LeMed
SPECIALTY PHARMACY

HIV

2417 3rd Ave, Ste 406
Bronx, NY 10451
Phone: 347-913-4656
Fax: 718-231-2727

Patient Information - Please send demographic sheet and a copy of the patient's insurance cards				
Patient Name:		Date of Birth:	☐ Male ☐ Female	
Address:		City:	State:	Zip:
Mobile Phone:		Home Phone:	Language:	
Allergies **(Required):** ☐ NKDA		Height:	Weight:	SSN:
Medication Delivery Options: ☐ Patient's Home ☐ Hospital/Clinic Office ☐ Bedside **Delivery Address:**				

Prescriber Information			
Practice Name:	Office Contact:		
Prescriber:	NPI:	DEA:	
Practice Address:	City:	State:	Zip:
Phone Number:	Fax Number:		

Clinical Information - Please send all available chart notes including lab results			
ICD-10:	**CrCl:**	**VL:**	**CD4 Count:**
Therapies tried and failed with length of treatments:			

Medication Name	Strength	Dose/Frequency
☐ Atripla	600/300/200 mg	Take 1 tablet by mouth daily
☐ Biktarvy	50/200/25 mg	Take 1 tablet by mouth daily
☐ Combivir	150/300 mg	Take 1 tablet by mouth twice daily
☐ Complera	200/25/300 mg	Take 1 tablet by mouth daily
☐ Delstrigo	100/300/100 mg	Take 1 tablet by mouth daily
☐ Descovy	200/25 mg	Take 1 tablet by mouth daily
☐ Dovato	50/300 mg	Take 1 tablet by mouth daily
☐ Edurant	25 mg	Take 1 tablet by mouth daily
☐ Emtriva	200 mg	Take 1 capsule by mouth daily
☐ Epivir	150 mg	Take 1 tablet by mouth twice daily
☐ Epivir	300 mg	Take 1 tablet by mouth daily
☐ Epzicom	600/300 mg	Take 1 tablet by mouth daily
☐ Evotaz	300/150 mg	Take 1 tablet by mouth daily
☐ Genvoya	150/150/10/200 mg	Take 1 tablet by mouth daily
☐ Intelence	200 mg	Take 1 tablet by mouth twice daily
☐ Isentress	400 mg	Take 1 tablet by mouth twice daily
☐ Juluca	50/25 mg	Take 1 tablet by mouth daily
☐ Nevirapine	200 mg	Take 1 tablet by mouth twice daily
☐ Norvir	100 mg	Take 1 tablet by mouth daily or twice daily
☐ Odefsey	25/200/25 mg	Take 1 tablet by mouth daily

Medication Name	Strength	Dose/Frequency
☐ Pifeltro	100 mg	Take 1 tablet by mouth daily
☐ Prezista	600 mg	Take 1 tablet by mouth twice daily
☐ Prezista	800 mg	Take 1 tablet by mouth daily
☐ Prezcobix	800/150 mg	Take 1 tablet by mouth daily
☐ Reyataz	300 mg	Take 1 tablet by mouth daily
☐ Selzentry	150 mg	Take 1 tablet by mouth twice daily
☐ Selzentry	300 mg	Take 1 tablet by mouth twice daily
☐ Stribild	150/150/300/200 mg	Take 1 tablet by mouth daily
☐ Sustiva	600 mg	Take 1 tablet by mouth daily
☐ Symtuza	800/150/200/10 mg	Take 1 tablet by mouth daily
☐ Tivicay	50 mg	Take 1 tablet by mouth daily
☐ Triumeq	50/300/600 mg	Take 1 tablet by mouth daily
☐ Truvada	200/300 mg	Take 1 tablet by mouth daily
☐ Tybost	150 mg	Take 1 tablet by mouth daily
☐ Viramune XL	400 mg	Take 1 tablet by mouth daily
☐ Viread	300 mg	Take 1 tablet by mouth daily
☐ Ziagen	300 mg	Take 1 tablet by mouth twice daily
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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 below, I hereby authorize LeMed Specialty Pharmacy and/or its affiliate pharmacies to facilitate benefits investigations, complete and submit prior authorization (PA) requests, appeals, step edits and other processes necessary to obtain coverage for prescribed medications, to sign any necessary forms on my behalf of my patients, and to attach its Enrollment Form to the PA request as my signature.

***Fax does not constitute a valid prescription as per NYS Board of Pharmacy. Please electronically prescribe order.**

Prescriber Signature: _____ **Date:** _____