

Generic Name: Emtracitibine/Tenofovir
Alfenamide

Therapeutic Class or Brand Name: Descovy™

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 121099022903

Preferred: N/A

Non-preferred: N/A

Date of Origin: 6/1/2018

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when EITHER criteria I or II is met)

- I. Adult or pediatric patient with minimum body weight of 35 kilograms AND criteria A and B are met:
 - A. Documented diagnosis of HIV-1 infection.
 - B. Descovy is to be coadministered in combination with other antiretroviral agents.
- II. Pediatric patient with body weight of 25 to 34 kilograms AND criteria A and B below are met:
 - A. Documented diagnosis of HIV-1 infection.
 - B. Descovy is to be coadministered in combination with other antiretroviral agents other than protease inhibitors that require a CYP3A inhibitor.

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.

APPENDIX

N/A

REFERENCES

1. https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/208215s005lbl.pdf .
2. <https://aidsinfo.nih.gov/guidelines> .

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
6/1/2018	1. 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.