



Telephone: 888-311-7632  
 Fax: 800-848-4241



Washington State Department of Health  
 Early Intervention Program (EIP)  
 Telephone: 877-376-9316

### 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.** A prior authorization for the Trofile Assay is no longer required as of May 17, 2010

**Complete sections 1 & 2 below. Prescriber name and signature must be included. Please fax completed application to Ramsell Public Health Rx at 800-848-4241.**  
 For additional information, please call: 1-888-311-7632, ext 2653 or 2635.

**Section 1** Patient Name:

Birth Date:

EIP ID#:

**Section 2**

**YES NO**

- 1. New starts only: Trofile™ assay has been performed within the past 90 days with result confirming “CCR5 only” co-receptor status for this client and not D/M (dual/mixed) or CXCR4. The Trofile™ assay result is being faxed along with this application to Ramsell Public Health Rx.
- 2. This patient is continuing treatment with maraviroc that was initiated prior to request for coverage through the WA State Department of Health Program. Please provide the name and telephone number of the pharmacy that is dispensing maraviroc to this client for confirmation purposes:  
 Pharmacy dispensing maraviroc: \_\_\_\_\_  
 Pharmacy phone number: \_\_\_\_\_
- 3. Is maraviroc being used as initial therapy in a treatment-naïve patient?

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

Prescriber Name

Prescriber Signature

DEA#

Phone #

Fax #

Pharmacy Name

Pharmacy Phone #

Fax #