



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Fuzeon® (enfuvirtide)

Phone: 215-991-4300 Fax back to: 866-240-3712

HEALTH PARTNERS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

<p>Patient Name:</p> <p>Member Number:</p> <p>Date of Birth:</p> <p>Group Number:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Member Phone:</p>	<p>Prescriber Name:</p> <p>Fax: Phone:</p> <p>Office Contact:</p> <p>NPI: State Lic ID:</p> <p>Address:</p> <p>City, State, Zip:</p>
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Drug Name: Expedited/Urgent

Directions:

Patient belongs to (please check one): HEALTH PARTNERS KIDZPARTNERS

<p>Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign:</p>
<p>Q1. What is the requested duration of therapy?</p> <p style="padding-left: 40px;">6 months or less More than 6 months</p>
<p>Q2. Has the patient received and failed at least 3 to 6 months of previous antiretroviral therapy (ART) (at least one nucleotide reverse-transcriptase inhibitor, at least one non-nucleotide reverse-transcriptase inhibitor, and at least one protease inhibitor)?</p> <p style="padding-left: 40px;">Yes No</p>
<p>Q3. Does the patient have documented resistance (based on phenotypic and genotypic resistance testing) or intolerance to at least one member in each class of non-nucleotide reverse transcriptase inhibitors, nucleoside reverse transcriptase inhibitor and protease inhibitor?</p> <p style="padding-left: 40px;">Yes No</p>
<p>Q4. Is the prescribing physician a board certified Infectious Disease specialist or HIV-experienced practitioner?</p> <p style="padding-left: 40px;">Yes No</p>
<p>Q5. Does the patient have a history of good medication adherence (information will be based on Health Partners pharmacy profile) and attend scheduled office appointments?</p> <p style="padding-left: 40px;">Yes No</p>
<p>Q6. Comment:</p>

Physician Signature

Date