

Fax Referral To: 1-877-232-5455

Address: 500 Ala Moana Blvd., Bldg 1 Honolulu, HI 96813

Six Simple Steps to Submitting a Referral PATIENT INFORMATION (Complete or include demographic sheet) Gender: Male Female Patient Name: City, State, ZIP Code: \_ Address: Preferred Contact Methods: Phone (to primary # provided below) Text (to cell # provided below) Email (to email provided below) Note: Carrier charges may apply. By providing the phone number(s) and email address above, you are consenting to receive automated calls, emails and/or text messages from CVS Specialty® about your prescription(s), account, and health care. Standard data rates apply. Message frequency varies. If unable to contact via text or email, Specialty Pharmacy will attempt to contact by phone. Email: \_\_\_\_\_ Last Four of SSN: \_\_\_\_\_ Primary Language: \_\_\_\_\_\_

Parent/Caregiver/Legal Guardian Name (Last, First): \_\_\_\_\_ Relationship to patient

DDESCRIPTO NATIONAL AND ADDRESS TO ADDRES Primary Phone: \_\_\_ \_\_\_ Alternate Phone: \_ 2 PRESCRIBER INFORMATION Prescriber's Name: \_\_\_\_\_ State License #: \_\_\_\_\_ NPI #: \_\_\_\_\_ DEA #: \_\_\_\_\_ 
Group or Hospital: \_\_\_\_\_ City, State, ZIP Code: Address: Fax Contact Person: Contact's Phone: Phone: INSURANCE INFORMATION Please fax copy of prescription and insurance cards with this form, if available (front and back) DIAGNOSIS AND CLINICAL INFORMATION (Attach copy of labs and clinical notes) Needs by Date: \_\_\_\_\_ Ship to: Patient Office Other: \_\_\_\_ Diagnosis (ICD-10): 🛾 B20 Human Immunodeficiency Virus (HIV) Disease 🔲 Z29.81 - Encounter for HIV pre-exposure prophylaxis 🔲 B18.0 Chronic Viral Hepatitis B with Delta Agent 💢 B18.1 Chronic Viral Hepatitis B without Delta-Agent R64 Cachexia ☐ B18.2 Chronic Viral Hepatitis C Other Code: \_\_\_\_\_ Description \_\_\_\_ Patient Clinical Information: \_ NKDA Weight: \_\_\_\_\_lb/kg Height: \_\_\_\_\_ in/cm Treatment status: New to therapy Continuation of therapy: Date of last treatment \_\_\_\_/\_\_\_/\_ CD4 Count \_\_\_\_\_ Baseline Viral load\_\_\_\_\_ Date of labs: Coinfection: None HCV HBV HLA-B\*5701 test: ☐ Negative ☐ Positive **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** Quantity: ☐ Biktarvy 50/200/25 mg Refills: Refills: ☐ Complera 200/25/300 mg Quantity: П 100/300/300 mg Refills: \_ Delstrigo Quantity: \_ ☐ Dovato 50/300 mg Quantity: Refills: ☐ Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate\* 600/200/300 mg Quantity: Refills: \*Brand no longer available for this drug ☐ Genvoya 150/200/150/10 mg Ouantity: Refills: ☐ 50/25 mg Quantity: Refills: U Juluca Odefsey 200/25/25 mg Quantity: Refills: Stribild 150/150/200/300 mg Quantity: Refills: 600/300/300 mg Symfi Quantity: Refills: Symfi Lo 400/300/300 mg Quantity: Refills: Refills: 800/150/200/10 mg Quantity: Quantity: Refills: ☐ Triumeq 600/50/300 mg ☐ Triumeq PD 60/5/30 mg Refills: Quantity: 6 PRESCRIBER SIGNATURE REQUIRED (STAMP SIGNATURE NOT ALLOWED) "Dispense As Written" / Brand Medically Necessary / Do Not Substitute / No Substitution / May Substitute / Product Selection Permitted / DAW / May Not Substitute Substitution Permissible Prescriber's Signature: Prescriber's Signature: 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.

