MEDICATION POLICY

Generic Name: Efavirenz/Lamivudine/Tenofovir Disoproxil Fumarate

Therapeutic Class or Brand Name: Symfi, Symfi Lo

Applicable Drugs (if Therapeutic Class)**:** N/A

Date of Origin: 5/15/2018 **Date Last Reviewed/Revised:**

GPI Code: 1210990333

Prior Authorization Criteria (may be considered medically necessary when criteria I through II are met):

I. Documented diagnosis of HIV- 1 infection

II. Adult or pediatric patient with body weight of at least 35 kilograms (for Symfi Lo) or 40 kilograms (for Symfi)

Exclusion Criteria:

- Patient is concurrently on elbasvir and grazoprevir
- Patient should not be concurrently administered with any other antiretroviral products
- Patient has impaired renal function (creatinine clearance less than 50 mL/min) or has end-stage renal disease (ESRD) requiring hemodialysis
- Patient has moderate to severe hepatic impairment (Child-Pugh B or C)

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- 30 tablets per 30 days

Approval Length:

- **Authorization:** 1 year
- **Re-Authorization:** An updated letter of medical necessity or progess notes showing current medical necessity criteria are met and the medication is effective.

Appendix:

MEDICATION POLICY

N/A

References:

1. https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/022142s000lbl.pdf
2. https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/0
3. https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/208255s000lbl.pdf