

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

Oral HIV Antiretrovirals Quantity Limits

Override(s)	Approval Duration
Quantity Limit	1 year

APPROVAL CRITERIA

Requests for HIV Antiretroviral Quantity Limit overrides may be approved based on the following criteria:

- I. Individual has a drug-drug interaction with current regimen and requires a higher dose than normal; **OR**
- II. Individual has a documented drug resistance that requires higher dose/quantity than normal; **OR**
- III. Individual is unable to obtain the higher strength formulation of the requested drug (out of stock, close expiration, short supply, etc); **OR**
- IV. Individual has a medical condition/disease or a drug-disease interaction (such as, pharmacogenetic phenotype or malabsorption) altering the expected pharmacokinetics of the requested drug such that higher than normal dose/quantity is required; **OR**
- V. Individual is undergoing a dose response titration or has a change in dosage using a specific formulation requiring a higher than normal quantity; **OR**
- VI. Physician has indicated the need for the increased limit.

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Oral HIV Drug List
Aptivus (tipranavir)
Atripla (efavirenz/emtricitabine/tenofovir disoproxil fumarate)
Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide)
Cimduo (lamivudine/tenofovir disoproxil fumarate)
Combivir (lamivudine/zidovudine)
Complera (emtricitabine/rilpivirine/tenofovir disoproxil fumarate)
Crixivan (indinavir)
Delstrigo (doravirine/lamivudine/tenofovir disoproxil fumarate)
Descovy (emtricitabine/tenofovir alafenamide)
Dovato (dolutegravir/lamivudine)
Edurant (rilpivirine)
Emtriva (emtricitabine)
Epivir (lamivudine)
Epzicom (abacavir/lamivudine)
Evotaz (atazanavir/cobicistat)
Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)
Intelence (etravirine)
Invirase (saquinavir)
ISENTRESS (raltegravir)
ISENTRESS HD (raltegravir)
Juluca (dolutegravir/rilpivirine)
Kaletra (lopinavir/ritonavir)
Lexiva (fosamprenavir)
Norvir (ritonavir)
Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide)
Pifeltro (doravirine)
Prezcobix (darunavir/cobicistat)
Prezista (darunavir)
Rescriptor (delavirdine)
Retrovir (zidovudine)
Zidovudine
Retrovir (zidovudine)
Reyataz (atazanavir)
Selzentry (maraviroc)
Stavudine

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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Stribild (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate)
Sustiva (efavirenz)
Symfi (efavirenz/lamivudine/tenofovir disoproxil fumarate)
Symfi Lo (efavirenz/lamivudine/tenofovir disoproxil fumarate)
Symtuza (darunavir/cobicistat/emtricitabine/tenofovir alafenamide)
Temixys (lamivudine/ tenofovir disoproxil fumarate)
Tivicay (dolutegravir)
Triumeq (abacavir/dolutegravir/lamivudine)
Trizivir (abacavir/lamivudine/zidovudine)
Truvada (emtricitabine/tenofovir disoproxil fumarate)
Tybost (cobicistat)
Videx (didanosine)
Videx EC (didanosine enteric coated)
Viracept (nelfinavir)
Viramune (nevirapine)
Viramune XR (nevirapine extended-release)
Vitekta (elvitegravir)
Zerit (stavudine)
Ziagen (abacavir)

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Applicable	X	X	X	X	X	X	NA

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 23, 2019.
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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