



**HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM**

Health Partners Plans

Fuzeon® (enfuvirtide) Renewal

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans 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 (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	Prescriber Name:
HPP Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Address:	NPI: Promise ID:
City, State ZIP:	Prescriber PA PROMISe ID:
Patient Primary Phone:	Address:
Line of Business: <input type="checkbox"/> Medicaid	City, State ZIP:
<input type="checkbox"/> CHIP	Specialty/facility name (if applicable):

Expedited/Urgent

Drug Name:

Strength:

Days Supply:

Number of Refills:

Directions / SIG:

HPP's maximum approval time is 12 months but may be less depending on the drug.

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Upon renewal, has the patient experienced at least 0.5 log decrease in HIV-1 RNA (or <400 copies/ml) or have a HIV RNA below quantifiable limits to continue treatment with Fuzeon? Labs must be attached.

Yes

No

Q2. Has the patient had an increase in there CD4-count by at least 50-150 cells/mm3 from baseline? Labs must be attached.

Yes

No

Q3. Requested Duration:

6 months

Q4. Additional Comments:

Prescriber Signature

Date

Updated 2018