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 |  |  |  |  |