FLORIDA DEPARTMENT OF HEALTH

Prescription Program Authorization

Plan Name: FLORIDA DEPARTMENT OF HEALTH (FDFL)

Eligible Client/Patient: _____

Date of Service: _____

Medication/Quantity: _____

Prescribing Physician: _____

Authorization Signature:_____

Pharmacy Input Code:_____

PLEASE NOTE: This authorization is for the attached prescription only. Quantity is limited to 42-day supply. No refills allowed.

Covered ARV's include but are not limited to:

- Dolutegravir (Tivicay)
- Emtricitabine (Emtriva)
- Lamivudine (Epivir)
- Nevirapine (Viramune)
- Raltegravir (Isentress)
- Zidovudine (Retrovir)

Walgreens Billing Codes:

Input code: FDFL; Group Name: FDFL1; Rec. ID: Patient's last name; Bin: 014468; PCN: FDFL

If you have any questions or need assistance, please contact the appropriate staff below.

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