



Prescriptions for [SELZENTRY](#) are only available with pre-approval through the Medication Assistance Program.

To be eligible for this pre-approval, a client must meet all of the following:

- Be currently enrolled in MAP and eligible for MAP assistance
- Have been denied medication coverage by their insurance plan (if applicable). Documentation of denial must be provided.
- Have completed a Tropism assay test confirming CCR5 and/or CXCR4 HIV-co-receptor (Documentation required)

First Name	Middle Initial	Last Name
Member ID	Date of Birth	RW ID (if known)

Indicate drug name, form and strength requested	Quantity requested:	Day supply:

Most Current CD4 Count	Most Recent Viral Load
Has Tropism testing been performed	HIV co-receptor type
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CCR5 <input type="checkbox"/> CXCR4 <input type="checkbox"/> CCR5/CXCR4 (Dual/Mix)

Date:	To the best of my knowledge, I certify that the above is accurate and true.	
Provider Name (Print)	Provider Signature	
Clinic Name:	Phone #	Fax #
Pharmacy Name	Pharmacy Phone #	Fax #
REQUIRED DOCUMENTATION - Please check off and submit ALL required clinical notes/lab reports in reference to this request. Failure to provide documentation will delay decision process.		
<input type="checkbox"/> Denied medication coverage by insurance plan (if applicable) <input type="checkbox"/> Tropism Assay test results		

Submit: Please fax completed application to Ramsell at **800-848-4241**.
 For additional information, call the Ramsell Help Desk at: 1-888-311-7685.