

FLORIDA MEDICAID

Prior Authorization

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.

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. ****

Fax this form to 1-866-940-7328

Pharmacy PA Call Center:
1-855-258-1593

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