



## 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

### 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 allergy, drug-interaction, contraindication, intolerable side effect). Requests will also be considered for members who are pregnant or planning to become pregnant.



- ❖ 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*

- ❖ Approvable for members 6 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](http://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](http://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.