



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Prescriber: \_\_\_\_\_ NPI: \_\_\_\_\_ ICD 10: \_\_\_\_\_ CrCl: \_\_\_\_\_ VL: \_\_\_\_\_ CD4 count: \_\_\_\_\_

**Please FAX recent clinical notes, labs, tests with the prescription to expedite Prior Authorization**

X	Medication Name	Strength	Dose/Frequency	DAW?	Quantity	Refills
	Atripla	600/300/200 mg	Take 1 tablet QD			
	Blktarvy	50/200/25 mg	Take 1 tablet QD			
	Combivir	150/300 mg	Take 1 tablet BID			
	Complera	200/25/300 mg	Take 1 tablet QD			
	Delstrigo	100/300/100 mg	Take 1 tablet QD			
	Descovy	200/25 mg	Take 1 tablet QD			
	Edurant	25 mg	Take 1 tablet QD			
	Emtriva	200 mg	Take 1 capsule QD			
	Epivir	150 mg	Take 1 tablet BID			
	Epivir	300 mg	Take 1 tablet QD			
	Epzicom	600/300 mg	Take 1 tablet QD			
	Evotaz	300/150 mg	Take 1 tablet QD			
	Genvoya	150/150/10/200 mg	Take 1 tablet QD			
	Intelence	200 mg	Take 1 tablet BID			
	Isentress	400 mg	Take 1 tablet BID			
	Juluca	50/25 mg	Take 1 tablet QD			
	Norvir	100 mg	Take 1 tablet QD or BID			
	Odefsey	25/200/25 mg	Take 1 tablet QD			
	Prezista	600 mg	Take 1 tablet BID			
	Prezista	800 mg	Take 1 tablet QD			
	Prezcobix	800/150 mg	Take 1 tablet QD			
	Selzentry	150 mg	Take 1 tablet BID			
	Selzentry	300 mg	Take 1 tablet BID			
	Stribild	150/150/300/200 mg	Take 1 tablet QD			
	Sustiva	600 mg	Take 1 tablet QD			
	Symtuza	800/150/200/10 mg	Take 1 tablet QD			
	Tivicay	50 mg	Take 1 tablet QD			
	Triumeq	50/300/600 mg	Take 1 tablet QD			
	Truvada	200/300 mg	Take 1 tablet QD			
	Viread	300 mg	Take 1 tablet QD			
	Ziagen	300 mg	Take 1 tablet BID			

**IMPORTANT NOTICE:** This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.

**\*\* FAX DOES NOT CONSTITUTE A VAILD PRESCRIPTION AS PER NY STATE BOARD OF PHARMACY. KINDLY E-PRESCRIBE TO US \*\***