

Descovy Prior Authorization

Drug(s) Applied:	Descovy (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

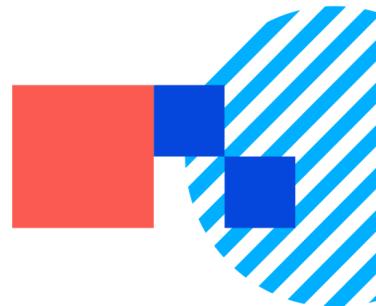
II. Continued Therapy Criteria

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

