Formulary **elvitegravir/cobicistat/emtricitabine/tenofovir disopropil fumarate (Stribild®)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of HIV on the problem list

  - AND –

- Prior adequate trail and failure of elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (Genvoya®) unless contraindication, intolerance, or allergy

  - OR -

- Patient is pregnant or planning to become pregnant