



## Descovy Prior Authorization

<b>Drug(s) Applied:</b>	<b>Descovy</b> (emtricitabine/tenofovir alafenamide fumarate (TAF))
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### Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

#### I. Initial Therapy Criteria

##### A. HIV PrEP (pre-exposure prophylaxis)

1. Chart notes and/or prescriber do not provide indication that patient has HIV or is being treated for HIV

**Approval Duration:** 12 months at no copay

##### B. HIV treatment as indicated by chart notes within past 180 days

1. Diagnosis of HIV **and**
2. ONE of the following:
  - a) Patient has tried and had an inadequate response to emtricitabine/tenofovir disoproxil fumarate (TDF) [Truvada generic] **or**
  - b) Patient has an intolerance or FDA labeled contraindication to emtricitabine/tenofovir disoproxil fumarate (TDF) [Truvada generic]

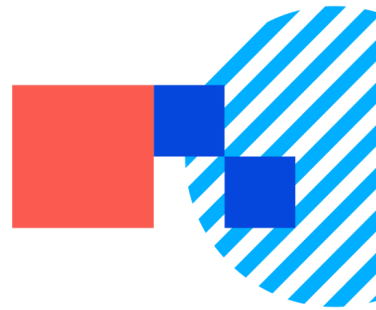
**Approval Duration:** 12 months

#### II. Continued Therapy Criteria

##### A. HIV PrEP (pre-exposure prophylaxis) as indicated by chart notes within past 12 months

1. Chart notes and/or prescriber do not provide indication that patient has HIV or is being treated for HIV

**Approval Duration:** 12 months at no copay



**B. HIV treatment** as indicated by chart notes within past 12 months

1. Diagnosis of HIV **and**
2. ONE of the following:
  - a) Patient has tried and had an inadequate response to emtricitabine/tenofovir disoproxil fumarate (TDF) [Truvada generic] **or**
  - b) Patient has an intolerance or FDA labeled contraindication to emtricitabine/tenofovir disoproxil fumarate (TDF) [Truvada generic]

**Approval Duration:** 12 months

**Policy Owned by:** Curative PBM team