Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Emtricitabine/Tenofovir Alafenamide (Descovy)

Notes:

- ^ Adequate trial is defined as 21-day treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

<u>Initiation (new start) criteria</u>: Non-formulary <u>emtricitabine/tenofovir alafenamide</u> (<u>Descovy</u>) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by immune deficiency clinic (IDC) provider -AND-
- Diagnosis of human immunodeficiency virus (HIV)

-OR-

- Prescribed by immune deficiency clinic (IDC) provider
 -AND-
- Prescribed for pre-exposure prophylaxis (PrEP)
- Patient has failed an adequate trial[^] of emtricitabine/tenofovir disoproxil fumarate (Truvada) or patient has an allergy or intolerance^{*} to emtricitabine/tenofovir disoproxil fumarate (Truvada) unless patient has one of the following:
 - History of osteoporosis or osteopenia
 - Renal impairment defined by creatinine clearance (CrCl) less than 70 ml/min or history of chronic renal disease
 - Persistently increased serum creatinine from baseline while using Truvada, defined as 2 or more lab results with an increase of 0.4 mg/dL
 - Sustained proteinuria or glycosuria while using Truvada, defined as 2 or more abnormal lab results
 - Pre-existing condition that increases the patients risk of bone or kidney issues (i.e. ≥ 65 years of age, diabetes, CKD, etc.)

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Revised: 02/13/20 Effective: 03/05/20 All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest



Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Emtricitabine/Tenofovir Alafenamide (Descovy)

<u>Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously</u>: Non-formulary emtricitabine/tenofovir alafenamide (Descovy) will be covered on the prescription drug benefit when the following criteria are met:

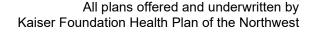
- Prescribed by immune deficiency clinic (IDC) provider
 -AND-
- Diagnosis of human immunodeficiency virus (HIV)

-OR-

- Prescribed by immune deficiency clinic (IDC) provider
 -AND-
- Prescribed for pre-exposure prophylaxis (PrEP)
 -AND-
- Patient has failed an adequate trial[^] of emtricitabine/tenofovir disoproxil fumarate (Truvada) or patient has an allergy or intolerance^{*} to emtricitabine/tenofovir disoproxil fumarate (Truvada) unless patient has one of the following:
 - History of osteoporosis or osteopenia
 - Renal impairment defined by creatinine clearance (CrCl) less than 70 ml/min or history of chronic renal disease
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Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Emtricitabine/Tenofovir Alafenamide (Descovy)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary emtricitabine/tenofovir alafenamide (Descovy) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by immune deficiency clinic (IDC) provider
 -AND-
- Diagnosis of human immunodeficiency virus (HIV)

-OR-

- Prescribed by immune deficiency clinic (IDC) provider
 -AND-
- Prescribed for pre-exposure prophylaxis (PrEP)
 -AND-
- Patient has failed an adequate trial[^] of emtricitabine/tenofovir disoproxil fumarate (Truvada) or patient has an allergy or intolerance^{*} to emtricitabine/tenofovir disoproxil fumarate (Truvada) unless patient has one of the following:
 - History of osteoporosis or osteopenia
 - Renal impairment defined by creatinine clearance (CrCl) less than 70 ml/min or history of chronic renal disease
 - Persistently increased serum creatinine from baseline while using Truvada, defined as 2 or more lab results with an increase of 0.4 mg/dL
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