



FAX this completed form to 1-888-865-6531
OR Mail request to: Pharmacy Services Prior Authorization Dept.
5 River Park Place East, Suite 210 | Fresno, CA 93720

Call 1-833-705-1351 to request a 72-hour supply of medication.
Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information,
expect during weekends and holidays. For immediate response on weekends and holidays, NurseWise will answer your call.

Selzentry™ (maraviroc)

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#

Grid for Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY)

Grid for Date of Birth

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber's NPI

Grid for Prescriber's NPI

Prescriber Phone Number

Grid for Prescriber Phone Number

Prescriber Fax Number

Grid for Prescriber Fax Number

Pharmacy Name

Grid for Pharmacy Name

Pharmacy Medicaid Provider #

Grid for Pharmacy Medicaid Provider #

Pharmacy Phone Number

Grid for Pharmacy Phone Number

Pharmacy Fax Number

Grid for Pharmacy Fax Number

1. Selzentry™ dose requested:

150 mg twice daily 300 mg twice daily 600 mg twice daily Other:

2. Has tropism testing been performed? Yes\* No

\* If Yes, a copy of the assay MUST be attached.

3. For pediatric patients: Is weight verification included in the submission? Yes No

4. Patient is: Treatment-experienced Treatment-naïve

5. The current (less than 6 months) lab results listed below must be attached:

CD4 count Viral load Resistance testing (in treatment-experienced patient)

Prescriber's Signature: Date:

REQUIRED FOR REVIEW: All copies of medical records (e.g., diagnostic evaluations and recent chart notes) and the most recent copies of related labs. The provider must retain copies of all documentation for five years.

**Selzentry™ (maraviroc)**

**Note: Form must be completed in full. An incomplete form may be returned.**

**Approval Criteria:**

1. Maraviroc is a substrate of CYP3A and Pgp, hence its pharmacokinetics is likely to be modulated by inhibitors and inducers of these enzymes/transporters; therefore, a dose adjustment may be required when Selzentry™ is co-administered with those drugs. Adult dosing is included below.

<b>With strong CYP3A inhibitors (with or without CYP3A inducers) including PIs (except tipranavir/ritonavir) and delavirdine.</b>	150 mg twice daily
<b>With NRTIs, tipranavir/ritonavir, nevirapine, and other drugs that are not strong CYP3A inhibitors or CYP3A inducers.</b>	300 mg twice daily
<b>With CYP3A inducers including efavirenz (without a strong CYP3A inhibitor).</b>	600 mg twice daily

2. **If tropism testing has NOT been performed, deny.** Testing must be completed.

**If tropism testing has been performed, verify tropism assay report.** The FDA approved Selzentry™ in combination with other antiretroviral agents for treatment-experienced and treatment-naïve patients infected with only CCR5-tropic HIV-1.

Use of Selzentry™ is not recommended in patients with dual mixed or CXCR4-tropic HIV-1 as efficacy was not demonstrated in a phase 2 study of this patient group.

3. For pediatric patients, review weight verification to ensure appropriate weight-based dosing.
4. Review claims profile or medical records for medication history.
5. Patient must have current results for ALL three lab tests unless patient is treatment-naïve, **in which case resistance testing may not show mutations; therefore, only CD4 and viral load test results are required.**

**\*\* This Prior Authorization request may be approved for up to 1 year. \*\***