Phone: 1-808-254-2727

NCPDP: 1203417

	hone:	
Prescriber P therapy Continuation of therapy: Date o ATION STRENGTH		
ATION STRENGTH		
ATION STRENGTH		
	DOSE & DIRECTIONS	
	DOSE & DIRECTIONS	OLIANTITY/DEELLO
1 110110 Hullibot. 1 000-001-0202	Fax Number: 1-866-279-1993	QUANTITY/REFILLS
	Loading dose (Month 1 & Month 2):	
600 mg/3mL single-dose vial of cabotegravir	Inject 3 mL into the muscle at month 1 and month 2, then every 2 months thereafter	Quantity: 1 dosing kit Refills: 1
600 mg/3mL single-dose vial of cabotegravir	Maintenance dose (Month 4+): Inject 3 mL into the muscle every 2 months	Quantity: 1 dosing kit
2 Phone Number: 1-855-801-8262	Fay Number 1-966-270-1003	
	Fax Number: 1-000-279-1993	
_	Loading dose (Month 1 & Month 2):	
600 mg/3 mL single-dose vial of cabotegravir + 900 mg/3 mL single-dose vial of rilpivirine	Inject 3 mL of cabotegravir and 3 mL of rilpivirine into the muscle once monthly for 2 months then maintenance dose as directed	Quantity: 1 dosing kit Refills: 1
☐ 600 mg/3 mL single-dose vial of cabotegravir + 900 mg/3 mL single-dose vial of rilpivirine  ☐ Maintenance dose (Month 4+): Inject 3 mL of cabotegravir and 3 mL of rilpivirine into the muscle every 2 months		Quantity: 1 dosing kit Refills:
Dosing	□ Looding door	Τ
600 mg/3 mL single-dose vial of cabotegravir + 900 mg/3 mL single-dose vial of rilpivirine	Inject 3 mL of cabotegravir and 3 mL of rilpivirine into the muscle on day 1. Follow with maintenance dose in 1 month	Quantity: 1 dosing kit Refills: <u>0</u>
400 mg/2 mL single-dose vial of cabotegravir + 600 mg/2 mL single-dose vial of rilpivirine	☐ Maintenance dose: Inject 2 mL of cabotegravir and 2 mL of rilpivirine into the muscle every month	Quantity: 1 dosing kit Refills:
Phone Number: 1-877-602-5889	Fax Number:1-877-733-3199	
	Loading dose Option 1 927 mg by subcutaneous injection (2 x 1.5 mL injections) and 600 mg orally (2 x 300 mg tablets) on Day 1 Then 600 mg orally (2 x 300 mg tablets) on Day 2	Loading dose 1 Quantity: (1) 300 mg-4 tablet blister pack (1) Injection dosing kit (contains 2 vials) Refills: 0
300 mg tablets 463.5 mg/1.5 mL vials	Loading dose Option 2 600 mg orally (2 x 300 mg tablets) on Day 1 600 mg orally (2 x 300 mg tablets) on Day 2 300 mg orally (1 x 300 mg tablet) on Day 8 Then 927 mg by subcutaneous injection (2 x 1.5 mL injections) on Day 15	Loading dose 2 Quantity: (1) 300 mg-5 tablet blister pack (1) Injection dosing kit (contains 2 vials) Refills: 0
	☐ Maintenance Dose	☐ Maintenance
	927 mg by subcutaneous injection (2 x 1.5 mL injections) every 6 months (26 weeks) from the date of the last injection (+/-2 weeks).	Quantity: (1) Injection dosing kit (contains 2 vials) Refills: 1
N/A	Please complete a Trogarzo Patient Enrollment and Consent form and indicate CVS Specialty as your preferred pharmacy provider.  The form may be accessed at https://www.trogarzo.com/hcp/patient-support/ or by calling 1-833-23-THERA (1-833-238-4372).  Fax enrollment form to 1-855-836-3069.	N/A
E REQUIRED (STAMP SIGNATURE NOT	ALLOWED)	
Date:	Substitution Permissible Prescriber's Signature:	Date:
	cabotegravir    600 mg/3mL single-dose vial of cabotegravir   Phone Number: 1-855-801-8262   Dosing	Cabotegravir   Cabo

