

Clinical Pharmacy Program Guidelines for HIV Medications

Program	Prior Authorization
Medication	HIV Medications
Markets in Scope	Arizona, Florida-CHIP, Hawaii, Nevada, New Mexico, New York, New York EPP, Ohio, Rhode Island
Issue Date	2/2018
Pharmacy and Therapeutics Approval Date	2/2018
Effective Date	4/2018

1. Background:

The intent of the criteria is to ensure the appropriate utilization of HIV medications within the appropriate labeled indications.

NOTE: The brand formulation is preferred unless a generic is available.

2. Coverage Criteria:

<p>A. <u>Viread (tenofovir disoproxil) tablet or oral powder</u></p> <p>1. <u>One</u> of the following diagnoses:</p> <ul style="list-style-type: none"> • HIV • Hepatitis B • HIV post-exposure prophylaxis (PEP) <p>Authorization will be issued for 12 months for HIV and Hepatitis B. Authorization will be issued for 4 weeks for PEP.</p> <p>B. <u>Truvada tablet</u></p> <p>1. <u>One</u> of the following diagnoses:</p> <ul style="list-style-type: none"> • HIV • Pre-exposure prophylaxis (PrEP) • HIV post-exposure prophylaxis (PEP) <p>Authorization will be issued for 12 months for HIV and PrEP. Authorization will be issued for 4 weeks for PEP.</p>

C. Viramune (nevirapine) tablet, Viramune XR (nevirapine extended-release) tablet, Viramune (nevirapine) suspension

1. Diagnosis of HIV

Authorization will be issued for 12 months.

D. All Other HIV Medications

NOTE: This does not include Complera, Genvoya, and Stribild. These medications have drug-specific policies.

1. **One** of the following diagnoses:
 - HIV
 - HIV post-exposure prophylaxis (PEP)

Authorization will be issued for 12 months for HIV. Authorization will be issued for 4 weeks for PEP.

3. References:

1. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV. Department of Health and Human Services. Available at <https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf>. Accessed January 8, 2018.

Program	Prior Authorization – HIV medications
Change Control	
Date	Change
2/2018	New program