Approximately 10 days before the time another supply is needed (only one month's supply will be sent at a time), please complete and return by mail or fax to:

Merideth Bochenek
HIV, STD and Hepatitis Programs
450 West State Street, 4th floor
P.O. Box 83720
Boise, ID 83720-0036

Program Phone: (208) 334-6527
Direct Phone: (208) 334-6657
Fax: 208-332-7346
Email: IdahoADAP@dhw.idaho.gov

All medications will be sent by FEDX 2nd-Day delivery from A-S Medication Solutions. Your patient ID number will be the same as the PO number on the package slip.

Idaho AIDS Drug Assistance Program Re-order Form

Physician:
Office:
Street Address:
City, State, Zip:

Patient ID Number:
Date of Last Order:

PLEASE ORDER ONLY ONE (1) MONTH SUPPLY.

____ Acyclovir, 400 mg TABS (60)

____ Atripla 600/200/300, TABS (#30)

____ **Azithromax, 600mg TABS (#8)**

____ Biaxin XL, 500mg TABS (#30) (Clarithoromycin)

____ Combivir, 150/300mg TABS (#60)

____ Complera, 200/25/300 TABS (#30)

____ Crixvan, 400mg CAPS (#180)

____ Dapsone, 100mg TABS (#100)

____ Edurant, 25mg TABS (#30)

____ Epivir, 150mg TABS (#60)

____ Epivir, 300mg TABS (#30)

____ Epzicom, 600/300mg TABS (#30)

____ Fuzeon, 90mg KIT (#1) ***Requires Medical Review**

____ Isentress, 400mg TABS (#60)

____ Intelence, 100mg TABS (#120)

____ Intelence, 200mg TABS (#60)

____ Kaletra, 200/50mg TABS (#120)

____ Lexiva, 700mg TABS (#60)

____ Norvir 100mg **TABS** (#30)

____ Prezista, 600mg TABS (#60)

____ Prezista, 800mg TABS (#30)

____ Reyataz, 150mg CAPS (#60)

____ Reyataz, 200mg CAPS (#60)

____ Reyataz, 300mg CAPS (#30)

____ TMP/SMZ/DS, 800/160mg TABS (#30)

____ Selzentry, 150mg TABS (#60) ***Requires HIV Tropism Lab**

____ Selzentry, 300mg TABS (#60) ***Requires HIV Tropism Lab**

____ Stavudine (Zerit), 20mg CAPS (#60)

____ Stavudine (Zerit), 40mg CAPS (#60)

____ Stribild150/150/200/300, TABS (#30)

____ Sustiva, 600mg TABS (#30)

____ Tivicay, 50mg TABS (#30)

____ Trizivir, 300/150/300mg TABS (#60)

____ Triumeq, 600/50/300mg TABS (#30)

____ Truvada, 200/300mg TABS (#30)

____ Valtrex, 500mg TABS (#30)

____ Valtrex, 1gm TABS (#30)

____ Videx EC, 250mg CPDR (#30

____ Videx EC, 400mg CPDR (#30)

____ Viracept, 250mg TABS (#300)

____ Viracept, 625mg TABS (#120)

____ Viramune, 200mg TABS (#60)

____ Viramune XR, 400mg TABS (#30)

____ Viread, 300mg TABS (#30)

____ Ziagen, 300mg TABS (#60)

____ Zidovudine (Retrovir), 300mg TABS (#60)

____ Zithromax, 250mg TABS (#30)

_____
Physicians Signature