



Telephone: 888-311-7632 FAX: 800-848-4241  
 Tropism Assay (Trofile™) Prior Authorization Form  
 California AIDS Drug Assistance Program (ADAP)

APPLICATION INFORMATION

**This application is required if you are requesting authorization for the Trofile™ Tropism lab assay to be covered by the California AIDS Drug Assistance Program (ADAP).**

**Please fax completed application to Ramsell Public Health Rx:  
 1-800-848-4241**

**Prescriber name and signature must be included.**

For information on completing this form, please call the Clinical Services Department: 1-888-311-7632, ext 2653 or 2655

**Section 1** Patient Name:

Birthdate:

ADAP or SS#:

**Section 2 HIV Tropism Assay (Trofile™) Prior Authorization**  
***ADAP will pay for the tropism assay (Monogram Biosciences Trofile™ assay only) for ADAP clients with no other insurance coverage that meet the following criteria:***

**YES NO**

- 1. There is evidence of ARV resistance, intolerance and/or lack of patient acceptability to reasonable alternatives resulting in inability to fully suppress HIV utilizing alternative regimens.

*Please issue the maraviroc prescription to the ADAP client for dispensing at the pharmacy when you receive test results confirming CCR5 mono-tropic HIV. Trofile assay results are forwarded directly to Ramsell Public Health Rx from Monogram Biosciences.*

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

Prescriber Name

Prescriber Signature

Phone #

Fax #

DEA #

Pharmacy Name

NABP/NPI #

Phone #

Fax #