

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Selzentry Clinical Edit
<b>First Implementation Date:</b>	April 7, 2010
<b>Proposed Date:</b>	December 17, 2020
<b>Prepared for:</b>	MO HealthNet
<b>Prepared by:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** Ensure appropriate utilization and control of Selzentry® (maraviroc)

**Why Issue Selected:** Selzentry® (maraviroc) is a CCR5 (C-C chemokine receptor type 5) co-receptor antagonist indicated for the treatment of only CCR5-tropic HIV-1 infection with other antiretroviral agents. In 2016, Selzentry received FDA approval to expand its indication to include treatment of pediatric patients 2 years of age and older. Selzentry works by selectively binding to the human chemokine receptor CCR5 present on the cell membrane and preventing the interaction of HIV-1 gp 120 and CCR5; this interaction is necessary for CCR5-tropic HIV-1 to enter cells. Selzentry is not recommended in patients with CXCR4-tropic or dual/mixed HIV-1 as it is ineffective in these cases. The Trofile® test is used to determine if a patient's virus is suitable for a CCR5 co-receptor antagonist therapy; the results of the Trofile test will determine if Selzentry is an appropriate treatment choice for the patient. Also, as compared to treatment with Sustiva® (efavirenz), treatment-naïve adults treated with Selzentry experienced more virologic failure and lamivudine resistance; therefore, Selzentry is not recommended for use in treatment-naïve patients. Due to the specific approved indication, MO HealthNet will impose clinical criteria to ensure appropriate utilization of Selzentry.

### Program-Specific Information:

Date Range FFS 10-01-2019 to 9-30-2020			
Drug	Claims	Spend	Average Spend per Claim
SELZENTRY 25 MG TABLET	0	-	-
SELZENTRY 75 MG TABLET	0	-	-
SELZENTRY 150 MG TABLET	22	\$32,009.46	\$1,454.97
SELZENTRY 300 MG TABLET	43	\$69,570.80	\$1,617.92
SELZENTRY 20 MG/ML SOLN	0	-	-

**Type of Criteria:**  Increased risk of ADE  Preferred Drug List  
 Appropriate Indications  Clinical Edit

**Data Sources:**  Only Administrative Databases  Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Selzentry® (maraviroc)
- Age range: All appropriate MO HealthNet participants aged 2 years and older

## Approval Criteria

- Participant is aged  $\geq 2$  years **AND**
- Participant is HIV infected **AND**
- Participant has history of positive viral tropism for CCR5-tropic HIV **AND**
- Participant is not treatment naïve (participant has been on antiretroviral medication before) **AND**
- Participant is currently on additional antiretroviral medication besides Selzentry (maraviroc)

## Denial Criteria

- Therapy will be denied if all approval criteria are not met

## Required Documentation

Laboratory Results:  
MedWatch Form:

X

Progress Notes:  
Other:

X

## Disposition of Edit

Denial: Exception code "0682" (Clinical Edit)  
Rule Type: CE

## Default Approval Period

1 year

## References

- Selzentry (maraviroc) [package insert]. Research Triangle Park, NC: ViiV Healthcare; July 2018.
- Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf>. Accessed October 28, 2020.

*SmartPA Clinical/Fiscal Proposal Form*

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