



Phone: 360-236-3449; or Toll-Free: 877-376-9316 (extension 3449)
 Fax: 360-664-2216
 Washington State Department of Health
 Early Intervention Program (EIP)

HIV Tropism Assay (Trofile™) Prior Authorization Form

Trofile™ test showing CCR5 only is required for maraviroc (Selzentry™) new starts. It is not required for those already on maraviroc through clinical trials, expanded access or other insurance.

Complete sections 1 and 2. Prescriber name and signature must be included. Please fax completed application to Early Intervention Program (EIP) at (360) 664-2216. For information, please call: 360-236-3449 or toll free at 877-376-9316 (extension 3449).

Please type or print clearly.

Section 1 Patient Name:

Birth date:

EIP ID#:

Section 2 ***EIP will pay for the tropism assay (Monogram Biosciences Trofile™ assay only) for EIP clients with no other insurance coverage that meet the following criteria:***

YES NO

- 1. EIP Client has no other insurance coverage for Trofile™.
- 2. 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.
- 3. The client has virologic failure on a regimen containing maraviroc and needs a Trofile™ assay to determine if maraviroc should be discontinued due to CXCR4 being present. Please fax along with this form:
 - a. A copy of a recent HIV RNA level
 - b. 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: _____

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

Prescriber Name

Prescriber Signature

DEA #

Phone #

Fax #

Authorized by:

Date:

Authorization Code:

(Shaded areas above to be completed by Early Intervention Program staff.)

After Trofile™ authorization from DOH EIP is received by the prescriber and Trofile™ result shows CCR5, or if EIP is not needed to cover Trofile™, then please complete the Maraviroc Prior Authorization Form, available from Ramsell Public Health Rx at 888-311-7632 or download from www.phsb.com .