



MEDICATION POLICY

Generic Name: Tenofovir

Therapeutic Class or Brand Name: Viread®

Applicable Drugs (if Therapeutic Class): N/A

Date of Origin: 2/1/13

Date Last Reviewed/Revised: 12/1/17

GPI Code: 1210857010

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

- I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis:
 - A. Chronic Hepatitis B virus infection and criterion 1 is met:
 1. Minimum age requirement: 12 years old.
 - B. HIV-1 infection and criteria 1 through 2 are met:
 1. Viread® is being used in combination with other antiretroviral agents.
 2. Minimum age requirement: 2 years old.
- II. Prescriber is a Gastroenterologist, Infectious Disease Specialist, Hepatologist, or HIV Specialist.

Exclusion Criteria:

- Coadministration of Viread® with Hepsera® (adefovir) or any product containing tenofovir disoproxil fumarate or tenofovir alafenamide including Atripla® (efavirenz/emtricitabine/tenofovir disoproxil fumarate), Complera® (emtricitabine/rilpivirine/tenofovir disoproxil fumarate), Descovy® (emtricitabine/tenofovir alafenamide), Genvoya® (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide), Odefsey® (emtricitabine/rilpivirine/tenofovir alafenamide), Stribild® (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate), Truvada® (emtricitabine/tenofovir disoproxil fumarate), and Vemlidy® (tenofovir alafenamide).

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- 30 tablets or 240 grams of oral powder per 30 days.

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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Approval Length:

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

Appendix:

N/A

References:

1. [http://onlinelibrary.wiley.com/doi/10.1002/hep.28156/epdf.](http://onlinelibrary.wiley.com/doi/10.1002/hep.28156/epdf)
2. [http://www.aasld.org/sites/default/files/guideline_documents/ChronicHepatitisB2009.pdf.](http://www.aasld.org/sites/default/files/guideline_documents/ChronicHepatitisB2009.pdf)
3. Medi-Span.
4. [http://www.gilead.com/pdf/viread_pi.pdf.](http://www.gilead.com/pdf/viread_pi.pdf)

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Historical Tracking Of Changes Made To Policy	
12/1/2017	1. Changed “Coadministration of Viread® with Hepsera® (adefovir) or any product containing tenofovir disoproxil fumarate...” to “Coadministration of Viread® with Hepsera® (adefovir) or any product containing tenofovir disoproxil fumarate or tenofovir alafenamide...”, and added “Descovy® (emtricitabine/tenofovir alafenamide), Genvoya® (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide), Odefsey® (emtricitabine/rilpivirine/tenofovir alafenamide), and Vemlidy® (tenofovir alafenamide)” to list of products under Exclusion Criteria.
9/22/2016	1. Added “ http://onlinelibrary.wiley.com/doi/10.1002/hep.28156/epdf ” under References. 2. Removed “ https://www.healthnet.com/static/general/unprotected/html/national/pa_guidelines/viread_hnmc.html ” from References (link no longer valid).
2/24/2015	1. Changed “Viread® should not be used in combination with Atripla®, Complera®, Stribild™, or Truvada®” to “Coadministration of Viread® with Hepsera® (adefovir) or any product containing tenofovir disoproxil fumarate including Atripla® (efavirenz/emtricitabine/tenofovir disoproxil fumarate), Complera® (emtricitabine/rilpivirine/tenofovir disoproxil fumarate), Stribild® (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate), and Truvada® (emtricitabine/tenofovir disoproxil fumarate)” under Exclusion Criteria. 2. Added “ http://www.aasld.org/sites/default/files/guideline_documents/ChronicHepatitisB2009.pdf ” under References.
2/13/2014	1. Adapted policy to new format. 2. Added GPI Code. 3. Updated references to include Medi-Span.

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