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			and Prescriber Information	
		ent DOB:	Patient Phone:	
atient Address: _		<del>-</del>		
escriber Name:		Prescriber	Phone:	
	☐ New to therapy ☐ Continuation	of therapy: Date	e of last treatment///	
	ON INFORMATION			
RTIs:	STRENCTU		DOSE & DIRECTIONS	OHANTITY/DEFILLS
MEDICATION  Cimduo	<b>STRENGTH</b> ☐ 300/300 mg		DOSE & DIRECTIONS	QUANTITY/REFILLS  Quantity: Refills:
Lamivudine/				Quantity Renus
Zidovudine*				
*Brand no	☐ 150/300 mg			Quantity: Refills:
onger available				
or this drug				
Descovy	☐ 200/25 mg	<u> </u>		Quantity: Refills:
Emtriva	☐ 200 mg ☐ 300 mg			Quantity: Refills: Quantity: Refills:
Epivir Abacavir/	☐ 150 mg ☐ 300 mg	<u> </u>		Quantity: Refills:
Abacavii/ Lamivudine*				
Brand no	☐ 600/300 mg			Quantity: Refills:
onger available				
or this drug				
Retrovir	100 mg	<u> </u>		Quantity: Refills:
Truvada	100/150 mg 133/200 mg			Quantity: Refills:
	☐ 167/250 mg ☐ 200/300 mg ☐ 150 mg ☐ 200 mg	$\vdash$ $\sqcap$		Quantity: Refills:
Viread		□		Yuanuty Renus
Abacavir*				
Brand no				Quantity: Refills:
onger available	☐ 300 mg			
or this drug				
	П 400 П 000	$\vdash$		Oversity Pofiller
Zidovudine	☐ 100 mg ☐ 300 mg			Quantity: Refills:
Zidovudine	☐ 100 mg ☐ 300 mg			Quantity: Refills:
Zidovudine	☐ 100 mg ☐ 300 mg		DOSE & DIRECTIONS	Quantity: Refills: QUANTITY/REFILLS
Zidovudine  NRTIS:  MEDICATION			DOSE & DIRECTIONS	QUANTITY/REFILLS Quantity: Refills:
Zidovudine  NRTIs:  MEDICATION  Edurant	STRENGTH		DOSE & DIRECTIONS	QUANTITY/REFILLS
Zidovudine  NRTIs: MEDICATION Edurant Efavirenz	STRENGTH 25 mg 600 mg		DOSE & DIRECTIONS	QUANTITY/REFILLS Quantity: Refills: Quantity: Refills:
Zidovudine  NRTIs:  MEDICATION  Edurant  Efavirenz  Intelence	STRENGTH 25 mg 600 mg		DOSE & DIRECTIONS  e daily with or without food	QUANTITY/REFILLS  Quantity: Refills: Quantity: Refills:
Zidovudine  NRTIs: MEDICATION Edurant Efavirenz Intelence Pifeltro	STRENGTH  25 mg  600 mg  25 mg  100 mg 200 mg			QUANTITY/REFILLS Quantity: Refills: Ref
Zidovudine  NRTIs: MEDICATION Edurant Efavirenz Intelence Pifeltro Sustiva	STRENGTH  25 mg  600 mg  25 mg 100 mg 200 mg  100mg tablet  50 mg 200 mg	Take once		QUANTITY/REFILLS  Quantity: Refills: Quantity: Refills: Quantity: Refills: Refills: Refills: Refills: Refills: Quantity: Refills:
Zidovudine  NRTIs: MEDICATION Edurant Efavirenz Intelence Pifeltro Sustiva Viramune	STRENGTH  25 mg  600 mg  100 mg 25 mg 100 mg 200 mg 200 mg 50 mg/5 mL	Take once		QUANTITY/REFILLS  Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Refills: Refills:
Zidovudine  NRTIS:  MEDICATION  Edurant  Efavirenz  Intelence  Pifeltro  Sustiva	STRENGTH  25 mg  600 mg  25 mg 100 mg 200 mg  100mg tablet  50 mg 200 mg	Take once		QUANTITY/REFILLS  Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Refills: Quantity: Refills: Refills: Quantity: Quantity
Zidovudine  NRTIS: MEDICATION Edurant Efavirenz Intelence Pifeltro Sustiva Viramune Viramune XR	STRENGTH    25 mg	Take once		QUANTITY/REFILLS  Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Refills: Quantity: Refills: Refills: Quantity: Quantity
Zidovudine  NRTIs:  MEDICATION  Edurant  Efavirenz  Intelence  Pifeltro  Sustiva  Viramune  Viramune XR	STRENGTH    25 mg	Take once		QUANTITY/REFILLS  Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Refills: Quantity: Refills: Refills: Quantity: Quantity
Zidovudine  NRTIs:  MEDICATION  Edurant  Efavirenz  Intelence  Pifeltro  Sustiva  Viramune  Viramune XR	STRENGTH    25 mg	Take once	e daily with or without food	QUANTITY/REFILLS  Quantity: Refills: Refills: Quantity: Refills: Refills: Quantity: Qu
Zidovudine  NRTIs: MEDICATION Edurant Efavirenz Intelence Pifeltro Sustiva Viramune Viramune XR  tegrase Inhibitor MEDICATION	STRENGTH    25 mg	Take once	e daily with or without food	QUANTITY/REFILLS  Quantity: Refills: Quantity: Quantity: Refills: Quantity: Quanti
