

# HIV PRESCRIPTION FORM

Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

**altScripts Specialty Pharmacy**  
 1636 Miller Park Way, West Milwaukee, WI 53214  
 Phone: 414-385-9500 Fax: 414-385-7200  
 www.altscripts.com



Patient Information: please provide a copy of the patient's insurance card or information				
Patient Name:	DOB:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	HT:	WT:
Address:	City:	State:	Zip Code:	Phone:
Insurance:	Subscriber's name:	ID#:	Group #:	
Allergies: <input type="checkbox"/> NKDA <input type="checkbox"/> List allergies:				
Medication / Dose	Directions	Quantity	Refills	
NRTI/NRTI (Nucleoside/Nucleoside Reverse Transcriptase Inhibitor "Nuke")				
Combivir (lamivudine/zidovudine or 3TC/AZT) <input type="checkbox"/> 150 mg/300 mg				
Emtriva (emtricitabine or FTC) <input type="checkbox"/> 200 mg				
Epivir (lamivudine or 3TC) <input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg				
Epzicom (abacavir/lamivudine or ABC/3TC) <input type="checkbox"/> 600 mg/300 mg				
Retrovir (zidovudine, AZT, or ZDV) <input type="checkbox"/> 100 mg <input type="checkbox"/> 300 mg				
Trizivir (abacavir/lamivudine/ zidovudine or ABC/3TC/AZT) <input type="checkbox"/> 300 mg/ 150 mg/300 mg				
Truvada (emtricitabine/tenofovir DF or FTC/TDF) <input type="checkbox"/> 200 mg/300 mg				
Videx EC (didanosine or DDI) <input type="checkbox"/> 125 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 250 mg <input type="checkbox"/> 400 mg				
Viread (tenofovir disoproxil fumarate or TDF) <input type="checkbox"/> 300 mg				
Zerit (stavudine or d4T) <input type="checkbox"/> 15 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> 30 mg <input type="checkbox"/> 40 mg				
Ziagen (abacavir sulfate or ABC) <input type="checkbox"/> 300 mg				
NNRTI (Non-Nucleoside Reverse Transcriptase Inhibitor "Non-Nuke")				
Endurant (rilpivirine HCL or RPV) <input type="checkbox"/> 25 mg				
Intencele (etravirine or ETV) <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg				
Rescriptor (delavirdine or DLV) <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg				
Sustiva (efavirenz or EFV) <input type="checkbox"/> 600 mg				
Viramune (neviapine or NVP) <input type="checkbox"/> 200 mg				
Viramune XR <input type="checkbox"/> 400 mg				
PI (Protease Inhibitor)				
Aptivis (tipranavir or TPV) <input type="checkbox"/> 250 mg				
Crixivan (indinavir or IDV) <input type="checkbox"/> 400 mg				
Invirase (saquinavir or SQV) <input type="checkbox"/> 500 mg				
Kaletra (lopinavir/ritonavir or LPV/R) <input type="checkbox"/> 100 mg/25 mg <input type="checkbox"/> 200 mg/50 mg				
Lexiva (fosamprenavir Ca or FPV) <input type="checkbox"/> 700 mg				
Norvir (ritonavir or RTV) <input type="checkbox"/> 100 mg				
Prezista (darunavir or DRV) <input type="checkbox"/> 600 mg <input type="checkbox"/> 800 mg				
Reyataz (atazanavir sulfate or ATV) <input type="checkbox"/> 100 mg <input type="checkbox"/> 150 mg <input type="checkbox"/> 200 mg <input type="checkbox"/> 300 mg				
Viracept (nelfinavir or NFV) <input type="checkbox"/> 250 mg <input type="checkbox"/> 625 mg				
INSTI (Integrase Inhibitor )				
Isentress (raltegravir or RAL) <input type="checkbox"/> 400 mg				
Tivicay (dolutegravir or DTG) <input type="checkbox"/> 50 mg				
Entry Inhibitor				
Selzentry (maraviroc or MVC) <input type="checkbox"/> 150 mg <input type="checkbox"/> 300 mg				
STR (Single Tablet Regimen)				
Atripla (efavirenz/emtricitabine/tenofovir DF or EFV/FTC/TDF) <input type="checkbox"/> 600 mg/ 200 mg/300 mg				
Complera (efavirenz/emtricitabine/tenofovir DF or EFV/FTC/TDF) <input type="checkbox"/> 600 mg/ 200 mg/300 mg				
Stribild (elvitegravir/cobicistat/emtricitabine/ tenofovir DF or EVG/COBI/FTC/TDF) <input type="checkbox"/> 150 mg/ 150 mg/250 mg/ 300 mg				
Triumeq (dolutegravir/abacavir/lamivudine or DTG/ABC/3TC) <input type="checkbox"/> 50 mg/ 600 mg/ 300 mg				
<input type="checkbox"/> Other				
Physician Information				
Prescriber name:	Phone:	Office contact name:		
Prescriber address:	City:	State:	Zip:	
NPI:	DEA:	Fax and/or Email:		
Prescriber signature:	Date:	<input type="checkbox"/> DO NOT SUBSTITUTE		

**Important Notice:** This facsimile transmission is intended to be delivered only to the named recipient(s), and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named recipient, immediately notify the sender at the address and phone number set forth herein and obtain instructions as to properly dispose of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except authority of the sender to the named addressee.