

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	NA	X	X	X	X	X	NA

## Descovy (emtricitabine and tenofovir alafenamide)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Descovy (emtricitabine and tenofovir alafenamide)	May be subject to quantity limit

### **APPROVAL CRITERIA**

Requests for Descovy (emtricitabine and tenofovir alafenamide) may be approved when the following criteria are met:

- I. Individual has been receiving and is stabilized on Descovy; **OR**
- II. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and was unable to tolerate Truvada (emtricitabine and tenofovir disoproxil fumarate); **OR**
- IV. Individual with creatinine clearance between 30 and 59 mL/min; **OR**
- V. Individual with presence or at high risk for osteopenia or osteoporosis.

### **Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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New Program Date 11/29/2019

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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<b>Applicable</b>	NA	X	X	X	X	X	NA

2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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