

HIV RNA TRACKING FORM WHILE RECEIVING FUZEON®

Fax non-urgent requests to PerformRx Pharmacy Services at **866-369-6038** or urgent requests to **866-533-5491**. Urgent requests should be reserved for those situations in which applying the standard procedure may seriously jeopardize the enrollee's life, health, or ability to regain maximum function.

To speak to a representative, call 866-533-5490. **Form must be completed for processing**



Patient Name: _____ Patient ID# _____ Patient Phone # _____

Physician Name: _____ NPI # _____

Physician Address: _____

Physician Phone # _____ Fax # _____ Contact Person _____

Is the member/patient currently residing in a Long-Term Care (LTC) facility? (please check) Yes No

All lab results below are necessary for initial and continuing coverage determination of Fuzeon®. Reauthorization requires updated HIV-RNA and CD₄ levels as well as specific documented clinical benefits (e.g. 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	CD ₄ LEVEL	COMMENTS/OBSERVED CLINICAL IMPROVEMENTS
Baseline				
Between weeks 12 and 14 after starting therapy				
Subsequent authorization				