Reference number(s)
4989-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty – Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☐

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☑
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Human Immunodeficiency Virus (HIV) Agents - Protease Inhibitors

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: Advanced Control Specialty Formulary Chart (ACSFC).

Plan Design Summary

This document applies to the human immunodeficiency virus (HIV) protease inhibitor 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 the targeted product.

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

Table. HIV Protease Inhibitors

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

	Product(s)
Preferred	• atazanavir (generic) • Evotaz (atazanavir and cobicistat) • lopinavir-ritonavir (generic) • Prezcobix (darunavir and cobicistat) • Prezista (darunavir)
Target	• Viracept (nelfinavir)

Exception Criteria

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

Coverage for Viracept is provided when any of the following criteria is met:

- Member is less than 3 years of age and has a documented inadequate response, intolerable adverse event, or contraindication to lopinavir-ritonavir.
- Member is 3 years of age to less than 6 years of age or the member weighs less than 15 kg, and has a documented inadequate response, intolerable adverse event, or contraindication to both of the following:
    - lopinavir-ritonavir
    - Prezista
- Member is 6 years of age or older and the member weights 15 kg to less than 35 kg, and has a documented inadequate response, intolerable adverse event, or contraindication to all of the following:
    - atazanavir
    - lopinavir-ritonavir
    - Prezista
- Member is 6 years of age or older and the member weighs 35 kg to less than 40 kg, and has a documented inadequate response, intolerable adverse event, or contraindication to all of the following:
    - A preferred atazanavir product (atazanavir or Evotaz)
    - lopinavir-ritonavir
    - Prezista

- Member is 6 years of age or older and the member weighs at least 40 kg, and has a documented inadequate response, intolerable adverse event, or contraindication to all of the following:
    - A preferred atazanavir product (atazanavir or Evotaz)
    - A preferred darunavir product (Prezcobix or Prezista)
    - lopinavir-ritonavir

References

1. Atazanavir [package insert]. East Windsor, NJ: Aurobindo Pharma USA, Inc.; January 2024.
2. Evotaz [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; May 2023.
3. Lopinavir-ritonavir [package insert]. Piscataway, NJ: Camber Pharmaceuticals, Inc.; June 2021.
4. Lopinavir-ritonavir solution [package insert]. Philadelphia, PA: Lannett Company, Inc.; November 2020.
5. Prezcobix [package insert]. Horsham, PA: Janssen Products, LP; March 2023.
6. Prezista [package insert]. Horsham, PA: Janssen Products, LP; March 2023.
7. Viracept [package insert]. New York, NY: Pfizer Inc.; October 2023.