Avella | briova Rx

HIV Enrollment Form

✂ Please detach before submitting to a pharmacy – tear here.

PATIENT INFORMATION

Patient Name ______________________

Address ______________________

City, State, Zip ______________________

Preferred phone number __________ Alternate Phone __________

DOB __________ Gender __________

Language Preference: ☐ English ☐ Spanish ☐ Other __________

Allergies/Comments ______________________

Concomitant Medications ______________________

Weight __________ kg/lbs Height __________ cm/in

PRESCRIBER INFORMATION

Prescriber's Name ______________________

DEA ______________________

NPI ______________________

Group/Hospital ______________________

Address ______________________

City, State, ZIP ______________________

Phone __________ Fax __________

Contact Person __________ Phone __________

INSURANCE INFORMATION *(Must fax a copy of patient's insurance card including both sides)*

Prior Authorization Reference number: ______________________

DIAGNOSTIC/CLINICAL INFORMATION | *Please fax recent clinical notes, Labs, Tests, with the prescription to expedite the Prior Authorization*

Diagnosis: __________ ICD-10: __________ Serum Creatinine: __________

CD4 Count: __________ Viral Load: __________ Date of Labs: __________

PrEP: ☐ Yes ☐ No

Hep B test compleed? ☐ Yes ☐ No

Hep C test completed? ☐ Yes ☐ No

HLA-B*5701 test completed? ☐ Yes ☐ No

☐ Naïve to Treatment Therapy

☐ Experienced to Treatment Therapy

PRESCRIPTION INFORMATION

Medication	Dose/Strength	Directions	Qty	Refills
☐ Biktarvy	☐ 50/200/25 mg tablet			
☐ Cimduo	☐ 300/300 mg tablet			
☐ Descovy	☐ 200/25 mg tablet			
☐ Dovato	☐ 50/300 mg tablet			
☐ Epzicom	☐ 600/300 mg tablet			
☐ Genvoya	☐ 150/150/200/10 mg tablet			
☐ Intelence	☐ 25 mg tablet ☐ 100 mg tablet ☐ 200 mg tablet			
☐ Isentress	☐ 25 mg chewable tablet ☐ 100 mg chewable tablet ☐ 100 mg granules for suspension ☐ 400 mg tablet			
☐ Isentress HD	☐ 600 mg tablet			
☐ Juluca	☐ 50/25 mg tablet			
☐ Norvir	☐ 100 mg tablet ☐ 100 mg powder ☐ 80 mg/mL solution			

Medication	Dose/Strength	Directions	Qty	Refills
☐ Odefsey	☐ 200/25/25 mg tablet			
☐ Prezcobix	☐ 800/150 mg tablet			
☐ Prezista	☐ 75 mg tablet ☐ 150 mg tablet ☐ 600 mg tablet ☐ 800 mg tablet ☐ 100 mg/mL suspension			
☐ Reyataz	☐ 150 mg capsule ☐ 200 mg capsule ☐ 300 mg capsule ☐ 50 mg oral powder			
☐ Symtuza	☐ 800/150/200/10 mg tablet			
☐ Tivicay	☐ 10 mg tablet ☐ 25 mg tablet ☐ 50 mg tablet			
☐ Triumeq	☐ 600/50/300 mg tablet			
☐ Truvada	☐ 100/150 mg tablet ☐ 133/200 mg tablet ☐ 167/250 mg tablet ☐ 200/300 mg tablet			
☐				
☐				

Ship to: ☐ Patient ☐ Office ☐ Other __________ Date __________ Needs by Date __________

Prescriber Authorization: I authorize this pharmacy and its representatives to act as my authorized agent to secure coverage and initiate the insurance prior authorization process for my patient(s), and to sign any necessary forms on my behalf as my authorized agent, including the receipt of any required prior authorization forms and the receipt and submission of patient lab values and other patient data. In the event that this pharmacy determines that it is unable to fulfill this prescription, I further authorize this pharmacy to forward this information and any related materials related to coverage of the product to another pharmacy of the patient's choice or in the patient's insurer's provider network.

☐ Product Substitution permitted ☐ Dispense as Written

Prescriber's Signature __________ Date: __________ Supervising Physician Signature: __________ Date: __________

Electronic or digital signatures not accepted.

CONFIDENTIALITY STATEMENT: This communication is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent responsible for delivery of the communication, you are hereby notified that any dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone.