

Clinical Pharmacy Program Guidelines for Selzentry - ARIZONA

Program	Prior Authorization
Medication	Selzentry (maraviroc)

1. Background:

Selzentry[®] (maraviroc) is a CCR5 co-receptor antagonist indicated for combination antiretroviral treatment of patients 2 years of age and older infected with *only* CCR5-tropic HIV-1. Tropism testing with a highly sensitive tropism assay is required for the appropriate use of Selzentry.

Members will be required to meet the coverage criteria below.

2. Coverage Criteria:

<p>A. <u>Authorization</u></p> <p>1. Selzentry will be approved based on all of the following criteria:</p> <p style="padding-left: 40px;">a. Diagnosis of HIV</p> <p align="center">-AND-</p> <p style="padding-left: 40px;">b. Patient has CCR5-tropic HIV-1 infection as confirmed by a highly sensitive tropism assay</p> <p align="center">-AND-</p> <p style="padding-left: 40px;">c. Patient is currently taking or will be prescribed an optimized background antiretroviral therapy regimen</p> <p>Authorization will be issued for 12 months.</p> <p>2. Selzentry will be approved based on the following criteria:</p> <p style="padding-left: 40px;">a. Patient has a diagnosis of post-exposure prophylaxis</p> <p>Authorization will be issued for 4 weeks.</p>

3. References:

1. Selzentry [Package Insert]. Research Triangle Park, NC: ViiV Healthcare; November 2016.

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Change Control	
Date	Change
9/2017	New Guideline for Arizona