

PRIOR AUTHORIZATION REQUEST

Nucleoside Reverse Transcriptase Inhibitors, non-nukes (NNRTIs) Medications

PATIENT:	Address: City, State, D.O.B	Zip	Prescriber:	NameAddress City, State, Zip Phone Fax NPI	
		Medication F Edurant® Intelence® Pifeltro® (Rescriptor® Sustiva®	(rilprivine) (etravirine) doravirine) (delaviridine		
	Qty Requested:				
Your patient's prescription benefit requires that we review certain requests for coverage with the prescriber. You have prescribed a medication for your patient that requires Prior Authorization before benefit coverage or coverage of additional quantities can be provided. Please complete the following questions then fax this form to the toll free number listed below. Upon receipt of the completed form, prescription benefit coverage will be determined based on the plan's rules. SECTION A Please answer the following questions 1. Yes No Has the member been diagnosed as having a positive test for an HIV-1 infection?					
2. 🗆 Ye	s 🗆 No	Has the patient tried and faile	tests show	ne®> or shows resistance to ring plasma HIV RNA VL >200	
Please document the diagnoses, symptoms, and/or any other information important to this review:					
SEC	TION B	Physician Signature			
		PHYSICIAN SIGNATURE		DATE	
SEC	TION C	References:			

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf. Section accessed [11/2019]

FAX COMPLETED FORM TO: 877-251-5896

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

If you have any questions, call: 800-753-2851