

Pharmacy Policy

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Policy Number: 9.411

Version Number: 2.0

Version Effective Date: 6/1/2021

Product Applicability **All Plan+ Products**

Well Sense Health Plan

New Hampshire Medicaid

Boston Medical Center HealthNet Plan

MassHealth ACO

MassHealth MCO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- Descovy (emtricitabine/tenofovir alafenamide)

The Plan may authorize coverage of the above products for members meeting the following criteria:

| | |
|-------------------------------------|--|
| Required Medical Information | <ol style="list-style-type: none"> 1. Diagnosis of HIV-1 infection and Descovy is being used as part of an antiretroviral treatment (ART) regimen; OR 2. Requested use is for HIV-1 pre-exposure prophylaxis (PrEP); AND <ol style="list-style-type: none"> a. The member has tried and failed or has a contraindication or clinical intolerance to emtricitabine/tenofovir desoproxil fumarate(Truvada) |
| Coverage Duration | HIV-1 Treatment: 24 months PrEP: 12 months *Approvals for PrEP will be authorized at zero cost share (\$0) per USPSTF recommendations |

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Clinical Background Information and References

1. Descovy [package insert]. Foster City, CA: Gilead Sciences, Inc.; October, 2019.
2. Truvada [package insert]. Foster City, CA: Gilead Sciences, Inc.; May 2018.
3. U.S. Preventive Services Task Force (**USPSTF**). Rockville, MD: U.S. Dept. of Health & Human Services, Agency for Healthcare Research and Quality, 2000. <https://purl.fdlp.gov/GPO/LPS81444>.

| Original Approval Date | Original Effective Date | Policy Owner | Approved by |
|------------------------|-------------------------|-------------------|---|
| 12/1/2020 | 1/1/2021 | Pharmacy Services | Pharmacy & Therapeutics (P&T) Committee |

Policy Revisions History

| Review Date | Summary of Revisions | Revision Effective Date | Approved by |
|-------------|---|-------------------------|---------------|
| 2/11/2021 | P&T Review: reflected generic availability of Truvada | 6/1/2021 | P&T Committee |

Next Review Date

2/2022

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government

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agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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