

## PHARMACY POLICY STATEMENT

### Arkansas PASSE

DRUG NAME	Rukobia (fostemsavir)
BILLING CODE	Must use valid NDC code
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT --- 60 tablets/30 days
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Rukobia (Fostemsavir) will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with the following disease states and meet their individual criteria as stated.

#### MULTIDRUG-RESISTANT HIV-1 INFECTION

For **initial** authorization:

1. Member must be at least 18 years of age or older; AND
2. Member must be heavily treatment-experienced failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations (ex. documented resistance to at least one antiretroviral from three drug classes or have failed at least 3 drug classes for HIV treatment due to intolerance or contraindication, HIV RNA count > 200 copies/mL); AND
3. Member is NOT using Rukobia (fostemsavir) as monotherapy. Provider must include documentation of entire anti-retroviral regimen.
4. **Dosage allowed:** 600mg twice daily.

***If member meets all the requirements listed above, the medication will be approved for 6 months***

For **reauthorization**:

1. Member meets all initial criteria.

***If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.***

**CareSource considers Rukobia (fostemsavir) not medically necessary for the treatment of the diseases that are not listed in this document.**

DATE	ACTION/DESCRIPTION
10/30/2020	New policy for Rukobia (fostemsavir) created.
1/5/2022	Removed prescriber specialty requirement, simplified requirement of treatment-experienced failing current regimen. Simplified reauthorization criteria.

References:



1. Department of Health and Human Services. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Available at <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf>. Accessed October 10, 2020.
2. Rukobia [package insert]. Research Triangle Park, NC; GlaxoSmithKline. July 2020.
3. Kozal M, Aberg J, Pialoux G, et al. Fostemsavir in adults with multidrug-resistant infection. *N Engl J Med*. 2020 Mar 26;382(13):1232-1243. doi: 10.1056/NEJMoa1902493.

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