

Illinois Department of Public Health

AIDS Drug Assistance Program (ADAP)

The AIDS Drug Assistance Program (ADAP) is making available to a limited number of ADAP clients, the newly FDA approved drug Fuzeon™ (Enfuvirtide, T-20), manufactured by Roche and Trimeris. A limit of 15 clients will be approved for Fuzeon assistance through ADAP. Clients will be required to meet the medical criteria defined below. Physicians will be notified if applicant is approved and instructed where to send or fax the prescription.

Application for Fuzeon Assistance

To be eligible for Fuzeon Assistance a client must:

- § Be currently enrolled in ADAP and eligible to receive services.
- § Not be eligible for payment of Fuzeon through Medicaid or other third party payer.
- § Have experienced failure of the current HAART regimen.
- § Have a CD4 count less than 500
- § Have viral load greater than 1,000

Applicant's

Social Security Number _____ Date of Birth _____

First Name _____ Middle _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Please complete the above information and provide test results and documentation of the following:

1. Most recent viral load (within the past 3 months) >1000.
2. Most recent CD4 count <500 (within the past 3 months), or history of opportunistic infection; use during pregnancy may be based on expert advice.
3. Resistance testing (performed within the past 3 months) and based on the test results, medically appropriate 3 drug regimen cannot be constructed utilizing drugs other than Fuzeon.
4. Suitable arrangements for administration of Fuzeon have been made. Please specify who will administer the Fuzeon.
5. Please specify who will assume responsibility for Fuzeon upon shipment arrival.
6. Address where drug will be sent if approved: _____

Physicians Name: (Print) _____ Signature: _____

Phone Number: _____ Fax Number: _____

Authorization Date:

Authorization Number:

Clinic affiliation where this patient/client is seen: _____

Submit to: Illinois Department of Public Health
ADAP
525 West Jefferson Street, 1st Flr.
Springfield, IL 62761

or Fax to: 217/785-8013