



Telephone: 888-311-7632 FAX: 800-848-4241
Fuzeon (Enfuvirtide) Access Form - California ADAP

APPLICATION INFORMATION

Please fax completed application to Ramsell Public Health Rx at 1-800-848-4241
 For information on completing this form, please call: 1-888-311-7632, ext 2635 or 2605
 Approval Period: Authorization to receive Fuzeon is given in six-month increments. A renewal application is required for continuation of Fuzeon every 6 months after approval by ADAP.

Section 1 Patient Name:

Birthdate: ADAP or SS#:

Section 2 **This patient has never taken Fuzeon.**

YES NO

- 1. Nadir CD4 of < 350 (**Submit a copy of the CD4 lab results**)
- 2. Two most recent viral loads (two) - detectable for **2** sequential readings within a six month period of application (**Submit two viral load measurements**)
- 3. This patient is treatment experienced.
- 4a. There is at least 1 other active antiretroviral drug that will be combined with Fuzeon.
and/or
- 4b. This patient is enrolled in an antiretroviral clinical trial.

Section 3 **This patient was taking Fuzeon thru a previous payer source (i.e. Medi-Cal, private insurance, Medicare Part D)**

YES NO

- 1. Nadir CD4 of < 350 (**Submit a copy of the CD4 lab results**)
- 2. Two viral loads (two) -detectable for 2 sequential readings within a six month period **prior to starting Fuzeon (Submit two viral load measurements)**
- 3. This patient was treatment experienced at the time Fuzeon was started
- 4a. There was at least 1 other active antiretroviral drug that was combined with Fuzeon.
and/or
- 4b. This patient was enrolled in an antiretroviral clinical trial at the time Fuzeon was started.

Section 4 **This patient is continuing on Fuzeon (previously received ADAP coverage for Fuzeon)**

YES NO

- There is documented clinical improvement/stabilized condition while on Fuzeon

DATE: To the best of my knowledge, I certify that the above is accurate and true.

Prescriber Name Prescriber's Signature

Phone # Fax # DEA #

Pharmacy Name NABP/NPI #

Phone # Fax #