

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Tenofovir alafenamide (Vemlidy)

Notes:

^An adequate trial is defined as a 3 month 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 **tenofovir alafenamide (Vemlidy)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a hepatology or infectious disease specialist.
- Diagnosis of human immunodeficiency virus (HIV) or chronic hepatitis B
- If diagnosis of chronic hepatitis B monoinfection, patient must also meet the following criteria:
 - Failed an adequate trial of entecavir 1mg daily[^], has an allergy or intolerance to entecavir*, or has a history of lamivudine exposure, AND
 - Trial of tenofovir disoproxil fumarate unless one of the following contraindications:
 - History of osteoporosis or osteopenia.
 - Renal impairment defined by creatinine clearance (CrCl) less than 50 ml/min or history of chronic renal disease.

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **tenofovir alafenamide (Vemlidy)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- See below for continued use criteria for patients stable on the medication.

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously. Non-formulary **tenofovir alafenamide (Vemlidy)** will be covered on the prescription drug benefit for 6 months when the following criteria are met:

- Diagnosis of human immunodeficiency virus (HIV) or chronic hepatitis B
- If diagnosis of chronic hepatitis B monoinfection, a trial of tenofovir disoproxil fumarate is required unless one of the following contraindications:
 - History of osteoporosis or osteopenia.
 - Renal impairment defined by creatinine clearance (CrCl) less than 50 ml/min or history of chronic renal disease.

kp.org

Revised: 09/08/22
Effective: 09/09/22

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Tenofovir alafenamide (Vemlidy)

Continued use criteria for patients stable on the medication: Non-formulary **tenofovir alafenamide (Vemlidy)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a hepatology or infectious disease specialist.

kp.org

Revised: 09/08/22
Effective: 09/09/22

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest