guardian Name (Last, First): _____
Relationship to minor: _____
Email: _____ Last Four of SSN: _____ Primary Language: _____

2 PRESCRIBER INFORMATION

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

3 INSURANCE INFORMATION Please fax copy of prescription and insurance cards with this form, if available (front and back)

4 DIAGNOSIS AND CLINICAL INFORMATION

Needs by Date: _____ Ship to: Patient Office Other: _____

Diagnosis (ICD-10):

- B18.0 Chronic Viral Hepatitis B with Delta Agent B18.1 Chronic Viral Hepatitis B without Delta-Agent
 B18.2 Chronic Viral Hepatitis C B20 Human Immunodeficiency Virus (HIV) Disease
 R64 Cachexia Z20.6 Contact with and (suspected) exposure to HIV
 Other Code: _____ Description: _____

Patient Clinical Information:

Allergies: _____ Weight: _____ lb/kg Height: _____ in/cm

Nursing:

Specialty Pharmacy to coordinate injection training/home health nurse visit as necessary? Yes No
Site of Care: MD office Infusion Clinic Outpatient Health Home Health

5 PRESCRIPTION INFORMATION

Single Regimen Oral:

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Biktarvy	<input type="checkbox"/> 50/200/25 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Complera	<input type="checkbox"/> 200/25/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Delstrigo	<input type="checkbox"/> 100/300/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Dovato	<input type="checkbox"/> 50/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Genvoya	<input type="checkbox"/> 150/200/150/10 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate*	<input type="checkbox"/> 600/200/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
*Brand no longer available for this drug			
<input type="checkbox"/> Juluca	<input type="checkbox"/> 50/25 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Odefsey	<input type="checkbox"/> 200/25/25 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Stribild	<input type="checkbox"/> 150/150/200/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Symfi	<input type="checkbox"/> 600/300/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Symfi Lo	<input type="checkbox"/> 400/300/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Symtuza	<input type="checkbox"/> 800/150/200/10 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Triumeq	<input type="checkbox"/> 600/50/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Triumeq PD	<input type="checkbox"/> 60/5/30 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____

Patient is interested in patient support programs

STAMP SIGNATURE NOT ALLOWED

Ancillary supplies and kits provided as needed for administration

6 PRESCRIBER SIGNATURE REQUIRED (STAMP SIGNATURE NOT ALLOWED)

"Dispense As Written" / Brand Medically Necessary / Do Not Substitute / No Substitution / DAW / May Not Substitute Prescriber's Signature: _____ Date: _____	May Substitute / Product Selection Permitted / Substitution Permissible Prescriber's Signature: _____ Date: _____
CA, MA, NC & PR: Interchange is mandated unless Prescriber writes the words "No Substitution" _____ ATTN: New York and Iowa providers, please submit electronic prescription	

The information provided above is true and accurate to the best of my knowledge, with supporting documentation in the patient's medical record. By signing above, I hereby authorize CVS Specialty Pharmacy and/or its affiliate pharmacies to complete and submit prior authorization (PA) requests to payors for the prescribed medication for this patient and to attach this Enrollment Form to the PA request as my signature.

HIV Enrollment Form

Please Complete Patient and Prescriber Information

Patient Name: _____ Patient DOB: _____

Prescriber Name: _____ Prescriber Phone: _____

5 PRESCRIPTION INFORMATION

Single Regimen Injectable:

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Cabenuva 600/900 mg Injection Kit	<input type="checkbox"/> 600/900 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Cabenuva 400/600 mg Injection Kit	<input type="checkbox"/> 400/600 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____

NRTIs:

