



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 the 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