

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

emtricitabine/rilpivirine/tenofovir disoproxil fumarate (Complera)

Notes:

- ^ Adequate trial is defined as 2 week treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Formulary **emtricitabine/rilpivirine/tenofovir disoproxil fumarate (Complera)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of HIV on the problem list
- Either of the following:
 - Prior adequate trial and failure of emtricitabine/rilpivirine/tenofovir alafenamide (Odefsey) unless contraindication, intolerance, or allergy
 - Patient is pregnant or has the potential to become pregnant.

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Formulary **emtricitabine/rilpivirine/tenofovir disoproxil fumarate (Complera)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of HIV on the problem list
- Either of the following:
 - Prior adequate trial and failure of emtricitabine/rilpivirine/tenofovir alafenamide (Odefsey) unless contraindication, intolerance, or allergy
 - Patient is pregnant or has the potential to become pregnant.