



HIV MEDICATIONS PA SUMMARY

Preferred (not all inclusive)	Non-Preferred
Aptivus (tipranavir)	Abacavir/lamivudine/zidovudine (generic Trizivir)
Combivir (lamivudine/zidovudine)*	Abacavir (generic Ziagen)
Complera (emtricitabine/rilpivirine/tenofovir)	Lamivudine/zidovudine (generic Combivir)
Edurant (rilpivirine)	Nevirapine suspension (generic Viramune suspension)
Fuzeon (enfuvirtide)	Nevirapine extended-release (generic Viramune XR)
Intelence (etravirine)	Viramune XR (nevirapine extended-release)
Isentress (raltegravir)	
Lamivudine (generic Epivir)*	
Nevirapine immediate-release tablets (generic Viramune)*	
Norvir (ritonavir)*	
Prezista (darunavir tablets, suspension)	
Selzentry (maraviroc)	
Stribild (elvitegravir/cobicistat/emtricitabine/tenofovir)	
Tivicay (dolutegravir)	
Trizivir (abacavir/lamivudine/zidovudine)*	
Viramune suspension (nevirapine suspension)*	
Ziagen (abacavir)*	

*PA not required

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- ❖ For preferred products, PA approval may be considered for members when faxed documentation is submitted of continuation of therapy from another insurance plan or ADAP (AIDS Drug Assistance Program).
- ❖ If generic nevirapine extended-release is approved, the PA will be issued for brand Viramune XR.

PA CRITERIA:

For Abacavir

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product (brand-name Ziagen) is not appropriate for the member.

For Abacavir/lamivudine/zidovudine

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product (brand-name Trizivir) is not appropriate for the member.



For Aptivus

- ❖ Approvable for members 2 years of age or older when used in combination with other antiretrovirals

AND

- ❖ Member's HIV must be resistant to protease inhibitors.

For Complera

- ❖ Approvable for antiretroviral-naïve members 18 years of age or older

AND

- ❖ Physician must submit faxed documentation of member's baseline HIV-RNA level

AND

- ❖ Member must be unable to take efavirenz/emtricitabine/tenofovir (Atripla) due to the efavirenz component (due to drug-interaction or contraindication). Requests will also be considered for members who are pregnant or planning to become pregnant.

OR

- ❖ Note that requests for Complera may be considered for approval in antiretroviral treatment-experienced members who had an allergic reaction or intolerable side effect to Atripla which was thought to be due to the efavirenz component or in members planning a pregnancy.

For Edurant

- ❖ Approvable for antiretroviral-naïve members 18 years of age or older when used in combination with other antiretrovirals

AND

- ❖ Physician must submit faxed documentation of member's baseline HIV-RNA level.

AND

- ❖ Member must be unable to take efavirenz (Sustiva) (due to drug-interaction or contraindication). Requests will also be considered for members who are pregnant or planning to become pregnant.

OR

- ❖ Note that requests for Edurant may be considered for approval in antiretroviral treatment-experienced members who had an allergic reaction or intolerable side effect to efavirenz or in members planning a pregnancy.

For Fuzeon

- ❖ Approvable for antiretroviral treatment-experienced members 6 years of age or older when used in combination with other antiretrovirals

For Intelence

- ❖ Approvable for members 6 years of age or older when used in combination with other antiretrovirals

AND

- ❖ Member's HIV must be resistant to at least one NNRTI (non-nucleoside reverse transcriptase inhibitor) and at least one medication from the NRTI (nucleoside or nucleotide reverse transcriptase inhibitor) or protease inhibitor class.



For Isentress

- ❖ Approvable for members 6 years of age or older when used in combination with other antiretrovirals
- ❖ Isentress chewable tablets are available for members less than 12 years of age who otherwise meet the criteria above.

For Lamivudine/Zidovudine Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product (brand-name Combivir) is not appropriate for the member.

For Nevirapine Suspension Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product (brand-name Viramune suspension) is not appropriate for the member.

For Prezista tablets/suspension

- ❖ Approvable for members 3 years of age or older when used in combination with other antiretrovirals

For Selzentry

- ❖ Approvable for members 16 years of age or older when used in combination with other antiretrovirals

AND

- ❖ Member's HIV must be resistant to 2 or more antiretrovirals

AND

- ❖ Physician must submit faxed documentation of CCR5-topic HIV-1.

For Stribild

- ❖ Approvable for antiretroviral-naïve members 18 years of age or older

AND

- ❖ Member must be unable to take efavirenz/emtricitabine/tenofovir (Atripla) due to the efavirenz component (due to drug-interaction or contraindication). Requests will also be considered for members who are pregnant or planning to become pregnant.

OR

- ❖ Note that requests for Stribild may be considered for approval in antiretroviral treatment-experienced members who had an allergic reaction or intolerable side effect to Atripla which was thought to be due to the efavirenz component or in members planning a pregnancy.

For Tivicay

- ❖ Approvable for members 12 years of age or older, weighing 40 kg (88 lbs) or more, when used in combination with other antiretrovirals.

For Nevirapine ER Generic and Viramune XR

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product Viramune immediate-release tablets is not appropriate for the member.



EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.