## RYAN WHITE PROGRAM Letter of Medical Necessity to Accompany Prescription for Enfuvirtide (Fuzeon $^{\otimes}$ )

Date:		
As the p	orimary medical provider for y necessary to add Enfuvirtide (Fuzeon®	, I consider it to be to this patient's antiretroviral regimen.
	no longer available. This condition is	through another funding source but this funding necessitates Ryan White Program coverage for
In additi below):	ion, the patient meets one (1) of the	following (check-off the appropriate criteria
	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 <b>60 days</b> and no refill authorizations are accepted.	
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	The patient is not eligible for ADAP and must be covered under the Ryan When Program pending another payment source. A new prescription is allowed for maximum of <b>90 days</b> and no refill authorizations are accepted.	
	, M.	D.
Print M.D.'s name		Florida medical license # (ME#)
Patient's 10 digit Medicaid # (if applicable)		Patient's CIS # (assigned by the Ryan White Program Service Delivery Information System)

<u>Please note:</u> All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, 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.