

Ibalizumab



Included Products: Trogarzo (ibalizumab-uiyk)

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HIV

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 (NRTI, NNRTI, and PI)?	Continue to #4.	Do not approve.
4.	Is there documentation that existing therapy has failed or is failing with viral load > 1,000?	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 per label dosing.		
Renewal Criteria		If yes	If no
1.	Is this a request for a second induction dose within 6 months or last induction dose?	Do not approve.	Continue to #2.
2.	Is there demonstrated viral suppression with documented viral load < 200?	Continue to #3.	Do not approve. Not medically necessary.
3.	Approve for 12 months.		