PrEP Referral Form

Faxed prescriptions will only be accepted from an authorized prescriber. Prescribers are reminded patients may choose any pharmacy of their choice

1. Patient Information

Patient Name: _____ Birthdate: _____ Sex: ☐Male ☐Female Weight_____ ☐lbs. ☐kg
Height: _____ ☐in ☐cm Known Allergies_____
Preferred Phone: _____
Address: _____ City: _____ State_____ Zip: _____

Insurance Information: Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical)

2. Prescriber Information

Prescriber Name: _____ NPI#_____ Tax ID#_____
Address: _____ Phone: _____ Fax: _____
City, State, Zip: _____ Key Contact: _____

3. Diagnosis/Clinical Information

CrCl: _____Date:_____ **HIV RNA**: _____Date:_____
Pregnancy:_____Date:_____ **CD4 Count**: _____ **Date**: _____

TB Testing:_____Date: _____ **Resistance Testing:** ☐ Yes ☐ No
HLA-B*5701 Testing:_____Date:_____ **Results:** _____
STI Testing: ☐ Yes ☐ No **HCV Coinfection:** ☐ Yes ☐ No
HIV Antibody Results: ☐ Positive ☐ Negative ☐ None Positive (Record positive results below) **HBV Coinfection:** ☐ Yes ☐ No
HBV Status: _____

Concurrent Medications:

Medication	Dosing	Indication	Plan
			☐Continue ☐Stop ☐Change: _____
			☐Continue ☐Stop ☐Change: _____
			☐Continue ☐Stop ☐Change: _____
			☐Continue ☐Stop ☐Change: _____
			☐Continue ☐Stop ☐Change: _____

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

4. Prescription Information

Medication	Dose/Strength	Sig	QTY.	Refills
☐ ☐ Truvada ® (Tenofovir disoproxil fumarate-emtricitabine)	☐ Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg tablet	☐ One tablet by mouth once daily.		
☐ ☐ Descovy ® (Tenofovir Alafenadmide-emtricitabine)	☐ Emtricitabine 200 mg/tenofovir alafenamide 25 mg	☐ One tablet by mouth once daily.		

Dispensing Options: ☐Patient ☐ Prescriber's Office

Prescriber Signature: Prescriber, please sign and date below

Dispense as Written Date	Substitution Permitted Date

I authorize Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.