Zarina Pharmacy
SPECIALTY & INFUSION

Infectious Disease

Fax: 832-886-4298 Phone: 832-886-4296 zarinapharmacy.com

Need By Date: _____ Ship To: ☐ Patient ☐ Office ☐ Other _____ Fax Copy: ☐ Rx Card Front/Back ☐ Clinical Notes ☐ Medical Card Front/Back

Patient Information

Patient Name	
Address	
City State ZIP	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	☐Female ☐Male

Prescriber Information

Prescriber Name		
Address		
City State ZIP		
Phone	Fax	
Contact Person		
DEA #	NPI #	License #

Clinical Information

Primary Diagnosis: ☐ B20 HIV/AIDS ☐ PREP; ICD-10: _____ ☐ PEP; ICD-10: _____		Comorbidities: ☐ B18.1 Hepatitis B (chronic) ☐ B18.2 Hepatitis C (chronic) ☐ R64: Cachexia (HIV wasting) ☐ Other: _____	
CD4 Cell Count	Viral Load/HIV RNA	CrCl	Date of Lab
Is Patient Currently on Therapy: ☐ No ☐ Yes		Has Patient Been Treated Previously for this Condition: ☐ No ☐ Yes If Yes, Medication: _____	
Drug Allergies		Weight ☐ kg ☐ lbs	Status: ☐ New ☐ Restart ☐ Continuing

Medication	Dose/Strength	Directions	Qty	Refills
Complete Regimens				
☐ Atripla®	600 mg-300 mg-200 mg Tablet	1 tablet by mouth once daily on empty stomach	_____	_____
☐ Biktarvy®	50 mg-25 mg-200 mg Tablet	1 tablet by mouth once daily	_____	_____
☐ Cabenuva®	☐ Oral Lead-In (Theracon distributed) (cabotegravir 30 mg tablet/ rilpivirine 25 mg tablet)	1 tablet by mouth once daily with food/ 1 tablet by mouth once daily with food	30 30	None None
	Every 2-Month Dosing ☐ 600 mg-900 mg Injections	☐Load: 2 injections intramuscularly on month 1 and 2, and 2 injections every 2 months thereafter ☐Maintenance: 2 injections intramuscularly every 2 months	1 Kit 1 Kit	1 Refill _____
	Once Monthly Dosing ☐ Initiation Injections (600 mg-900 mg) ☐ Continuation Injections (400 mg-600 mg)	2 injections intramuscularly, once 2 injections intramuscularly, monthly	1 Kit 1 Kit	None _____
☐ Complera®	25 mg-300 mg-200 mg Tablet	1 tablet by mouth once daily with food	_____	_____
☐ Delstrigo®	100 mg-300 mg-300 mg Tablet	1 tablet by mouth once daily	_____	_____
☐ Dovato®	50 mg-300 mg Tablet	1 tablet by mouth once daily	_____	_____
☐ Genvoya®	150 mg-150 mg-10 mg-200 mg Tablet	1 tablet by mouth once daily with food	_____	_____
☐ Juluca®	50 mg-25 mg Tablet	1 tablet by mouth once daily with food	_____	_____
☐ Odefsey®	25 mg-25 mg-200 mg Tablet	1 tablet by mouth once daily with food	_____	_____
☐ Stribild®	150 mg-150 mg-300 mg-200 mg Tablet	1 tablet by mouth once daily with food	_____	_____
☐ Symfi®	600 mg-300 mg-300 mg Tablet	1 tablet by mouth once daily on empty stomach	_____	_____
☐ Symfi Lo®	400 mg-300 mg-300 mg Tablet	1 tablet by mouth once daily on empty stomach	_____	_____
☐ Symtuza®	800 mg-150 mg-10 mg-200 mg Tablet	1 tablet by mouth once daily with food	_____	_____
☐ Triumeq®	50 mg-600 mg-300 mg Tablet	1 tablet by mouth once daily	_____	_____

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_____ _____ _____ _____

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Drug Allergies	Weight ☐ kg ☐ lbs / Status: ☐ New ☐ Restart ☐ Continuing

