

Selzentry® (maraviroc)
Effective 03/01/18

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Selzentry (maraviroc) is an antiviral medicine that prevents certain viral cells from multiplying in your body. Selzentry is used with other medications to treat CCR5-tropic human immunodeficiency virus (HIV) type 1. HIV causes the acquired immunodeficiency syndrome (AIDS).

Coverage Guidelines

Authorization may be granted when the following criteria are met:

1. Member has a diagnosis of CCR5-Tropic HIV-1 **AND**
2. Prescriber has provided a Trofile Assay result documenting CCR5 tropism **AND**
3. Prescriber has provided documentation of ONE of the following:
 - a. Member has concurrent antiretroviral therapy with at least 2 other single entity medications
 - b. Member has concurrent antiretroviral therapy with at least 1 combination product**AND**
4. Prescriber has provided documentation of ONE of the following:
 - a. Resistance to or virologic/treatment failure while receiving combination antiretroviral therapy with at least one agent from 3 of 5 antiretroviral drug classes (NRTI, NNRTI, PI, INSTI, enfuvirtide)
 - b. Intolerance to at least one agent from 3 of the 5 antiretroviral classes listed above

Continuation of Therapy

Reauthorization requires physician documentation indicating a positive response to therapy.

Limitations

1. Approvals will be granted for 12 months



2. The following quantity limits apply:

SELZENTRY TAB 75MG	60 per 30 days
SELZENTRY TAB 150MG	60 per 30 days
SELZENTRY TAB 300MG	120 per 30 days
SELZENTRY TAB 25MG	240 per 30 days

Appendix

	Adult Dosing	Pediatric Dosing
Selzentry® (maraviroc)	<u>CCR-5 Tropic Positive HIV-1 with concomitant potent CYP 3A4 inhibitors:</u> 150 mg twice daily <u>CCR-5 Tropic Positive HIV-1 with concomitant potent CYP 3A4 inducers:</u> 600 mg twice daily <u>CCR-5 Tropic Positive HIV-1 with all other drugs</u> 300 mg twice daily	<u>Pediatric patients aged 2 years and older weighing at least 10 kg:</u> 50 mg to 150 mg twice daily; dosage based on body weight and concomitant medications and should not exceed the recommended adult dose

References

N/A

Review History

03/01/18 – Effective

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