Antivirals: HIV– rilpivirine (Edurant®)

Please fax this completed form to (833) 645-2734 OR mail to: Pharmacy Services| 5 River Park Place East, Suite 210 | Fresno, CA 93720. You can also complete online at CoverMyMeds.com.

Coordinated Care of Washington, Inc. Preferred Drug list: *https://www.coordinatedcarehealth.com/content/dam/centene/centene-pharmacy/pdl/FORMULARY-CoordinatedCare_Washington.pdf*

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID or Coordinated Care ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength	Directions for use	Qty/Days supply	

1. Is this request for a continuation of therapy? ☐ Yes ☐ No
   If yes, does the patient have a previous history of medication use with Edurant (rilpivirine) within the last 6 months? ☐ Yes ☐ No

2. Indicate patient's diagnosis:
   ☐ HIV-1 Treatment.
   Which other ART medication will be used in combination with rilpivirine (Edurant)?
   ☐ Other. Specify:

3. Will the patient be using rilpivirine (Edurant) in combination with cabotegravir? ☐ Yes ☐ No

4. Is patient ART experienced? ☐ Yes ☐ No
   If yes, has patient had virologic suppression for at least 6 months (HIV-1 RNA < 50 copies/mL)?
   ☐ Yes ☐ No

5. HIV-1 RNA copies/mL

6. Is the patient's body weight greater than or equal to 35 kg? ☐ Yes ☐ No

7. Will the patient be using any of the following medications? (check all that apply)
   ☐ Carbamazepine ☐ Dexamethasone (more than a single dose treatment)
   ☐ Oxcarbazepine ☐ Phenobarbital ☐ Phenytoin
   ☐ Rifampin ☐ Rifapentine ☐ St John's Wort
   ☐ Proton pump inhibitors (i.e. esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole)

CHART NOTES, LABS and TESTS ARE REQUIRED WITH THIS REQUEST

Prescriber signature	Prescriber specialty	Date

Pharmacy Services will respond via fax or phone within 24 hours of receipt of the request. Requests for prior authorization must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)