Zidovudine  NRTIS: MEDICATION Edurant Edurant Intelence Pifeltro Sustiva Viramune Viramune XR  tegrase Inhibitor MEDICATION Isentress Isentress HD	STRENGTH    25 mg	Take once	e daily with or without food	QUANTITY/REFILLS  Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Refills: Quantity: Refills: Quantity: Refills: Refills: Quantity: Refills: Refills: Refills: Quantity: Refills: Refills: Quantity: Refills: Refills: Quantity: Refills:
Zidovudine  NRTIS:  MEDICATION  Edurant  Efavirenz  Intelence  Pifeltro  Sustiva  Viramune  Viramune XR  Tegrase Inhibitor  MEDICATION  Isentress  Isentress HD  Tivicay	STRENGTH    25 mg		e daily with or without food	QUANTITY/REFILLS  Quantity: Refills: Refills: Refills: Quantity: Refills: Refills: Quantity: Refills: Refills: Quantity: Refills: Refills:
Zidovudine  NRTIs: MEDICATION Edurant Edurant Intelence Pifeltro Sustiva Viramune Viramune XR  tegrase Inhibitor MEDICATION Isentress Isentress HD Tivicay Tivicay PD	STRENGTH		e daily with or without food  DOSE & DIRECTIONS	QUANTITY/REFILLS  Quantity: Refills: Refills: Quantity: Refills: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Quantity: Refills: Refills: Quantity: Quantity: Refills: Quantity: Quantit
Zidovudine  NRTIs:  MEDICATION  Edurant  Efavirenz  Intelence  Pifeltro  Sustiva  Viramune  Viramune XR  Tegrase Inhibitor  MEDICATION  Isentress  Isentress HD  Tivicay	STRENGTH    25 mg		e daily with or without food	QUANTITY/REFILLS  Quantity: Refills: Quantity: Qua
Zidovudine  NRTIS:  MEDICATION  Edurant  Efavirenz  Intelence  Pifeltro  Sustiva  Viramune  Viramune  Viramune XR  MEDICATION  Isentress  Isentress HD  Tivicay  Tivicay PD  Vocabria	STRENGTH		e daily with or without food  DOSE & DIRECTIONS  st be sent through the HUB, ViiV	QUANTITY/REFILLS  Quantity: Refills: Quantity: Qu
Zidovudine  NRTIs: MEDICATION Edurant Efavirenz Intelence Pifeltro Sustiva Viramune Viramune XR  MEDICATION Isentress Isentress HD Tivicay Tivicay PD Vocabria	STRENGTH		e daily with or without food  DOSE & DIRECTIONS  st be sent through the HUB, ViiV	QUANTITY/REFILLS  Quantity: Refills: Quantity: Qua
Zidovudine  NRTIs:  MEDICATION  Edurant  Efavirenz  Intelence  Pifeltro  Sustiva  Viramune  Viramune XR  MEDICATION  Isentress  Isentress HD  Tivicay  Tivicay PD  Vocabria	STRENGTH    25 mg		e daily with or without food  DOSE & DIRECTIONS  st be sent through the HUB, ViiV e: 1-844-588-3288; Fax 1-844-208-7	QUANTITY/REFILLS  Quantity: Refills: Quantity: Quantity: Refills: Quantity: Quan
Zidovudine  NRTIS: MEDICATION Edurant Efavirenz Intelence Pifeltro Sustiva Viramune XR  Negrase Inhibitor Isentress Isentress HD Tivicay Tivicay PD Vocabria  ntry Inhibitors: MEDICATION Selzentry	STRENGTH    25 mg	All referrals mu	e daily with or without food  DOSE & DIRECTIONS  st be sent through the HUB, ViiV e: 1-844-588-3288; Fax 1-844-208-7  DOSE & DIRECTIONS	QUANTITY/REFILLS  Quantity: Refills:
Zidovudine  NRTIS:  MEDICATION  Edurant  Efavirenz  Intelence  Pifeltro  Sustiva  Viramune XR  NITEGRATION  ISENTIESS  ISENTIESS HD  Tivicay  Tivicay PD  Vocabria  NITY Inhibitors:  MEDICATION  Selzentry  PRESCRIBER	STRENGTH    25 mg	All referrals mu Connect. Phone	e daily with or without food  DOSE & DIRECTIONS  st be sent through the HUB, ViiV e: 1-844-588-3288; Fax 1-844-208-7  DOSE & DIRECTIONS  JRE NOT ALLOWED)	QUANTITY/REFILLS  Quantity: Refills: Refills: Quantity: Refills: Refills: Refills: Quantity: Refills: Refills: Quantity: Refills: Refills: Quantity:
Zidovudine  NRTIS:  MEDICATION  Edurant  Efavirenz  Intelence  Pifeltro  Sustiva  Viramune  Viramune XR  MEDICATION  Isentress  Isentress HD  Tivicay  Tivicay PD  Vocabria  ntry Inhibitors:  MEDICATION  Selzentry  PRESCRIBER	STRENGTH    25 mg	All referrals mu Connect. Phone	e daily with or without food  DOSE & DIRECTIONS  st be sent through the HUB, ViiV e: 1-844-588-3288; Fax 1-844-208-7  DOSE & DIRECTIONS  JRE NOT ALLOWED)	QUANTITY/REFILLS  Quantity: Refills: Refills: Quantity: Refills: Refills: Refills: Quantity: Refills: Refills: Quantity: Refills: Refills: Quantity:

