

For assistance, contact your pharmacy representative: _____ Phone: _____ (For providers only)

PLEASE CONSIDER SENDING YOUR PRESCRIPTION ELECTRONICALLY. ALL OF OUR PHARMACY LOCATIONS ACCEPT ELECTRONIC PRESCRIPTIONS.

Note: This form is intended for prescriber use only, if faxed, the fax must come from MD office or hospital (may not be faxed by patient).

Central Pharmacy: _____
 Retail/Community Pharmacy Fax: _____ Pharmacy Phone: _____
Date Needed: _____ Ship To: Prescriber's Office Patient's Home Other: _____

PATIENT INFORMATION

Patient name: _____ DOB: _____ Male Female
Address: _____ City: _____ State: _____ Zip code: _____
Phone # (Daytime): _____ Phone # (Evening): _____
Insurance provider (Please include copy of front and back of card): _____
ID #: _____ Policy/Group #: _____ Phone #: _____ Patient is eligible for Medicare

CLINICAL ASSESSMENT – Please complete ALL sections to avoid delays in filling prescription

Is this medication for HIV prevention? Yes No If for prevention: PrEP PEP Patient is new to therapy Patient is currently on therapy Start date: _____
ICD-10 code: _____ ICD-10 description: _____
Recent HIV RNA: _____ Date: _____ Recent CD4: _____ cells/mm³ Date: _____
HLA-B*5701 Present Reactive N/A Allergies: _____
To assist with facilitating the prior authorization, please attach the following documents where appropriate. Please indicate the document(s) attached:
 Failed therapies Recent laboratory results CCR5/CXCR4 Tropism Assay Recent office notes Copy of front and back of insurance card

Single Tablet Regimens

Atripla 600/200/300mg
Directions: _____ Qty _____ Refills _____
 Biktarvy 50/200/25mg
Directions: _____ Qty _____ Refills _____
 Complera 200/25/300mg
Directions: _____ Qty _____ Refills _____
 Delstrigo 100/300/300mg
Directions: _____ Qty _____ Refills _____
 Genvoya 150/150/200/10mg
Directions: _____ Qty _____ Refills _____
 Juluca 50/25mg
Directions: _____ Qty _____ Refills _____
 Odefsey 200/25/25mg
Directions: _____ Qty _____ Refills _____
 Stribild 150/150/200/300mg
Directions: _____ Qty _____ Refills _____
 Symfi 600/300/300mg
Directions: _____ Qty _____ Refills _____
 Symfi Lo 400/300/300mg
Directions: _____ Qty _____ Refills _____
 Symtuza 800/150/200/10mg
Directions: _____ Qty _____ Refills _____
 Triumeq 600/50/300mg
Directions: _____ Qty _____ Refills _____

Prezista 75mg 150mg 600mg 800mg
Directions: _____ Qty _____ Refills _____
 Reyataz 50mg 150mg 200mg 300mg
Directions: _____ Qty _____ Refills _____
 Viracept 250mg 625mg
Directions: _____ Qty _____ Refills _____

NNRTI

Edoxan 25mg
Directions: _____ Qty _____ Refills _____
 Intelence 25mg 100mg 200mg
Directions: _____ Qty _____ Refills _____
 Pifeltro 100mg
Directions: _____ Qty _____ Refills _____
 Sustiva 50mg 200mg 600mg
Directions: _____ Qty _____ Refills _____
 Virmune XR 100mg 400mg
Directions: _____ Qty _____ Refills _____

NRTI

Cimduo 300/300mg
Directions: _____ Qty _____ Refills _____
 Combivir 150/300mg
Directions: _____ Qty _____ Refills _____
 Descovy 200/25mg
Directions: _____ Qty _____ Refills _____
 Emtriva 200mg
Directions: _____ Qty _____ Refills _____
 EpiVir 150mg 300mg
Directions: _____ Qty _____ Refills _____
 Epzicom 600/300mg
Directions: _____ Qty _____ Refills _____
 Trizivir 300/150/300mg
Directions: _____ Qty _____ Refills _____
 Truvada 200/300mg
Directions: _____ Qty _____ Refills _____
 Viread 150mg 200mg 250mg 300mg
Directions: _____ Qty _____ Refills _____
 Ziagen 300mg
Directions: _____ Qty _____ Refills _____
 Zidovudine 100mg 300mg
Directions: _____ Qty _____ Refills _____

Entry Inhibitors

Fuzeon 90mg vial
Directions: _____ Qty _____ Refills _____
 Selzentry 150mg 300mg
Directions: _____ Qty _____ Refills _____

Other

Directions: _____ Qty _____ Refills _____

Integrase Inhibitors

Isentress 400mg
Directions: _____ Qty _____ Refills _____
 Isentress HD 600mg
Directions: _____ Qty _____ Refills _____
 Tivicay 10mg 25mg 50mg
Directions: _____ Qty _____ Refills _____
 Vitekta 85mg 150mg
Directions: _____ Qty _____ Refills _____

Pharmacokinetic Enhancers

Norvir 100mg
Directions: _____ Qty _____ Refills _____
 Tybost 150mg
Directions: _____ Qty _____ Refills _____

Protease Inhibitors

Evox 300/150mg
Directions: _____ Qty _____ Refills _____
 Kaletra 200/50mg 100/25mg
Directions: _____ Qty _____ Refills _____
 Lexiva 700mg
Directions: _____ Qty _____ Refills _____
 Prezobix 800/150mg
Directions: _____ Qty _____ Refills _____

PRESCRIBER INFORMATION

Prescriber's name: _____ Practice/facility: _____
Address: _____ City: _____ State: _____ Zip code: _____
Office contact: _____ Phone: _____ Fax: _____
Email: _____ Best time to call: _____ Preferred method of contact: Email Phone Fax
State license #: _____ DEA #: _____ NPI #: _____ Medicaid UPIN #: _____

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary" or your state specific required language after their signature. I certify that the above therapy is medically necessary and that the information above is accurate to the best of my knowledge. Prescriber's signature required on one of the lines below.

Dispense as written

Substitution permitted

Date

The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber. The document(s) accompanying this transmission may contain confidential health information that is legally protected. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted or required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents. Drug names are the property of their respective owners.