



# HIV Enrollment Form

Phone: 713-360-2100 or 1-855-497-7956 | Fax: 713-360-2105 or 1-855-497-7957  
 Ship To: Patient Physician Other Ship By: \_\_\_\_\_

## A to R Medication

**Patient Information**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: M F SSN: \_\_\_\_\_  
 Language: Eng Span Other: \_\_\_\_\_ Weight: \_\_\_\_\_ Lbs Kgs  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ NKDA

**Prescriber Information**

Prescriber: \_\_\_\_\_  
 DEA: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_  
 Initiate Appeal Reason: \_\_\_\_\_

**\*\* INSURANCE INFORMATION: PLEASE FAX COPY OF PRESCRIPTION CARD, FRONT AND BACK AS WELL AS ALL CLINIC NOTES \*\***

**Clinical Information**

Diagnosis ICD - 10: B20 HIV Other: \_\_\_\_\_ New to Current Therapy Yes No  
 CD4: \_\_\_\_\_ Date: \_\_\_\_\_ HIV RNA: \_\_\_\_\_ Date: \_\_\_\_\_

Medication	Strength	Directions	QTY	Refill
<b>Atripla</b>	600mg efavirenz, 200mg emtricitabine, 300mg tenofovir disoproxil fumarate	Take One (1) Tablet Orally Once Daily at Bedtime on an Empty Stomach	30	_____
<b>Complera</b>	25mg rilpivirine, 200mg emtricitabine, 300 mg tenofovir disoproxil fumarate	Take One (1) Tablet Orally Once a Day With a Meal	30	_____
<b>Descovy</b>	200mg emtricitabine, 25mg tenofovir alafenamide	Take One (1) Tablet Orally Once a Day	30	_____
<b>Edurant</b>	25mg rilpivirine	Take One (1) Tablet Orally Once a Day With a Meal	30	_____
<b>Emtriva</b>	200mg emtricitabine	Take One (1) Capsule Orally Once a Day	30	_____
<b>Epivir</b>	300mg lamivudine	Take One (1) Tablet Orally Once a Day	30	_____
	150mg lamivudine	Take One (1) Tablet Orally Twice a Day	60	_____
<b>Epzicom</b>	600mg abacavir, 300mg lamivudine	Take One (1) Tablet Orally Once a Day	30	_____
<b>Evotaz</b>	300mg atazanavir, 150mg cobistat	Take One (1) Tablet Orally Once a Day With Food	30	_____
<b>Genvoya</b>	150mg elvitegravir, 150 mg cobicistat, 200 mg emtricitabine, 10 mg tenofovir alafenamide fumarate	Take One (1) Tablet Orally Once a Day With Food	30	_____
<b>Intelece</b>	200mg etravirine	Take One (1) Tablet Orally Twice a Day After a Meal	60	_____
	100mg etravirine	Take Two (2) Tablets Orally Twice a Day After a Meal	120	_____
<b>Isentress</b>	400mg raltegravir	Take One (1) Tablet Orally Twice a Day	60	_____
<b>Norvir</b>	100mg ritonavir			_____
<b>Odefsey</b>	25mg rilpivirine, 200mg emtricitabine, 25mg tenofovir alafenamide fumarate	Take One (1) Tablet Orally Once a Day With a Meal	30	_____
<b>Prezcobix</b>	800mg darunavir, 150mg cobicistat	Take One (1) Tablet Orally Once a Day With Food	30	_____
<b>Prezista</b>	800mg darunavir	Take One (1) Tablet Orally Once a Day With Food	30	_____
	600mg darunavir	Take One (1) Tablet Orally Twice a Day With Food	60	_____
<b>Reyataz</b>	300mg atazanavir	Take One (1) Capsule Orally Once a Day With Food	30	_____
	400mg atazanavir	Take One (1) Capsule Orally Once a Day With Food	30	_____
Other Meds	Strength	Directions	QTY	Refil

**Additional Comments**

\_\_\_\_\_

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Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment. By signing this form and utilizing our services, you are authorizing BioCure LLC and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies and Co-pay Assistance Foundations



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Medication	Strength	Directions	QTY	Refill
Selzentry	150 mg maraviroc	Take One (1) Tablet Orally Twice a Day	60	_____
	300 mg maraviroc	Take One (1) Tablet Orally Twice a Day	60	_____
		Take Two (2) Tablets Orally Twice a Day	120	_____
Stribild	150mg elvitegravir, 150 mg cobicistat, 200mg emtricitabine, 300mg tenofovir disoproxil fumarate,	Take One (1) Tablet Orally Once a Day With Food	30	_____
Sustiva	600mg efavirenz	Take One (1) Tablet Orally Once a Day on an Empty Stomach at Bedtime	30	_____
	200mg efavirenz	Take Three (3) 200mg Capsules Once a Day on an Empty Stomach at Bedtime	90	_____
Tivicay	50mg dolutegravir	Take One (1) Tablet Orally Once a Day	30	_____
		Take One (1) Tablet Orally Twice a Day	60	_____
Triumeq	50mg dolutegravir, 600 mg abacavir, 300 mg lamivudine	Take One (1) Tablet Orally Once a Day	30	_____
Truvada	200mg emtricitabine, 300mg tenofovir disoproxil fumarate	Take One (1) Tablet Orally Once a Day	30	_____
Tybost	150mg cobicistat	Take One (1) Tablet Orally Once a Day With Food	30	_____
Viread	300mg tenofovir disoproxil fumarate	Take One (1) Tablet Orally Once a Day	30	_____
Ziagen	300mg abacavir	Take Two (2) Tablets Orally Once a Day	60	_____
		Take One (1) Tablet Orally Twice a Day	60	_____

Other Meds	Strength	Directions	QTY	Refill

**Additional Comments:**

\_\_\_\_\_

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Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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