



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

Fax non-urgent requests to PerformRx Pharmacy Services at **877-693-8280** or urgent requests to **877-693-8476**. Urgent requests should be reserved for situations in which the standard procedure may seriously jeopardize the enrollee's life, health, or ability to regain maximum function. To speak to a representative, call **800-578-0898**. *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 (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 reauthorization				

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