

<b>Clinical Policy Title:</b>	HIV PreP-Cost share exception
<b>Policy Number:</b>	RxA.807
<b>Drug(s) Applied:</b>	Truvada, Descovy, Vocabria, Apretude
<b>Original Policy Date:</b>	02/14/2024
<b>Last Review Date:</b>	2/28/2024
<b>Line of Business Policy Applies to:</b>	All lines of business (except Medicare)

## Criteria

### I. Initial Approval Criteria (must meet all):

1. Diagnosis of HIV Pre-exposure prophylaxis (PreP);
2. Submission of prescriber's supporting statement indicating one of the following (a, b, or c):
  - a. Trial and failure to emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet;
  - b. History of intolerance or contraindication to emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet,
  - c. Justification why emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet would not be as effective as the requested drug.
3. Vocabria only: Patient must have a paid claim for Apretude in the last 60 days.

#### Approval Duration

**All Lines of Business (except Medicare): 12 months**

### II. Continued Therapy Approval (must meet all):

1. Reauthorization is not permitted and must meet initial criteria.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy created	2/14/2024	2/28/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.