



FLORIDA DEPARTMENT OF HEALTH

Prescription Program Authorization

Plan Name: FLORIDA DEPARTMENT OF HEALTH (FDL)

Eligible Client/Patient: _____

Date of Service: _____

Medication/Quantity: _____

Prescribing Physician: _____

Authorization Signature: _____

Pharmacy Input Code: _____

PHARMACY STAFF PLEASE NOTE:

This authorization is for the attached prescription only

Covered ARV's include but are not limited to: Dolutegravir (Tivicay), Emtricitabine (Emtriva), Lamivudine (Epivir), Nevirapine (Viramune), Raltegravir (Isentress) and Zidovudine (Retrovir).

Quantity Limitations – 42-day supply

Please file this authorization form with the prescription

No refills allowed

Please contact Michelle Battles, Linkage Team Lead at 850-901-6716 or Michelle.Battles@flhealth.gov with any questions related to the voucher.