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Cimduo	<input type="checkbox"/> 300/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Combivir	<input type="checkbox"/> 150/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Descovy	<input type="checkbox"/> 200/25 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Emtriva	<input type="checkbox"/> 200 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Epivir	<input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Epzicom	<input type="checkbox"/> 600/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Retrovir	<input type="checkbox"/> 100 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Temixys	<input type="checkbox"/> 300/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Trizivir	<input type="checkbox"/> 300/150/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Truvada	<input type="checkbox"/> 100/150 mg <input type="checkbox"/> 133/200 mg <input type="checkbox"/> 167/250 mg <input type="checkbox"/> 200/300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Videx EC	<input type="checkbox"/> 125 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 250 mg <input type="checkbox"/> 400 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Viread	<input type="checkbox"/> 150 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 250 mg <input type="checkbox"/> 300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Zerit	<input type="checkbox"/> 15 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> 30 mg <input type="checkbox"/> 40 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Ziagen	<input type="checkbox"/> 300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Zidovudine	<input type="checkbox"/> 100 mg <input type="checkbox"/> 300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____

NNRTIs:

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Edurant	<input type="checkbox"/> 25 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Intelence	<input type="checkbox"/> 25 mg <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Pifeltro	<input type="checkbox"/> 100mg tablet	<input type="checkbox"/> Take once daily with or without food	Quantity: _____ Refills: _____
<input type="checkbox"/> Sustiva	<input type="checkbox"/> 50 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 600 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Viramune	<input type="checkbox"/> 200 mg <input type="checkbox"/> 50 mg/ 5 mL	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Viramune XR	<input type="checkbox"/> 100 mg <input type="checkbox"/> 400 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____

Integrase Inhibitors:

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Apretude Injection Kit	<input type="checkbox"/> 600 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Isentress	<input type="checkbox"/> 400 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Isentress HD	<input type="checkbox"/> 600 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Tivicay	<input type="checkbox"/> 10 mg <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Tivicay PD	<input type="checkbox"/> 5 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Vocabria	N/A	All referrals must be sent through the HUB, ViiV Connect. Phone: 1-844-588-3288; Fax 1-844-208-7676	N/A

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Patient Name: _____ Patient DOB: _____

Prescriber Name: _____ Prescriber Phone: _____

5 PRESCRIPTION INFORMATION

Protease Inhibitors:

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Aptivus	<input type="checkbox"/> 250 mg <input type="checkbox"/> 100 mg/mL	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Crixivan	<input type="checkbox"/> 200 mg <input type="checkbox"/> 400 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Eviator	<input type="checkbox"/> 300/150 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Invirase	<input type="checkbox"/> 200 mg <input type="checkbox"/> 500 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Kaletra	<input type="checkbox"/> 100/25 mg <input type="checkbox"/> 200/50 mg <input type="checkbox"/> 80 mg - 20 mg/mL	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Lexiva	<input type="checkbox"/> 700 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Norvir	<input type="checkbox"/> 100 mg <input type="checkbox"/> 80 mg/mL	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Prezobix	<input type="checkbox"/> 800/150 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Prezista	<input type="checkbox"/> 75 mg <input type="checkbox"/> 150 mg <input type="checkbox"/> 600 mg <input type="checkbox"/> 800 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Reyataz	<input type="checkbox"/> 150 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Viracept	<input type="checkbox"/> 250 mg <input type="checkbox"/> 625 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____

Entry Inhibitors:

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Fuzeon	<input type="checkbox"/> 90 mg vial	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Selzentry	<input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____

Pharmacokinetic Enhancer:

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Tybost	<input type="checkbox"/> 150 mg	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____

Miscellaneous:

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Bactrim	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Diflucan	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Egrifta SV	NA	All referrals must be sent through the HUB, Egrifta Assist. Phone: 1-844-EGRIFTA or 1-844-347-4382; Fax 1-855-836-3069	Quantity: 0 Refills: 0
<input type="checkbox"/> Mytesi	125 mg tablet	<input type="checkbox"/> Take twice daily with or without food	Quantity: _____ Refills: _____
<input type="checkbox"/> Rukobia	600 mg Extended-Release	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Serostim	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Trogarzo	NA	All referrals must be sent through the HUB, Trogarzo Assist. Phone: 1-(833)-238-4372 Fax 1-(855)-836-3069	Quantity: 0 Refills: 0

Other:

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Quantity: _____ Refills: _____

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