

**Selzentry® (maraviroc)**  
Effective 03/01/18

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	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

	<b>Adult Dosing</b>	<b>Pediatric Dosing</b>
<b>Selzentry® (maraviroc)</b>	<p><u>CCR-5 Tropic Positive HIV-1 with concomitant potent CYP 3A4 inhibitors:</u> 150 mg twice daily</p> <p><u>CCR-5 Tropic Positive HIV-1 with concomitant potent CYP 3A4 inducers:</u> 600 mg twice daily</p> <p><u>CCR-5 Tropic Positive HIV-1 with all other drugs</u> 300 mg twice daily</p>	<p><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</p>

## References

N/A

## Review History

03/01/18 – Effective

## Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.