

Patient Information [Attach copy of front and back of insurance card(s)]

Patient's First Name: _____ Patient's Last Name: _____ Date of Birth: ___/___/___ Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone Number: (____) _____ Alt. Phone Number (____) _____ Caregiver name: _____

Clinical [Attach copy of labs and office notes]

Diagnosis code: _____ Baseline Viral Load: _____ CD4 count: _____ Date of Labs: ___/___/___
 Regimen status: New to regimen Continuation of regimen, start date: ___/___/___ Co-infections: None HCV HBV Other: _____
 Previously treated: No Yes, previous regimen _____ SrCr: _____ mg/dL, CrCl _____ mL/min, Date of SrCr: ___/___/___
 Weight: _____ kg lb Height: _____ cm in Allergies: NKDA Other _____

	MEDICATION	DIRECTIONS	QUANTITY	REFILLS
Single Tablet Regimens	<input type="checkbox"/> Atripla (EFV/FTC/TDF) 600/200/300 mg tablet	1 tab PO QHS on an empty stomach	_____	_____
	<input type="checkbox"/> Complera (RPV/FTC/TDF) 25/200/300 mg tablet	1 tab PO once daily with food	_____	_____
	<input type="checkbox"/> Genvoya (EVG/COBI/FTC/TAF) 150/150/200/10 mg tablet	1 tab PO once daily with food	_____	_____
	<input type="checkbox"/> Odefsey (RPV/FTC/TAF) 25/200/25 mg tablet	1 tab PO once daily with food	_____	_____
	<input type="checkbox"/> Stribild (EVG/COBI/FTC/TDF) 150/150/200/300 mg tablet	1 tab PO once daily with food	_____	_____
	<input type="checkbox"/> Trumeq (DTG/ABC/3TC) 50/600/300 mg tablet	1 tab PO once daily with or without food	_____	_____
NRTI Combinations	<input type="checkbox"/> Descovy (FTC/TAF) 200/25 mg tablet	1 tab PO once daily with or without food	_____	_____
	<input type="checkbox"/> Epzicom (3TC/ABC) 300/600 mg tablet	1 tab PO once daily with or without food	_____	_____
	<input type="checkbox"/> Truvada (FTC/TDF) 200/300 mg tablet	1 tab PO once daily with or without food	_____	_____
INSTIs	<input type="checkbox"/> Isentress (raltegravir) 400 mg tablet	1 tab PO BID with or without food	_____	_____
	<input type="checkbox"/> Tivicay (dolutegravir) 50 mg tablet	<input type="checkbox"/> 1 tab PO once daily with or without food <input type="checkbox"/> 1 tab PO BID with or without food	_____	_____
PI Combinations	<input type="checkbox"/> Evotaz (atazanavir/cobicistat) 300/150 mg tablet	1 tab PO once daily with food	_____	_____
	<input type="checkbox"/> Kaletra (lopinavir/ritonavir) 200/50 mg tablet	<input type="checkbox"/> 2 tabs PO BID with or without food <input type="checkbox"/> 4 tabs PO once daily with or without food	_____	_____
	<input type="checkbox"/> Prezcoibix (darunavir/cobicistat) 800/150 mg tablet	1 tab PO once daily with food	_____	_____
PIs	<input type="checkbox"/> Prezista (darunavir) tablet	<input type="checkbox"/> 800 mg tab PO once daily with food <input type="checkbox"/> 600 mg tab PO BID with food	_____	_____
	<input type="checkbox"/> Reyataz (atazanavir) 300 mg capsule	1 capsule PO once daily with food	_____	_____
Boosters	<input type="checkbox"/> Norvir (ritonavir) 100 mg tablet	1 tab PO daily with or without food	_____	_____
	<input type="checkbox"/> Tybost (cobicistat) 150 mg tablet	1 tab PO daily with food	_____	_____
NNRTIs	<input type="checkbox"/> Edurant (rilpivirine) 25 mg tablet	1 tab PO once daily with food	_____	_____
	<input type="checkbox"/> Sustiva (efavirenz) 600 mg tablet	1 tab PO QHS on an empty stomach	_____	_____
	<input type="checkbox"/> Other: _____	_____	_____	_____
	<input type="checkbox"/> Other: _____	_____	_____	_____

Prescriber Information [Ship to prescriber: Never Always First fill only, appointment date: ___/___/___] Use Cover My Meds: Yes No

Name: _____ DEA# _____ NPI# _____
 Address: _____ City: _____ State: _____ Zip: _____
 Office Phone Number: (____) _____ Fax Number: (____) _____ Office Contact: _____

I authorize Publix Pharmacy representatives to act on behalf of the prescriber to initiate and complete the insurance prior authorization process.

Prescriber's signature: _____ Date _____
 (stamps not accepted) Substitution allowed Dispense as written/ Do not substitute

For states requiring hand written expressions to prevent substitution, write here: