



Telephone: 888-311-7632
Fax: 800-848-4241
Washington State Department of Health
Early Intervention Program (EIP)

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.

(For the Trofile™ Prior Authorization form, please contact EIP at 360-236-3449 or toll-free at 877-376-9316 (extension 3449) or download at:

http://www.doh.wa.gov/cfh/HIV_AIDS/Client_Svcs/EarlyInterventionProgram.htm)

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 2635 or 2653.

Section 1 Patient Name:

Birth date:

EIP ID#:

Section 2

YES NO

1. There is evidence of ARV resistance or intolerance resulting in inability to construct a new ARV regimen including 3 effective drugs without using maraviroc or enfuvirtide.
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. 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 PHSB.

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 #