



PRIOR AUTHORIZATION REQUEST: JULUCA (dolutegravir/rilpivirine)

Please fax form to Amida Care: 1-646-786-0997

MEMBER INFORMATION

Name:	Amida Care ID #:
Phone #:	Address:

PRESCRIBER INFORMATION

Name:	NPI:
Office Phone #:	Office Fax #:
Address:	
Contact Person:	

REQUESTED MEDICATION INFORMATION

Medication Name: Juluca (dolutegravir/rilpivirine)	Strength: dolutegravir 50 mg / rilpivirine 25 mg
Dosage Form: Tablet	
Dosing: Recommended Dose: <input type="checkbox"/> One tablet once daily <input type="checkbox"/> When used with rifabutin, take an additional 25-mg tablet of rilpivirine with Juluca once daily for the duration of the rifabutin use	

MEDICAL DIAGNOSIS AND CLINICAL CRITERIA

Please provide labs/documentation required for verification of questions.

- Please provide documentation of Hepatitis B virus (HBV) status. (Check appropriate box.)**
 - HBV negative
 - Concurrent HBV is being treated
 - Neither (**Please provide explanation and documentation**)
- Please provide documentations of two (2) most recent lab values for HIV viral load obtained within 6 months. (Check appropriate box.)**
 - Patient on ARVs and recent viral load under 50 copies/mL
 - Patient electing not to be on ARVs
 - Neither (**Please provide explanation and documentation**)
- Please provide the most recent documentations of the resistance test result.**

CLINICAL INFORMATION

There is absence of **ALL** contraindications of drugs.

Yes
 No

Is there any additional information the prescribing provider feels is important to this review? Please specify below.

Please call 646-757-7615 with questions or additional info. You may also provide us with your contact information and the best time to reach you in the space at the top of this document.

Prescriber or Authorized Signature

Date