FLORIDA MEDICAID

Prior Authorization

Fuzeon®

(Maximum Length of Approval is 6 Months)

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY) ___ / ___ / ____

Recipient's Full Name

Prescriber's Full Name

Prescriber License # (ME, OS, ARNP, PA)

Prescriber Phone Number ___ - ____

Prescriber Fax Number ___ - ____

Pharmacy Name

Pharmacy Medicaid Provider #

Pharmacy Phone Number ___ - ____

Pharmacy Fax Number ___ - ____

Drug: _____ Quantity: _____

Length of Therapy on Prescription: _____ Dosage and Frequency of Dosing: _____

1. ○ Initiation of therapy OR ☐ Continuation of therapy
2. Has the patient had a genotype/phenotype completed? (A copy of test results must be submitted for initial therapy.)
   ☐ No ○ Yes Date: _____
3. Does the patient have a viral load completed in the past 6 months? (A copy of lab results must be submitted.)
   ○ No ☐ Yes _____copies/mm^3 Date: _____
4. Has the patient had a CD4 count completed in the past 6 months? (A copy of lab results must be submitted.)
   ☐ No ○ Yes _____cells/cmm Date: _____
5. Has the patient been compliant with previous therapy?
   ○ No ○ Yes

Prescriber's Signature: _____ Date: _____

REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), a copy of the original prescription, and the most recent copies of related labs.

The provider must retain copies of all documentation for five years.

Fax Information to:

PERFORMRx℠

Pharmacy Provider Services
Fax: 855-825-2717
Phone: 1-800-617-5727

Use with PA Form

Question 1 and 2 For initiation of therapy, genotype, and phenotype results should be dated within the past 12 months.

Note: Genotyping and phenotyping cannot be effectively done if the viral load is less than 1000 copies/mL. Therefore, genotyping and phenotyping is not required for those recipients currently on Fuzeon therapy.

Question 3 Only acceptable response for approval is "Yes."

Question 4 Only acceptable response for approval is "Yes."

Question 5 New therapy requires verification of:

1) Ongoing therapy with other HIV medications
2) Compliance on previous therapies
3) Labs that demonstrate CD4 counts and antigen levels consistent with medication failure.

Continuation of therapy requires verification of compliance with other medications. If Fuzeon is working, then CD4 counts should be good and viral antigen levels should be undetectable.

Approved Indications

Fuzeon, in combination with other antiretroviral agents, is indicated for the treatment of HIV-1 infection in treatment-experienced patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy.

Approval Period

Maximum of six months.