

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"/>
New to Market (NTM)	<input type="checkbox"/>

Formulary	Applies
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 checked="" type="checkbox"/>
Medical Benefit	<input type="checkbox"/>
Medical Benefit: Advanced Biosimilars First	<input type="checkbox"/>
Combined Benefit Medical Specialty (CBMS)	<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)

Truvada

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), Value Formulary (VF), and Value Formulary Chart (VFC).

Plan Design Summary

This program applies to the human immunodeficiency virus (HIV) products specified in this criteria. Coverage for 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. HIV 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"> abacavir-lamivudine (generic) Apretude (cabotegravir) Cimduo (lamivudine and tenofovir disoproxil fumarate) Descovy (emtricitabine and tenofovir alafenamide) emtricitabine-tenofovir disoproxil fumarate (generic) lamivudine-zidovudine (generic)
Target	<ul style="list-style-type: none"> Truvada (emtricitabine and tenofovir disoproxil fumarate)

Exception Criteria

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

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

- The member has had a documented intolerable adverse event to the preferred product, generic emtricitabine-tenofovir disoproxil fumarate, and the adverse event was not an expected adverse event attributed to any of the active ingredients as described in the prescribing information.
- Member meets either of the following criteria:
 - For the treatment of HIV-1 infection, the member has a documented inadequate response, intolerable adverse event, or has a contraindication to at least two other preferred products.
 - For pre-exposure prophylaxis (PrEP), the member meets both of the following criteria:
 - Member has a documented inadequate response, intolerable adverse event, or has a contraindication to Apretude.
 - Member has a documented intolerated adverse event to Descovy, unless the member is at risk for exposure from receptive vaginal sex.

References

- Abacavir and lamivudine tablets [package insert]. East Windsor, NJ: Aurobindo Pharma USA, Inc.; January 2022.
- Apretude [package insert]. Durham, NC: ViiV Healthcare; September 2024.

Reference number(s)
6628-D

3. Cimduo [package insert]. Morgantown, WV: Mylan Specialty L.P.; February 2021.
4. Descovy [package insert]. Foster City, CA: Gilead Sciences, Inc.; January 2022.
5. Emtricitabine and tenofovir disoproxil fumarate tablets [package insert]. East Windsor, NJ: Aurobindo Pharma USA, Inc.; January 2024.
6. Lamivudine and zidovudine tablets [package insert]. East Windsor, NJ: Aurobindo Pharma USA, Inc.; February 2022.
7. Truvada [package insert]. Foster City, CA: Gilead Sciences, Inc.; April 2024.