Reference number(s)
4998-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) Combination 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: Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), Value Formulary (VF), and Value Formulary Chart (VFC).

Plan Design Summary

This program applies to the human immunodeficiency virus (HIV) fixed-dose combination antiretroviral products specified in this document. Coverage for targeted products 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 members who are new to treatment with Delstrigo for the first time. This program also applies to all members requesting treatment with Complera or Stribild.

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

Table. Fixed-Dose Combination Antiretroviral Products for HIV

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

	Products
Preferred	• Biktarvy (bictegravir, emtricitabine, and tenofovir alafenamide) • Cabenuva (cabotegravir and rilpivirine injection) • Dovato (dolutegravir and lamivudine) • efavirenz, emtricitabine, and tenofovir disoproxil fumarate (generic) • efavirenz, lamivudine, and tenofovir disoproxil fumarate (generic) • Genvoya (elvitegravir, cobicistat, emtricitabine, and tenofovir alafenamide) • Odefsey (emtricitabine, rilpivirine, and tenofovir alafenamide) • Symtuza (darunavir, cobicistat, emtricitabine, and tenofovir alafenamide) • Triumeq (abacavir, dolutegravir, and lamivudine)
Target	• Complera (emtricitabine, rilpivirine, and tenofovir disoproxil fumarate) • Delstrigo (doravirine, lamivudine, and tenofovir disoproxil fumarate) • Stribild (elvitegravir, cobicistat, emtricitabine, and tenofovir disoproxil fumarate)

Exception Criteria

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

Complera

Coverage for Complera is provided when both of the following criteria are met:

- Member has a documented intolerable adverse event or has a contraindication to Odefsey.
- Member has a documented intolerable adverse event or has a contraindication to at least two of the preferred products other than Odefsey.

Delstrigo

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

- Member is currently receiving treatment with Delstrigo, excluding when Delstrigo is obtained as samples or via manufacturer's patient assistance programs.
- Member has a documented intolerable adverse event or has a contraindication to at least three of the preferred products.

Stribild

Coverage for Stribild is provided when both of the following criteria are met:

- Member has a documented intolerable adverse event or has a contraindication to Genvoya.

- Member has a documented intolerable adverse event or has a contraindication to at least two of the preferred products other than Genvoya.

References

1. Biktarvy [package insert]. Foster City, CA: Gilead Sciences, Inc.; April 2024.
2. Cabenuva [package insert]. Durham, NC: ViiV Healthcare; September 2024.
3. Complera [package insert]. Foster City, CA: Gilead Sciences, Inc.; November 2019.
4. Delstrigo [package insert]. Rahway , NJ: Merck & Co., Inc.; November 2023.
5. Dovato [package insert]. Durham, NC: ViiV Healthcare; April 2024.
6. Efavirenz, emtricitabine and tenofovir disoproxil fumarate tablets [package insert]. Piscataway, NJ: Camber Pharmaceuticals, Inc.; January 2022.
7. Efavirenz, lamivudine and tenofovir disoproxil fumarate tablets [package insert]. Berkeley Heights, NJ: Laurus Generics Inc.; August 2023.
8. Genvoya [package insert]. Foster City, CA: Gilead Sciences, Inc.; January 2022.
9. Odefsey [package insert]. Foster City, CA: Gilead Sciences, Inc.; September 2021.
10. Stribild [package insert]. Foster City, CA: Gilead Sciences, Inc.; September 2021.
11. Symtuza [package insert]. Horsham, PA: Janssen Products, LP; March 2023.
12. Triumeq [package insert]. Durham, NC: ViiV Healthcare; July 2024.