

This policy applies to the following:

	Standard Opt-in		PDPD		Marketplace		Medical Benefit		Medicare Part B	Reference #
	Standard Opt-out	✓	ACSF		MMT		Medical Benefit: Biosimilars First		Medicare Part B: Biosimilars First	3314-D
✓	VF	✓	Balanced		Medical Benefit: Managed Medicaid		Medical Benefit: Add-on		Medicare Part B: Add-on	

EXCEPTIONS CRITERIA

HIV AGENTS

PREFERRED PRODUCTS FOR COMPLERA and STRIBILD: ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ

POLICY

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

I. PLAN DESIGN SUMMARY

This program applies to the HIV products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product 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. Complera and Stribild

	Products
Preferred	<ul style="list-style-type: none"> • Atripla (efavirenz, emtricitabine, and tenofovir disoproxil fumarate) • Biktarvy (bictegravir, emtricitabine, and tenofovir alafenamide) • Genvoya (elvitegravir, cobicistat, emtricitabine, and tenofovir alafenamide) • Odefsey (emtricitabine, rilpivirine, and tenofovir alafenamide) • Symfi (efavirenz, lamivudine, and tenofovir disoproxil fumarate) • Symfi Lo (efavirenz, lamivudine, and tenofovir disoproxil fumarate) • Symtuza (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) • Triumeq (abacavir, dolutegravir, and lamivudine)
Targeted	<ul style="list-style-type: none"> • Complera (emtricitabine, rilpivirine, and tenofovir disoproxil fumarate) • Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir disoproxil fumarate)

II. EXCEPTION CRITERIA

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

- Coverage for Stribild is provided when the member has a documented inadequate response, intolerable adverse event, or has a contraindication to at least two of the preferred products other than Genvoya.
- Coverage for Complera is provided when the member has a documented inadequate response, intolerable adverse event, or has a contraindication to at least two of the preferred products other than Odefsey.

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	Standard Opt-out	✓	ACSF		MMT		Medical Benefit: Biosimilars First		Medicare Part B: Biosimilars First	3314-D
✓	VF	✓	Balanced		Medical Benefit: Managed Medicaid		Medical Benefit: Add-on		Medicare Part B: Add-on	

REFERENCES

1. Atripla [package insert]. Foster City, CA: Gilead Sciences; July 2018.
2. Biktarvy [package insert]. Foster City, CA: Gilead Sciences; August 2019.
3. Complera [package insert]. Foster City, CA: Gilead Sciences; October 2018.
4. Genvoya [package insert]. Foster City, CA: Gilead Sciences; February 2019.
5. Odefsey [package insert]. Foster City, CA: Gilead Sciences; October 2018.
6. Stribild [package insert]. Foster City, CA: Gilead Sciences; January 2019.
7. Symfi [package insert]. Hyderabad, India: Mylan Laboratories Limited; March 2018.
8. Symfi LO [package insert]. Hyderabad, India: Mylan Laboratories Limited; February 2018.
9. Symtuza [package insert]. Titusville, NJ: Janssen Therapeutics; March 2020.
10. Triumeq [package insert]. Research Triangle Park, NC: GlaxoSmithKline; May 2019.