

This document applies to the following:

| Formulary | Applies |
|--|-------------------------------------|
| Standard Control (SF) | <input type="checkbox"/> |
| Standard Control – Choice (SCCF) | <input type="checkbox"/> |
| Preferred Drug Plan Design (PDPD) | <input type="checkbox"/> |
| Advanced Control Specialty (ACSF) | <input type="checkbox"/> |
| Advanced Control Specialty – Choice (ACSCF) | <input type="checkbox"/> |
| Managed Medicaid Template (MMT) | <input checked="" type="checkbox"/> |
| Marketplace (MF) | <input checked="" type="checkbox"/> |
| Aetna Small Group Affordable Care Act (SG ACA) | <input type="checkbox"/> |
| Aetna Health Exchange (AHE) | <input type="checkbox"/> |
| Aetna Individual Lives (IVL) | <input type="checkbox"/> |
| Value (VF) | <input type="checkbox"/> |

| Formulary | Applies |
|---|--------------------------|
| New to Market (NTM) | <input type="checkbox"/> |
| Standard Formulary Chart (SFC) | <input type="checkbox"/> |
| Basic Control Chart Preferred Drug Plan Design (BCC PDPD) | <input type="checkbox"/> |
| Advanced Control Specialty Formulary Chart (ACSFC) | <input type="checkbox"/> |
| Value Formulary Chart (VFC) | <input type="checkbox"/> |
| Medical Benefit | <input type="checkbox"/> |
| Medical Benefit: Advanced Biosimilars First | <input type="checkbox"/> |
| Medical Benefit: Managed Medicaid (MMMB) | <input type="checkbox"/> |
| Medicare Part B | <input type="checkbox"/> |
| Medicare Part B: Advanced Biosimilars First | <input type="checkbox"/> |

Exceptions Criteria

Hepatitis B Antiviral Products

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Managed Medicaid Template (MMT) and Marketplace (MF).

Plan Design Summary

This program applies to the hepatitis B virus antiviral products specified in this document. Coverage for the targeted product is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Hepatitis B Virus Antiviral Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

| | Product(s) |
|-----------|--|
| Preferred | <ul style="list-style-type: none"> entecavir (generic) lamivudine (generic) tenofovir disoproxil fumarate (generic) |
| Target | <ul style="list-style-type: none"> Vemlidy (tenofovir alafenamide) |

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred products.

Coverage for the targeted product is provided when either of the following criteria is met:

- Member has a documented inadequate virologic response, resistance, or intolerable adverse event to both of the preferred products entecavir and tenofovir disoproxil fumarate.
- Member meets both of the following criteria:
 - Member has documented bone loss and mineralization defects or is at risk for bone loss and mineralization defects (e.g., history of fragility fractures, advanced age, frailty, chronic glucocorticoid use, low T-scores, or increased fall risk).
 - Member has a documented inadequate virologic response, resistance, or intolerable adverse event to the preferred product entecavir.

References

- Entecavir [package insert]. East Windsor, NJ: Aurobindo Pharma USA, Inc.; April 2022.
- Lamivudine tablet [package insert]. Mason, OH: Prasco Laboratories; June 2022.
- Tenofovir disoproxil fumarate [package insert]. Warren, NJ: Cipla USA, Inc.; March 2024.
- Vemlidy [package insert]. Foster City, CA: Gilead Sciences, Inc.; March 2024.