



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



## HIV Tropism Assay (Trofile™) Prior Authorization Form

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

**Complete sections 1 and 2. Prescriber name and signature must be included. Please fax completed application to DE ADAP at (302) 661-7226. For information, please call: 302-744-1050.**

**Please type or print clearly.**

**Section 1** Patient Name:

Birth date:

ADAP ID#:

**Section 2** *DE ADAP will pay for the tropism assay (Monogram Biosciences Trofile™ assay only) for DE ADAP clients with no other insurance coverage that meet the following criteria:*

**YES NO**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. DE ADAP Client has no other insurance coverage for Trofile™.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. HIV genotype and/phenotype demonstrates triple class resistance (NRTI, NNRTI and PI) <u>(Please attach a copy of the referenced genotype or phenotype report)</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Patient has a current viral load in excess of 1000 copies/ml <u>(Please attach copy of laboratory report.)</u>  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Patient has been receiving and is compliant with at least 3 antiretroviral agents (not including ritonavir as a PK booster)                                       |

Date: \_\_\_\_\_ To the best of my knowledge, I certify that the above is accurate and true.

Prescriber Name

Prescriber Signature

DEA #

Phone #

Fax #

Authorized by:

Date:

Authorization Code:

**After Trofile™ authorization from DE ADAP is received by the prescriber and Trofile™ result shows CCR5, or if DE ADAP is not needed to cover Trofile™, then please complete the Maraviroc Prior Authorization Form**