Rx meijer specialty pharmacy

P: 1-855-263-4537 • F: 1-866-922-3220
www.meijerspecialtypharmacy.com

HIV
NNRTI'S, NRTI'S

Prescriber Information

Prescriber Name:	MD DO NP PA	NPI:
Office Contact:	Practice Name / Collaborating MD:	
Address:	City:	State:	Zip:
Phone:	Fax:	

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patients Name:	Last 4 Digits of SS#:	DOB: / /	Sex: M F	Weight:	Height:	Diabetic? Y N
Office Contact:	Practice Name / Collaborating MD:					
Address:	City:	State:	Zip:			
Home Phone:	Work/Cell:	HIPPA Contact:	Emergency #:			
Interpreter Needed? Y N	Allergies: Y N **If Yes, list allergies:**					

Insurance Information

Primary Insurance:	Policy ID:	Group #:	BIN:	PCN:
Policyholder Name:	Policyholder DOB: / /			

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES

ICD-10/Diagnosis Code:	B20 B21 B22 B23 B24	HIV/AIDS Cachexia (HIV Wasting)	Date of Diagnosis: / /	Patient Weight:	BMI:
CD4 / TCELL Count:	Viral Load (HIV RNA):	HGB / HCT:	White Blood Cell Count:	PrEp Therapy: Y N	

Prescription Information

	Medication	Dose/Strength	Sig	Qty	Refills
NNRTI'S	**EDURANT®**				
	INTELENCE®				
	PIFELTRO™				
	SUSTIVA®				
	VIRAMUNE®				
NRTI'S	**EMTRIVA®**				
	EPIVIR®				
	RETROVIR®				
	VIDEX®				
	VIREAD®				
	ZERIT®				
	ZIAGEN®				

Injection Training

Patient received injection training	Prescriber's office to provide injection training	Meijer to coordinate injection training

By signing this form and utilizing our services, you are authorizing Meijer and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature	Date	Prescriber Signature	Date
Substitution Permitted		Dispense as Written	

If brand is required, please write "DAW" in the box to the right.

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HIV
Combo/ARV's

Prescriber Information

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Office Contact: | Practice Name / Collaborating MD:

Address: | City: | State: | Zip:

Phone: | Fax:

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patients Name: | Last 4 Digits of SS#: | DOB: / / | Sex: M F | Weight: | Height: | Diabetic? Y N

Office Contact: | Practice Name / Collaborating MD:

Address: | City: | State: | Zip:

Home Phone: | Work/Cell: | HIPPA Contact: | Emergency #:

Interpreter Needed? Y N | Allergies: Y N **If Yes, list allergies:**

Insurance Information

Primary Insurance: | Policy ID: | Group #: | BIN: | PCN:

Policyholder Name: | Policyholder DOB: / /

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES

ICD-10/Diagnosis Code: B20 B21 B22 B23 B24 HIV/AIDS Cachexia (HIV Wasting) | Date of Diagnosis: / / | Patient Weight: | BMI:

CD4 / TCELL Count: | Viral Load (HIV RNA): | HGB / HCT: | White Blood Cell Count: | PrEp Therapy: Y N

Prescription Information

	Medication	Dose/Strength	Sig	Qty	Refills
COMBO/ARV'S	**APRETUDE**				
	ATRIPLA®				
	BIKTARVY®				
	CABENUVA				
	COMBIVIR®				
	COMPLERA®				
	DELSTRIGO™				
	DESCOVY®				
	DOVATO®				
	EPZICOM®				
	EVOTAZ®				
	GENVOYA®				
	JULUCA				
	ODEFSEY®				
	PREZOBIX®				
	RUKOBIA				
	STRIBILD®				
	SYMTUZA®				
	TRIUMEQ®				
	TRIZIVIR®				
	TRUVADA®				

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HIV

Integrase Inhibitors, Entry Inhibitors, Protease Inhibitors

Prescriber Information

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Office Contact:	Practice Name / Collaborating MD:	
Address:	City:	State: Zip:
Phone:	Fax:	

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patients Name:	Last 4 Digits of SS#:	DOB: / /	Sex: M F	Weight:	Height:	Diabetic? Y N
Office Contact:	Practice Name / Collaborating MD:					
Address:	City:	State:	Zip:			
Home Phone:	Work/Cell:	HIPPA Contact:	Emergency #:			
Interpreter Needed? Y N	Allergies: Y N **If Yes, list allergies:**					

Insurance Information

Primary Insurance:	Policy ID:	Group #:	BIN:	PCN:
Policyholder Name:	Policyholder DOB: / /			

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES

ICD-10/Diagnosis Code:	B20 B21 B22 B23 B24	HIV/AIDS Cachexia (HIV Wasting)	Date of Diagnosis: / /	Patient Weight:	BMI:
CD4 / TCELL Count:	Viral Load (HIV RNA):	HGB / HCT:	White Blood Cell Count:	PrEp Therapy: Y N	

Prescription Information

	Medication	Dose/Strength	Sig	Qty	Refills
PROTEASE INHIBITORS	**CRIXIVAN®**				
	INVIRASE®				
	KALETRA®				
	LEXIVA®				
	NORVIR®				
	PREZISTA®				
	REYATAZ®				
	VIRACEPT®				
INTEGRASE INHIBITORS	**ISENTRESS®**				
	TIVICAY®				
ENTRY INHIBITORS	**FUZEON®**				
	SELZENTRY®				

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