

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).



HIV Treatment and Prevention Prescription/Pharmacy Intake Form

Pharmacy: _____ 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 documents(s) attached: Failed therapies Recent laboratory results CCR5/CXCR4 Tropism Assay Recent office notes Copy of front and back of insurance card

Long Acting Injectable Therapy

Cabenuva 600mg/900mg Kit (first month, after completing oral lead in therapy) Directions: _____ Qty _____ Refills Cabenuva 400mg/600mg Kit (on going injections) Directions: _____ Qty _____ Refills

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 Dovato 50/300mg 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

Integrase Inhibitors

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

Pharmacokinetic Enhancers

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

Protease Inhibitors

Eviataz 300/150mg Directions: _____ Qty _____ Refills Kaletra 200/50mg 100/25mg Directions: _____ Qty _____ Refills Lexiva 700mg 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.

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Drug names are the property of their respective owners.