

# 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

**Initiation (new start) criteria:** 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<sup>^</sup> 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

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## CRITERIA FOR DRUG COVERAGE

### Emtricitabine/Tenofovir Alafenamide (Descovy)

**Criteria for current Kaiser Permanente members 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)
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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<sup>^</sup> 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
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    - Pre-existing condition that increases the patients risk of bone or kidney issues (i.e. ≥ 65 years of age, diabetes, CKD, etc.)