

This document applies to the following:

Formulary	Applies
Standard Control (SF)	<input checked="" type="checkbox"/>
Standard Control – Choice (SCCF)	<input checked="" type="checkbox"/>
Preferred Drug Plan Design (PDPD)	<input type="checkbox"/>
Advanced Control Specialty (ACSF)	<input checked="" type="checkbox"/>
Advanced Control Specialty – Choice (ACSCF)	<input checked="" type="checkbox"/>
Managed Medicaid Template (MMT)	<input type="checkbox"/>
Marketplace (MF)	<input 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 checked="" 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

Human Immunodeficiency Virus (HIV)

Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)

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: Standard Control Formulary (SF), Standard Control Choice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), and Value Formulary (VF).

Plan Design Summary

This program applies to the human immunodeficiency virus (HIV) non-nucleoside reverse transcriptase inhibitor (NNRTI) products specified in this document. 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 members who are new to treatment with Edurant or Pifeltro for the first time. This program also applies to all members requesting treatment with Intelence.

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

Table. Non-Nucleoside Reverse Transcriptase Inhibitors

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

	Products
Preferred	<ul style="list-style-type: none"> • efavirenz (generic) • etravirine (generic)
Target	<ul style="list-style-type: none"> • Edurant (rilpivirine) • Intelence (etravirine) • Pifeltro (doravirine)

Exception Criteria

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

Edurant or Pifeltro

Coverage for Edurant or Pifeltro is provided when either of the following criteria is met:

- Member is currently receiving treatment with Edurant or Pifeltro, excluding when Edurant or Pifeltro are obtained as samples or via manufacturer's patient assistance programs.
- Member has a documented inadequate response, intolerable adverse event, or contraindication to the preferred product efavirenz.

Intelence

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

- Member has had a documented intolerable adverse event to generic etravirine, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
- The requested product is Intelence 25 mg tablets.

References

1. Edurant [package insert]. Horsham, PA: Janssen Products, LP; November 2024.
2. Efavirenz [package insert]. East Windsor, NJ: Aurobindo Pharma USA, Inc.; December 2023.

Reference number(s)
6159-D

3. Etravirine [package insert]. Delran, NJ: Carnegie Pharmaceuticals LLC; March 2024.
4. Intelence [package insert]. Horsham, PA: Janssen Products, LP; March 2023.
5. Pifeltro [package insert]. Rahway, NJ: Merck Sharp & Dohme LLC; November 2024.