Fuzeon Pre-Approval Checklist

Is this patient receiving Fuzeon or waiting to receive Fuzeon from Roche Pharmaceutical Company?

- **YES** → Not eligible
- **NO** →

Is the patient antiretroviral treatment experienced?

- **NO** → Not eligible
- **YES** →

Is there evidence of viral replication despite on going antiretroviral therapy (ART) with a viral load >1000 copies/ml and a second confirmatory test in the last 3 months?

- **YES** *Include Copy of VL Test Results*
- **NO** → Not eligible

If probable to re-establish maximal virologic suppression is there an antiretroviral regime available to the patient that would result in this virologic response without the addition of Enfuvirtide (ENF, Fuzeon™)?

- **YES** → Not eligible
- **NO** →

During the last 3 months, has the CD4 count been <200 cells?

- **YES** *Include Copy of CD4 Results*
- **NO** → Not eligible

Has an HIV resistance test and ARV history been performed in the last 3 months to determine an optimal background regimen that includes at least 2 antiretroviral agents that are likely to be active and tolerated by the patient?

- **YES** *Include Copy of Resistance Test*
- **NO** → Not eligible

Has the patient been under your care for >=4 months and has the patient been reliable with appointments and adherence to ART?

- **NO** → Not eligible
- **YES** →

Does your practice or clinic have the capacity and expertise to educate the patient or caregiver regarding the preparation and administration of Enfuvirtide (ENF, Fuzeon™)?

- **NO** → For assistance call Nurse Connections Program at: 877-438-9366
- **YES** →

Can the patient or caregiver reconstitute and administer the subcutaneous injections twice a day and properly dispose of needles and syringes?

- **NO** →
- **YES** → **Eligible pending receipt and review of ADAP medication form and copies of lab/resistance.**