Prescriber’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 932 Hendersonville Road

DEA #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite 106

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asheville, NC 28803

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (828)222-4269

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Patient Information:** Please complete the following.

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Contact: Phone Email

# **Insurance Information**

Plan Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RxPCN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RXBIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Clinical Information:** Please send most recent clinical notes, current medications, labs and tests to expedite the Prior authorization Process.

Diagnosis:B20 HIV Z20.6 Exposure to HIV Other HIV RNA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CD4/T-cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hgb/Hct:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this medication for PrEP: Y N Coinfections: HCV HBV Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_lbs Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in.

Date of Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Treatment naïve:Y N Prior Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication** | **Strength (mg)** | **Directions** | **QTY** | **Refills** | **Medication** | **Strength** | **Directions** | **QTY** | **Refill** |
| **Combination Therapies** | | | | | **Nucleoside Reverse Transcriptase Inhibitors (NRTI's)** | | | | |
| Atripla |  |  |  |  | Epivir |  |  |  |  |
| Biktarvy |  |  |  |  | Emtriva |  |  |  |  |
| Cimduo |  |  |  |  | Retrovir |  |  |  |  |
| combivir |  |  |  |  | Viread |  |  |  |  |
| Complera |  |  |  |  | Ziagen |  |  |  |  |
| Delstrigo |  |  |  |  | **Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI's)** | | | | |
| Descovy |  |  |  |  | Edurant |  |  |  |  |
| Epzicom |  |  |  |  | Intelence |  |  |  |  |
| Evotaz |  |  |  |  | Pifeltro |  |  |  |  |
| Genvoya |  |  |  |  | Sustiva |  |  |  |  |
| Juluca |  |  |  |  | Viramune |  |  |  |  |
| Kaletra |  |  |  |  | **Protease Inhibitors** | | | | |
| Odefsy |  |  |  |  | Aptivus |  |  |  |  |
| Prezcobix |  |  |  |  | Invirase |  |  |  |  |
| Stribild |  |  |  |  | Lexiva |  |  |  |  |
| Symfi |  |  |  |  | Norvir |  |  |  |  |
| Symfi Lo |  |  |  |  | Prezista |  |  |  |  |
| Symtuza |  |  |  |  | Reyataz |  |  |  |  |
| Triumeq |  |  |  |  | **Integrase Inhibitors** | | | | |
| Trizivir |  |  |  |  | Isentress |  |  |  |  |
| Truvada |  |  |  |  | IsentressHD |  |  |  |  |
|  |  |  |  |  | Tivicay |  |  |  |  |
| **CCRV Antagonists** | | | | | **Fusion Inhibitors** | | | | |
| Selzentry |  |  |  |  | Fuzeon |  |  |  |  |