

CRITERIA FOR PRIOR AUTHORIZATION

Anti- HIV -- fusion inhibitor

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drugs requires prior authorization:
Enfuvirtide (Fuzeon®) for injection

CRITERIA:

- 1) Diagnosis of HIV-Infection
- 2) 6 years or older
- 3) Pregnancy and/or breastfeeding excluded during therapy.
- 4) Is this patient currently receiving Fuzeon® via an expanded access program? (If yes, approve Fuzeon®. If no, proceed to question 5).
Yes _____ No _____
- 5) Has the patient been on antiretroviral agents in the past? (If yes, proceed. If no, stop, NOT eligible for Fuzeon®.)
Yes _____ No _____
- 6) Documentation of HIV/RNA despite ongoing ARV therapy and viral load(HIV/RNA) greater than 1000 copies/ml. (If yes, proceed. If no, stop, NOT eligible for Fuzeon®.)
Yes _____ No _____
- 7) Has a recent HIV resistance test (genotype) been conducted and ARV history review for an optimal base regimen **OF AT LEAST TWO ACTIVE AND TOLERATED ARVs?** (If yes, skip to 9. If no, proceed to 8.)
Yes _____ No _____
- 8) Will Fuzeon be used as part of an alternative salvage regime for a patient with end-stage disease who is at risk of serious Opportunistic Infections or death? (If yes, proceed. If no, stop, NOT eligible for Fuzeon®.)
Yes _____ No _____
- 9) Has the patient been compliant to the treatment recommended by the physician?
Yes _____ No _____
- 10) Can the patient or his/her primary care giver reconstitute and administer the subcutaneous injections bid and properly dispose of the used syringes and needles?
Yes _____ No _____
- 11) Is the patient up to date on pneumococcal and influenza immunizations? If NOT, please ensure that the patient is appropriately immunized. (Regardless of response, beneficiary is eligible for Fuzeon®).
Yes _____ No _____

Prior Authorization will be approved for six (6) months.

[Signature]
Drug Utilization Review Committee Director

[Signature]
Pharmacy Program Manager,
Adult and Medical Services Commission

Date 6/15/04

Date 6/14/04

FUZEON-CRITERIA CLARIFICATION

For renewal of Fuzeon: a physician may provide medical information that patient is stable on Fuzeon. If patient remains stable may approve renewal for 1 year.

Authorized by: LeAnn Bell, Pharmacist  Date: November 3, 2010

Pharmacy Program Manager

Completed by: Debra Quintanilla, RN  Date: November 3, 2010

Prior Authorization Supervisor