

**LAB TEST**

**RYAN WHITE PROGRAM**

**Letter of Medical Necessity for the Trofile Co-Receptor Tropism Assay required to prescribe Maraviroc (Selzentry ®)**

Date: \_\_\_\_\_

As the primary care physician treating \_\_\_\_\_, I intend to add Maraviroc (Selzentry) to this patient's antiretroviral regimen which will contain the following two other active agents: \_\_\_\_\_ and \_\_\_\_\_.

I certify that the following criteria have been met:

1. The client (patient) is not eligible for the Tropism Access Program (TAP) or any other payment source;
2. 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;

I understand the Trofile Co-Receptor Tropism Assay may only be ordered under the following conditions:

1. The above criteria have been met and are fully documented in the patient's medical record;
2. Adherence has been discussed with the patient on an on-going basis as part of his/her medical treatment, and it has been determined that the patient is satisfactorily adherent with his/her current ART regimen;
3. The patient's plasma HIV RNA (viral load) at the time of testing is at least 1,000 co/ml within the past month (attach copy of viral load to letter of medical necessity); and
4. Patient does not have a history of dual/mixed tropism.

Sincerely,

\_\_\_\_\_, M.D./D.O.

\_\_\_\_\_  
Print M.D./D.O. name

\_\_\_\_\_  
Florida medical license # (MEO#)

\_\_\_\_\_  
Patient's 10 digit Medicaid # (if applicable)

\_\_\_\_\_  
Patient's CIS # (assigned by the Ryan White Program Service Delivery Information System)

**Please note:** All questions should be addressed to Ms. Theresa Fiaño, Assistant Director, Office of Grants Coordination, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.).

Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.