

HIV RNA TRACKING FORM WHILE RECEIVING FUZEON®

Fax non-urgent requests to PerformRx Pharmacy Services at **866-369-6041**

or urgent requests to **866-533-5497**. 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 **866-369-6037**. *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	CD4 LEVEL	COMMENTS/OBSERVED CLINICAL IMPROVEMENTS
Baseline				
Between weeks 12 and 14 after starting therapy				
Subsequent authorization				