PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Human Immunodeficiency Virus – Truvada Preferred Specialty Management Policy
- Truvada® (emtricitabine and tenofovir disoproxil fumarate – Gilead, generic)

REVIEW DATE: 03/27/2024

Truvada is a two-drug combination of emtricitabine and tenofovir disoproxil fumarate, both human immunodeficiency virus type 1 (HIV-1) nucleoside analog reverse transcriptase inhibitors.[1] It is indicated for the following uses:

- **Treatment of HIV-1 infection,** in combination with other antiretrovirals, in adults and pediatric patients weighing ≥ 17 kg.
- **Pre-exposure prophylaxis (PrEP)**, to reduce the risk of sexually acquired HIV-1 infection, in at-risk adults and adolescents weighing ≥ 35 kg.

POLICY STATEMENT

This Preferred Specialty Management program has been developed to encourage the use of Preferred Products. The program directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). All approvals are provided for 1 year in duration.

Documentation: Documentation will be required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and prescription receipts.

Automation: None.

Preferred Products: generic emtricitabine/tenofovir disoproxil fumarate

Non-Preferred Products: Truvada

RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Truvada® tablets [prescribing information]. Foster City, CA: Gilead; October 2023.