



**Nevada Office of HIV/AIDS  
Ryan White Part B Program  
Trogarzo Treatment Request Form**

**Trogarzo™ (ibalizumab-uiyk) Patient Treatment Request Form Nevada ADAP**

The following is a request form for Nevada ADAP patients to receive Trogarzo™ via IV infusion. Please fill out the following form COMPLETELY for your patient to be considered.

Submit the form AND the 2 most recent HIV resistance profiles for the patient to

Do NOT write orders for Trogarzo™ until you receive approval from Nevada ADAP. You will receive instructions and providers for Trogarzo™ in your area with the approval letter.

Your request will be reviewed by member(s) for the Nevada ADAP formulary committee for medical merit and potentially recommendation of alternate or more complete regimen.

Basic requirements for approval of Trogarzo™ infusion for Nevada ADAP patients:

1. Trogarzo™ request form filled out in its entirety.
2. Submit with form the patient's two most recent HIV resistance tests.
3. Patient should be minimally experienced with exposure to 4 of the 6 classes of HIV Medication.
4. Patient should have extensive HIV resistance and demonstrate the need for Trogarzo™ to build an HIV suppressive regimen.
5. The proposed new optimized HIV regimen that is to contain Trogarzo™ should have an OSS (overall susceptibility score) of 2 or greater.

**For Official Use Only: To be completed by NV ADAP Reviewer(s)**

**Approved:    Yes            No**

Reviewed by:

Date:

Suggestions or comments of reviewers:

