MEDICATION POLICY:

Cimduo™

Generic Name: Lamivudine/Tenofovir Disoproxil Fumarate

Therapeutic Class or Brand Name: Cimduo™

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 1210990247

Preferred: N/A

Non-preferred: N/A

Date of Origin: 5/15/2018

Date Last Reviewed / Revised: 5/22/2019

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 with body weight of at least 35 kilograms.

III. Cimduo™ is to be co-administered in combination with at least one other antiretroviral agent.

Exclusion Criteria

- N/A

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- 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.

References

1. https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/022141s000lbl.pdf .
2. https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/0 .
3. Medi-Span®.

Historical Tracking of Changes Made to Policy

Date	Notes/Changes

5/22/2019	1. Policy reviewed –no changes.
5/15/2018	1. Medication policy created.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.