

**Included Products:** Rukobia (fostemsavir)

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## All Diagnoses

Initial Criteria		If yes	If no
1.	Is the request for the treatment of HIV in an adult?	Continue to #2.	Do not approve.
2.	Is the request from an HIV or Infectious Disease specialist?	Continue to #3.	Do not approve.
3.	Does the member have demonstrated resistance to at least one drug in three classes (e.g. INSTI, NRTI, NNRTI, PI)?	Continue to #4.	Do not approve.
4.	Is there documentation that existing therapy has failed or is failing with viral load > 400?	Continue to #5.	Do not approve.
5.	Will the medication be used concurrently with additional antiretrovirals?	Continue to #6.	Do not approve.
6.	Does the member have a history of non-adherence with oral HIV meds in the last 6 months (at least 90% of medication taken on time)?	Require treatment plan to address and review with plan medical director.	Continue to #7.
7.	Approve for 6 months		
Renewal Criteria		If yes	If no
1.	Is there demonstrated viral suppression with documented viral load < 200?	Continue to #2.	Do not approve.
2.	Approve for lifetime.		