



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

FOSTEMSAVIR

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
FOSTEMSAVIR	RUKOBIA	46684		GPI-10 (1210233040)	

GUIDELINES FOR USE

- Does the patient have a diagnosis of human immunodeficiency virus type 1 (HIV-1) infection and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The requested medication will be used in combination with other antiretroviral(s)
 - The patient is heavily treatment experienced and has multidrug-resistant HIV-1 infection
 - The patient is failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **FOSTEMSAVIR (Rukobia)** requires the following rule(s) be met for approval:

- You have human immunodeficiency virus type 1 (HIV-1) infection
- You are 18 years of age or older
- The requested medication will be used in combination with other antiretroviral(s) (class of medication used to treat HIV)
- You are heavily treatment experienced (previously treated) and have multidrug-resistant HIV-1 infection
- You are failing your current antiretroviral regimen due to resistance, intolerance, or safety considerations

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Rukobia.

REFERENCES

Rukobia [Prescribing Information]. Research Triangle Park, NC: GlaxoSmithKline; July 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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P&T Approval:07/20

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