

**HIV RNA TRACKING FORM WHILE RECEIVING FUZEON®**

Fax to Pharmacy Services at 855-811-9332, or to speak to a Representative, call 888-602-3741. Form must be completed for processing.



Patient Name: \_\_\_\_\_ Patient ID# \_\_\_\_\_ Patient Phone # \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI # \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Contact Person \_\_\_\_\_

All lab results below are necessary for initial and continuing prior authorization of Fuzeon®. Reauthorization requires updated HIV-RNA and CD4 levels as well as specific documented clinical benefits (weight gain, etc) the patient is gaining by receiving Fuzeon®. Please use “Comments” section to document any clinical improvements.

TIMEFRAME OF LEVELS	DATE OF LEVELS	HIV-RNA LEVEL	CD4 LEVEL	COMMENTS/OBSERVED CLINICAL IMPROVEMENTS
Baseline				
Between weeks 12 and 14 after starting therapy				
Subsequent reauthorization				

FAILURE TO SUBMIT DOCUMENTATION MAY RESULT IN DENIAL OF MEDICATION BECAUSE OF INSUFFICIENT INFORMATION.

