

RYAN WHITE PROGRAM
Letter of Medical Necessity to Accompany Prescription for
Enfuvirtide (Fuzeon®)

Date: _____

As the primary medical provider for _____, I consider it to be medically necessary to add Enfuvirtide (Fuzeon®) to this patient's antiretroviral regimen.

This patient has been on Enfuvirtide (Fuzeon®) through another funding source but this funding source is no longer available. This condition necessitates Ryan White Program coverage for continuity of care.

In addition, the patient meets one (1) of the following (check-off the appropriate criteria below):

The patient is eligible for the AIDS Drug Assistance Program (ADAP) and there is a completed application pending approval. A new prescription is allowed for a maximum of **60 days** and no refill authorizations are accepted.

-OR-

The patient is not eligible for ADAP and must be covered under the Ryan White Program pending another payment source. A new prescription is allowed for a maximum of **90 days** and no refill authorizations are accepted.

_____, M.D.

Print M.D.'s name

Florida medical license # (MEO#)

Patient's 10 digit Medicaid # (if applicable)

Patient's CIS # (assigned by the Ryan White Program Service Delivery Information System)

Please note: All questions should be addressed to Ms. Theresa Fiaño, Assistant Director, Office of Grants Coordination, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.).

Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

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