

Generic Name: Efavirenz, Emtricitabine,
Tenofovir Disoproxil Fumarate

Therapeutic Class or Brand Name: Atripla®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 121099033003

Preferred: Symfi™, ®Symfi Lo™

Non-preferred: Atripla®

Date of Origin: 9/25/2018

Date Last Reviewed / Revised: 2/15/2020

PRIOR AUTHORIZATION CRITERIA

(may be considered medically necessary when criteria I through III are met)

- I. Documented diagnosis of HIV-1 infection.
- II. Adult or pediatric patient weighing at least 40 kilograms.
- III. Patient is unable to take Symfi™ and Symfi Lo™ due to documented history of intolerance or resistance to lamivudine (3TC).

EXCLUSION CRITERIA

- History of hypersensitivity reaction (e.g., Stevens-Johnson syndrome, erythema multiforme, or toxic skin eruptions) to efavirenz.
- Concurrent administration of voriconazole.
- Concurrent administration of elbasvir/grazoprevir.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Quantities of up to 30 tablets per 30 days.

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and the medication is effective.

APPENDIX

- N/A

REFERENCES

1. https://www.gilead.com/-/media/files/pdfs/medicines/hiv/atrilpa/atrilpa_pi.pdf .
2. <https://pricerx.medspan.com/>.
3. <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/0> .

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
2/15/2020	1. Changed obsolete URL under References From: https://www.gilead.com/-/media/files/pdfs/medicines/hiv/atrilpa/atrilpa_pi.pdf?la=en To: https://www.gilead.com/-/media/files/pdfs/medicines/hiv/atrilpa/atrilpa_pi.pdf
9/25/2018	1. New Policy