

PHARMACY COVERAGE GUIDELINE

FUZEON® (enfuvirtide) subcutaneous injection Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
 - This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
 - Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
 - The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
 - The “Description” section describes the Service.
 - The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
 - The “Resources” section lists the information and materials we considered in developing this PCG
 - **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
 - Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.
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Medical Necessity Requirements for FUZEON (enfuvirtide)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by an HIV/AIDS Specialist or Infectious Disease Specialist or is in consultation with one

Indication

- Treatment experienced Human Immunodeficiency Virus Type 1 (HIV 1) infection with ongoing viral replication despite antiretroviral therapy

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Age Requirement

- 5 years of age (weighing at least 11 kilograms or at least 24 pounds) or older

Baseline Clinical Evaluation

- Documentation of **ONE** of the following:
 - Viremia despite at least three months of antiretroviral therapy with a nucleoside reverse transcriptase inhibitor (NRTI) plus a nonnucleoside reverse transcriptase inhibitor (NNRTI) plus a protease inhibitor (PI)
 - Viremia and documented resistance or intolerance to at least one agent in each of the NRTI, NNRTI, and PI classes

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No concurrent use with Trogarzo (ibalizumab)

Additional Requirements

- To be used with a personalized regimen of 3 to 5 agents based on treatment history and viral resistance

Documentation Requirements

- A completed request form must be submitted including:
 - Chart notes
 - Lab results (including HIV ribonucleic acid (RNA) level greater than 50 copies/milliliter while on therapy or intolerance due to drug toxicity)
 - Supporting clinical documentation

Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year
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Criteria for Continuation of Therapy (renewal therapy):

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.

Prescriber Qualifications

- Continues to be seen by an HIV/AIDS Specialist or Infectious Disease Specialist physician specializing in or is in consultation with one

Clinical Response

- **BOTH** of the following:
 - Achieved and maintains reduced viral load or it is now undetectable
 - CD4 counts have improved

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Adherence

- Adherence to the prescribed therapy regimen has been documented

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No concurrent use with Trogarzo (ibalizumab)
- No significant adverse drug effects that may exclude continued use such as:
 - Hypersensitivity reaction
 - Pneumonia
 - Opportunistic infection due to immune reconstitution syndrome
 - Autoimmune disorders (such as Graves' disease, polymyositis, and Guillain Barré syndrome) due to immune reconstitution syndrome

Additional Requirements

- To be used with a personalized regimen of 3 to 5 agents based on treatment history and viral resistance

Documentation Requirements

- Chart notes
- Supporting clinical documentation with evidence of improvement in given indication
- Lab values that confirm safe use from above criteria

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
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Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. Off-Label Use of Non-Cancer Medications
 2. Off-Label Use of Cancer Medications
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Description:

Fuzeon (enfuvirtide) is an HIV-1 fusion inhibitor indicated for use in combination with other antiretroviral agents for the treatment of HIV-1 infection in treatment experienced individuals with HIV-1 replication despite ongoing antiretroviral therapy.

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HIV-1 clinical isolates resistant to nucleoside analogue reverse transcriptase inhibitors (NRTI), nonnucleoside analogue reverse transcriptase inhibitors (NNRTI), and protease inhibitors (PI) were susceptible to enfuvirtide in cell culture. Enfuvirtide has no activity against HIV-2.

Enfuvirtide exhibited additive to synergistic effects in cell culture assays when combined with individual members of various antiretroviral classes, including lamivudine, zidovudine, indinavir, nelfinavir, and efavirenz.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

Failure of antiretroviral therapy:

A confirmed HIV ribonucleic acid (RNA) level of > 50 copies/mL while on therapy or intolerance due to drug toxicity

Classification of antiretroviral drugs (agents listed alphabetically):