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	Please Co	omplete Patient a	and Prescriber Information			
Patient Name:			Patient Phone:			
Prescriber Name:		Prescriber	Phone:			
reatment status:	」New to therapy ∐ Continua	tion of therapy: Date	of last treatment//_			
	NINFORMATION					
rotease Inhibitors:	2.2.0					
MEDICATION	STREN	NGTH	DOSE & DIRECTIONS	i		
Aptivus	250 mg 100 mg/mL			Quantity: Refills: Quantity: Refills:		
Evotaz	300/150 mg		U			
☐ Kaletra	☐ 100/25 mg ☐ 200/50 n ☐ 80 mg – 20 mg/mL	ng	U	Quantity: Refills:		
Fosamprenavir*						
*Brand no longer available for this	☐ 700 mg		L	Quantity: Refills:		
drug						
Norvir	☐ 100 mg ☐ 80 mg/mL		ΙΠ	Quantity: Refills:		
Prezcobix	□ 800/150 mg			Quantity: Refills:		
Prezista	75 mg 150 mg 6	00 mg		Quantity: Refills:		
	☐ 150 mg ☐ 200 mg ☐ 30			Quantity: Refills:		
Reyataz		ou mg				
Viracept	250 mg 625 mg		<u> </u>	Quantity: Refills:		
ttachment Inhibito			DOGE & DIDECTIONS			
MEDICATION	STRENGTH		DOSE & DIRECTIONS	QUANTITY/REFILLS		
Rukobia	600 mg Extended-Release	<u> </u>		Quantity: Refills:		
<u>harmacokinetic En</u>						
MEDICATION	STRENGTH		DOSE & DIRECTIONS	QUANTITY/REFILLS		
Tybost	☐ 150 mg	<u> </u>		Quantity: Refills:		
letabolic Support:	OTDENOT!					
MEDICATION	STRENGTH		DOSE & DIRECTIONS	QUANTITY/REFILLS		
		Please complete	an Egrifta SV Patient Enrollment an	d		
		Consent Form an	nd indicate CVS Specialty as your			
☐ Egrifta SV	N/A		acy provider. The form may be	N/A		
		accessed at http:	s://hcp.egriftasv.com/ or by calling	1		
			(1-833-238-4372).			
	Fax enrollment form to 1-855-836-3069.					
Serostim		<u> </u>		Quantity: Refills:		
upportive Therapy:						
MEDICATION	STRENGTH		DOSE & DIRECTIONS	QUANTITY/REFILLS		
☐ Bactrim		U		Quantity: Refills:		
Diflucan				Quantity: Refills:		
 Mytesi	125 mg tablet	☐ Take twice d	laily with or without food	Quantity: Refills:		
ther:	-	•				
MEDICATION	STI	RENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS		
Other:			L]	Quantity: Refills:		
Other:	П			Quantity: Refills:		
Patient is interested in pa		STAMP SIGNATURE	I Ancillary supplie	es and kits provided as needed for administration		
	SIGNATURE REQUIRED (S		,			
"Dispense As Written"	/ Brand Medically Necessary / Do Not S	Substitute / No Substitution	/ May Substitute / Product Selectio	n Permitted /		
DAW / May Not Substitu	ute		Substitution Permissible	Substitution Permissible		
Prescriber's Sign	ature:	Dato	Prescriber's Signature: _	Date:		

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Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

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