



## 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:** 9/22/16

**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 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).

### **Other Criteria:**

- N/A

### **Quantity/Days Supply Restrictions:**

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

### **Approval Length:**

- **Authorization:** 1 year.

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- **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>.
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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<b>Historical Tracking Of Changes Made To Policy</b>	
9/22/2016	<ol style="list-style-type: none"><li>1. <b>Added</b> “<a href="http://onlinelibrary.wiley.com/doi/10.1002/hep.28156/epdf">http://onlinelibrary.wiley.com/doi/10.1002/hep.28156/epdf</a>” <b>under References.</b></li><li>2. <b>Removed</b> “<a href="https://www.healthnet.com/static/general/unprotected/html/national/pa_guidelines/viread_hnmc.html">https://www.healthnet.com/static/general/unprotected/html/national/pa_guidelines/viread_hnmc.html</a>” <b>from References</b> (link no longer valid).</li></ol>
2/24/2015	<ol style="list-style-type: none"><li>1. <b>Changed</b> “Viread® should not be used in combination with Atripla®, Complera®, Stribild™, or Truvada®” <b>to</b> “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)” <b>under Exclusion Criteria.</b></li><li>2. <b>Added</b> “<a href="http://www.aasld.org/sites/default/files/guideline_documents/ChronicHepatitisB2009.pdf">http://www.aasld.org/sites/default/files/guideline_documents/ChronicHepatitisB2009.pdf</a>” <b>under References.</b></li></ol>
2/13/2014	<ol style="list-style-type: none"><li>1. <b>Adapted policy to new format.</b></li><li>2. <b>Added GPI Code.</b></li><li>3. <b>Updated references</b> to include Medi-Span.</li></ol>

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