

LAB TEST

RYAN WHITE PART A 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 patient has been screened for ADAP and has been found ineligible and must be covered under Ryan White Part A pending another 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;
3. A phenotype was conducted within the last 3 months.
(Attach copy of documentation to support item 3 to this letter of medical necessity.)

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.