Medication	Dose/Strength	Directions	Qty	Refills
NRTI				
☐ Cimduo®	300 mg-300 mg Tablet	1 tablet by mouth once daily	_____	_____
☐ Combivir®	300 mg-150 mg Tablet	1 tablet by mouth twice daily	_____	_____
☐ Descovy®	25 mg-200 mg Tablet	1 tablet by mouth once daily	_____	_____
☐ Emtriva®	☐ 200 mg Capsule ☐ 10 mg/mL Solution	_____	_____	_____
☐ Epivir®	☐ 100 mg Tablet ☐ 150 mg Tablet ☐ 300 mg Tablet ☐ 5 mg/mL Solution ☐ 10 mg/mL Solution	_____	_____	_____
☐ Epzicom®	600 mg-300 mg Tablet	1 tablet by mouth once daily	_____	_____
☐ Retrovir®	☐ 100 mg Tablet ☐ 300 mg Tablet ☐ 10 mg/mL Soutioln	_____	_____	_____
☐ Temyxis®	300 mg-300 mg Tablet	1 tablet by mouth once daily	_____	_____
☐ Truvada®	☐ 300-200 mg Tablet ☐ 250-167 mg Tablet ☐ 200-133 mg Tablet ☐ 150-100 mg Tablet	1 tablet by mouth once daily	_____	_____
☐ Viread®	300 mg Tablet	1 tablet by mouth once daily	_____	_____
☐ Ziagen®	300 mg Tablet	☐ 1 tablet by mouth twice daily ☐ 2 tablets by mouth once daily	_____	_____
NNRTI				
☐ Edurant®	25 mg Tablet	1 tablet by mouth once daily with food	_____	_____
☐ Intelence®	☐ 25 mg Tablet ☐ 100 mg Tablet ☐ 200 mg Tablet	_____	_____	_____
☐ Pifeltro®	100 mg Tablet	1 tablet by mouth once daily	_____	_____
☐ Sustiva®	☐ 50 mg Tablet ☐ 200 mg Tablet ☐ 600 mg Tablet	1 tablet by mouth once daily on empty stomach	_____	_____
☐ Viramune®	☐ 200 mg Tablet ☐ 50 mg/5 mL Soln	_____	_____	_____
☐ Viramune XR®	☐ 100 mg Tablet ☐ 400 mg Tablet	_____	_____	_____
Integrase Inhibitor				
☐ Isentress®	☐ 400 mg Tablet ☐ 600mg Tablet	_____	_____	_____
☐ Tivicay®	50 mg Tablet	☐ For naive: 1 tablet by mouth once daily ☐ For experienced: 1 tablet by mouth twice daily	_____	_____
Entry Inhibitor				
☐ Fuzeon®	90 mg/1 mL Soln	1 mL (90 mg) under the skin twice daily	_____	_____
☐ Rukobia®	600 mg Tablet	1 tablet by mouth twice daily	_____	_____
☐ Selzentry®	☐ 150 mg Tablet ☐ 300 mg Tablet	_____	_____	_____

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Medication	Dose/Strength	Directions	Qty	Refills
PK Booster				
☐ Norvir®	☐ 100 mg Tablet ☐ 80mg/mL Solution	_____	_____	_____
☐ Tybost®®	150 mg Tablet	1 tablet by mouth once daily with food	_____	_____
Protease Inhibitors (PI)				
☐ Aptivus®	☐ 250 mg Capsule ☐ 100 mg/mL Solution	_____	_____	_____
☐ Crixivan®	☐ 400 mg Capsule	☐ 2 capsules by mouth every 8 hours on empty stomach ☐ Take 2 capsules by mouth with NORVIR® twice daily	_____	_____
☐ Evotaz®	300 mg-150 mg Tablet	1 tablet by mouth once daily with food	_____	_____
☐ Kaletra®	☐ 100-25 mg Tablet ☐ 200-50 mg Tablet ☐ 80 mg-20 mg/mL Solution	_____	_____	_____
☐ Lexiva®	☐ 700 mg Tablet ☐ 50 mg/mL Susp	_____	_____	_____
☐ Prezcobix®	800 mg-150 mg Tablet	1 tablet by mouth once daily with food	_____	_____
☐ Prezista®	☐ 75 mg Tablet ☐ 150 mg Tablet ☐ 600 mg Tablet ☐ 800 mg Tablet ☐ 100 mg/mL Susp	_____	_____	_____
☐ Reyataz®	☐ 150 mg Capsule ☐ 200 mg Capsule ☐ 300 mg Capsule ☐ 50 mg Packet	_____	_____	_____
☐ Viracept®	☐ 250 mg Capsule ☐ 625 mg Capsule	_____	_____	_____
PrEP Only Regimen				
☐ Apretude	☐ Oral Lead-In (Theracom distributed; optional) (cabotegravir 30 mg tablet)	1 tablet by mouth once daily with food	30	None
	☐ 600 mg Injection	☐ Load: 1 injection intramuscularly on month 1 and 2, then 1 injection every 2 months thereafter ☐ Maintenance: 1 injection intramuscularly every 2 months	1 Kit 1 Kit	1 Refill _____
Growth Hormone				
☐ Egrifta SV®	2 mg Vial	Inject 1.4 mg under the skin once daily	30	_____
☐ Serostim®	☐ 4 mg Vial ☐ 5 mg Vial ☐ 6 mg Vial	Inject _____ mg under the skin once daily at bedtime	28	_____
Ancillary	☐ BD 3 mL 20 g x 1" Syringe ☐ 30 g x 0.5" Needles	Use as directed with SEROSTIM®	QS	_____ _____
Other				
☐				
☐				

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