

**Generic Name:** Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate

**Therapeutic Class or Brand Name:** Symfi™, Symfi Lo™

**Applicable Drugs (if Therapeutic Class):** N/A

**GPI Code:** 1210990333

**Preferred: Non-preferred:** N/A

**Date of Origin:** 5/15/2018

**Date Last Reviewed / Revised:** 5/23/2019

### PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through II are met)

- I. Documented diagnosis of HIV- 1 infection.
- II. Adult or pediatric patient with body weight of at least 35 kilograms (for Symfi Lo™) or 40 kilograms (for Symfi™).

### EXCLUSION CRITERIA

- Patient is concurrently on elbasvir and grazoprevir.
- Patient should not be concurrently administered with any other antiretroviral products.
- Patient has impaired renal function (creatinine clearance less than 50 mL/min) or has end-stage renal disease (ESRD) requiring hemodialysis.
- Patient has moderate to severe hepatic impairment (Child-Pugh B or C).

### 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/2018/022142s000lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/022142s000lbl.pdf).
2. <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/0>.
3. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2018/208255s000lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/208255s000lbl.pdf).
4. Medi-Span®.

## HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
5/23/2019	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.