

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

HIV-1 infection

AND ALL of the following:

1. Inadequate response to 6 months of treatment with anti-retroviral therapy (ART) and have failed therapy within the last 8 weeks
2. Viral load (VL) greater than 1,000 copies/mL
3. Have multidrug resistant HIV-1 infection including documented resistance to at least **ONE** medication from **EACH** of the following classes as measured by resistance testing:
 - a. Protease inhibitor (PI)
 - b. Nucleoside reverse transcriptase inhibitors (NRTI)
 - c. Non-nucleoside reverse transcriptase inhibitors (NNRTI)
4. Physician agrees to start an optimized background regimen (OBR) of anti-retroviral therapy (ART)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

HIV-1 infection

AND ALL of the following:

1. Decrease in viral load from baseline



**BlueCross
BlueShield**

Federal Employee Program.

**TROGARZO
(ibalizumab-uiyk)**

2. Patient continues to take an optimized background regimen (OBR) of anti-retroviral therapy (ART) throughout Trogarzo therapy

Prior - Approval *Renewal* Limits

Same as above