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FLORIDA MEDICAID

Prior Authorization

Selzentry™ (maraviroc)

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

Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY) / /

Recipient's Full Name

Prescriber's Full Name

Prescriber's NPI

Prescriber Phone Number - -

Prescriber Fax Number - -

Pharmacy Name

Pharmacy Medicaid Provider #

Pharmacy Phone Number -

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.

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.

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