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**

- **AND** –

- **Prior adequate trial and failure of emtricitabine/rilpivirine/tenofovir alafendamide (Odefsey®) unless contraindication, intolerance, or allergy**

- **OR** -

- **Patient is pregnant or planning to become pregnant**