



Delaware Health and Social Services
 Division of Public Health
 Ryan White ADAP Program
 Telephone: 302-744-1050
 Fax: 302-661-7226



Maraviroc (Selzentry™) Prior Authorization Form

Trofile™ test showing “CCR5 only” is required for maraviroc new starts. It is not required for those already on maraviroc through clinical trials, expanded access or other insurance.

(For the Trofile™ Prior Authorization form, please contact DE ADAP at 302-744-1050 or download at: Ramsellcorp.com)

Section 1 Patient Name: _____

Birth date: _____

ADAP ID#: _____

Section 2

YES NO

- 1. Documented CCR5-tropic HIV with no CXCR4 tropism detected. Tropism assay must be performed within 8 weeks of initiation (Please attach copy of assay results).
- 2. Geno- and/or phenotypic evidence of triple class resistance and/or patient is intolerant to at least one drug class (NRTI, NNRTI, PI or II (not including ritonavir as a PK enhancer)
- 3. Ability to construct an adequate optimized background regimen with maraviroc (including at least 2 documented active ARV medications).
Regimen to be initiated: _____

Section 3

Proposed Maraviroc dosage: _____

Please list relevant concomitant medications for doses over 150mg twice a day:

Please provide any additional medical justification if above criteria are not met:

Prescriber Name

Prescriber Signature

DEA#

Phone #

Fax #

Pharmacy Name

Pharmacy Phone #

Fax #

Authorized by: _____

Date: _____

Authorization Code: _____