reliance|rx℠
15 Earhart Drive, Suite 101, Amherst, NY 14221

FUZEON AUTHORIZATION AND RE-AUTHORIZATION REQUEST

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name:	Today's Date: Date Needed:
Date of birth: Sex: Weight:	Prescriber: Hospital/Clinic:
Home Phone Number: ( )	Phone Number: ( ) Fax Number: ( )
Home Address: City: State: Zip:	Address: City: State: Zip:
Member's Insurance ID:	Office Specialty:
Allergies:	
Is patient self-injecting? ☐ Yes ☐ No	

DRUG NAME: FUZEON

☐ New Authorization ☐ Re-Authorization*

Dose: _____

Frequency: _____

Expected duration of therapy: _____

*RE-AUTHORIZATION

CD4: _____ Date: _____

HIV-1 RNA: _____ Date: _____

Is patient responding to therapy?

☐ Yes ☐ No

Is patient tolerant and compliant with the therapeutic regimen?

☐ Yes ☐ No

Comments:

_____

_____

_____

_____

STATEMENT OF MEDICAL NECESSITY

Patient is treatment experienced as defined by:

☐ Viremia despite 3-6 months prior therapy with a nucleoside reverse transcriptase inhibitor (NRTI), non-nucleoside reverse transcriptase inhibitor (NNRTI) and protease inhibitor (PI)

☐ Viremia and documented resistance or intolerance to at least one member in each of the NRTI, NNRTI, and PI classes.

Evidence exists of viral replication despite ongoing antiretroviral therapy (at least 8 weeks on a stable regimen of antiviral combination therapy) and viral load is >5000 copies/ml with a second confirmation test. ☐ Yes ☐ No

Patient t-cell count is <350 ☐ Yes ☐ No

Recent HIV resistance test has been conducted and ARV history reviewed to determine an optimal base regimen of at least 2 active and tolerated ARVs and elimination of inactive ARVs? ☐ Yes ☐ No

Is patient continuing treatment with at least two antiviral agents with two different mechanisms of action? ☐ Yes ☐ No

Is Fuzeon being used as part of an alternative salvage regimen for a patient with end-stage disease who is at risk of serious opportunistic infections or death? ☐ Yes ☐ No

Does physician practice or clinic have the capacity and expertise to educate the patient regarding the preparation and administration of Fuzeon and appropriate response to the development of drug-induced adverse effects? ☐ Yes ☐ No

Is this request coming from an infectious disease specialist or HIV treatment specialist? ☐ Yes ☐ No