

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.

| Oral HIV Drug List |
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| 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) |
| Retrovir (zidovudine) |
| Rukobia (fostemsavir) |
| Zidovudine |
| Retrovir (zidovudine) |
| Reyataz (atazanavir) |
| Selzentry (maraviroc) |
| Stavudine |
| 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) |
| Tivicay PD (dolutegravir) |

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| Triumeq (abacavir/dolutegravir/lamivudine) |
| Triumeq PD (abacavir/dolutegravir/lamivudine) |
| Trizivir (abacavir/lamivudine/zidovudine) |
| Truvada (emtricitabine/tenofovir disoproxil fumarate) |
| Tybost (cobicistat) |
| Viracept (nelfinavir) |
| Viramune (nevirapine) |
| Viramune XR (nevirapine extended-release) |
| Vitekta (elvitegravir) |
| Zerit (stavudine) |
| Ziagen (abacavir) |

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 10, 2022.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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