



HIV MEDICATIONS PA SUMMARY

STATUS: Preferred (except generic Abacavir, generic Lamivudine, generic Lamivudine/Zidovudine, generic Nevirapine suspension, Norvir tablets, and Viramune XR are Non-Preferred)

LENGTH OF AUTHORIZATION: 1 Year

NOTE: 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).

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 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

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

For Lamivudine/Zidovudine

- ❖ 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

- ❖ 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 Norvir tablets

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product (Norvir capsules or oral solution) 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 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.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

QUANTITY LEVEL LIMITATIONS:

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