



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 progress notes showing current medical necessity criteria are met and the medication is effective.

Appendix:

Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.



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N/A

References:

1. https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/022142s0001b1.pdf
2. <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/0>
3. https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/208255s0001b1.pdf

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