Drug (abbreviations)	US Brand Name
Nucleoside and nucleotide reverse transcriptase inhibitors (NRTIs)	
Abacavir (ABC)	Ziagen
Emtricitabine (FTC)	Emtriva
Lamivudine (3TC)	Epivir
Stavudine (d4T)	Zerit
Tenofovir alafenamide (TAF)	Vemlidy
Tenofovir disoproxil fumarate (TDF)	Viread
Zidovudine (ZDV, AZT)	Retrovir
Non-nucleoside reverse transcriptase inhibitors (NNRTIs)	
Delavirdine (DLV)	Rescriptor
Doravirine (DOR)	Pifeltro
Efavirenz (EFV)	Sustiva
Etravirine (ETR)	Intelence
Nevirapine (NVP)	Viramune, Viramune XR
Rilpivirine (RPV)	Eduvant
Protease inhibitors (PIs)	

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Atazanavir (ATV)	Reyataz
Atazanavir-cobicistat (ATV/COBI)	Evotaz
Darunavir (DRV)	Prezista
Darunavir-cobicistat (DRV/COBI)	Prezcobix
Fosamprenavir (FPV)	Lexiva
Indinavir (IDV)	Crixivan
Lopinavir/ritonavir boosting (LPV/r)	Kaletra
Nelfinavir (NFV)	Viracept
Ritonavir (RTV) (used as a pharmacokinetic boosting agent)	Norvir
Saquinavir (SQV)	Invirase
Tipranavir (TPV)	Aptivus
Fusion inhibitor	
Enfuvirtide (T-20)	Fuzeon
Integrase strand transfer inhibitors (INSTIs)	
Cabotegravir (CAB; oral formulation)	Vocabria
Dolutegravir (DTG)	Tivicay
Elvitegravir (EVG)	Vitekta
Raltegravir (RAL)	Isentress, Isentress HD
CCR5 antagonist	
Maraviroc (MVC)	Selzentry
Attachment inhibitor	
Fostemsavir	Rukobia
Post-attachment inhibitor	
Ibalizumab-uijk	Trogarzo
Fixed-dose combinations	
Abacavir-lamivudine (ABC/3TC)	Epzicom
Abacavir-lamivudine-zidovudine (ABC/3TC/ZDV)	Trizivir
Bictegravir-emtricitabine-tenofovir alafenamide (BIC/FTC/TAF)	Biktarvy

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Darunavir-cobicistat-emtricitabine-tenofovir alafenamide (DRV/COBI/FTC/TAF)	Symtuza
Dolutegravir-abacavir-lamivudine (DTG/ABC/3TC)	Triumeq
Dolutegravir-lamivudine (DTG/3TC)	Dovato
Dolutegravir-rilpivirine (DTG/RPV)	Juluca
Doravirine-lamivudine-tenofovir disoproxil fumarate (DOR/3TC/TDF)	Delstrigo
Efavirenz-emtricitabine-tenofovir disoproxil fumarate (EFV/FTC/TDF)	Atripla
Efavirenz- lamivudine -tenofovir disoproxil fumarate (EFV/FTC/TDF)	Symfi, Symfi Lo
Elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide (ECF/TAF or EVG/COBI/FTC/TAF)	Genvoya
Elvitegravir-cobicistat-emtricitabine-tenofovir disoproxil fumarate (ECF/TDF or EVG/COBI/FTC/TDF)	Stribild
Rilpivirine-emtricitabine-tenofovir alafenamide (RPV/FTC/TAF)	Odefsey
Rilpivirine-emtricitabine-tenofovir disoproxil fumarate (RPV/FTC/TDF)	Complera
Tenofovir alafenamide-emtricitabine (TAF/FTC)	Descovy
Tenofovir disoproxil fumarate-emtricitabine (TDF/FTC)	Truvada
Zidovudine-lamivudine (ZDV/3TC)	Combivir
Injectable combination	
Cabotegravir plus rilpivirine (CAB/RPV; extended-release injectable formulation)	Cabenuva

Resources:

Fuzeon (enfuvirtide) product information, revised by Genentech, Inc. 12-2019. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed November 03, 2025.

Fletcher CV. Overview of antiretroviral agents used to treat HIV. In: UpToDate, Sax PE, Mitty J (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated March 04, 2025. Accessed January 19, 2026.

Daar ES. Selecting an antiretroviral regimen for treatment-experienced patients with HIV who are failing therapy. In: UpToDate, Sax PE, Mitty J (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through December 2025. Topic last updated September 23, 2024. Accessed January 19, 2026.