

**LAB TEST**

**RYAN WHITE PROGRAM**

**Letter of Medical Necessity for the Highly Sensitive Tropism Assay required to prescribe Maraviroc (Selzentry ®)**

*(Required only when the cost of the assay is not covered by any other funding source, including ViiV Healthcare.)*

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 agents: \_\_\_\_\_ and \_\_\_\_\_.

I certify the client (patient) is not eligible for ViiV Healthcare's Tropism Access Program (TAP) or any other payment source;

I understand the Highly Sensitive Tropism Assay may only be ordered under the following conditions:

1. The above criterion has been met and is 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;

and

3. Patient does not have a history of dual/mixed tropism.

Sincerely,

\_\_\_\_\_, MD/DO/ARNP/PA

\_\_\_\_\_  
Print MD/DO/ARNP/PA name

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

\_\_\_\_\_  
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 directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, 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.