

**RYAN WHITE PROGRAM**  
**Letter of Medical Necessity to Accompany a Prescription for**  
**Maraviroc (Selzentry ®)**

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

As the primary care physician treating \_\_\_\_\_, I consider it medically necessary 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 the Ryan White Program pending another payment source;
2. I have fully discussed all issues and consequences related to non-adherence with the patient;
3. There is evidence of ARV resistance, intolerance and/or lack of patient acceptability to reasonable alternatives resulting in inability to fully suppress HIV utilizing other regimens;
4. The patient has had a Trofile Co-Receptor Tropism Assay showing CCR5 mono-tropism (copy attached); and
5. I have reviewed the patient background and antiretroviral regimen and the Maraviroc dosage is appropriate.

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.

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.

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