



**Descovy (emtricitabine and tenofovir alafenamide) for Pre-Exposure Prophylaxis  
\$0 Cost Share Payment Policy  
Effective 10/01/2021**

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
Exchange	Phone: 855-582-2022	Fax: 855-245-2134	
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Nucleoside and nucleotide reverse transcriptase inhibitor combination; emtricitabine is a cytosine analogue while tenofovir alafenamide fumarate (TAF) is an analog of adenosine 5'-monophosphate. Each drug interferes with HIV viral RNA dependent DNA polymerase activities resulting in inhibition of viral replication.

**Coverage Guidelines**

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member has had inadequate response to emtricitabine/tenofovir (generic for Truvada)
- OR**
2. Member has a contraindication to emtricitabine/tenofovir (generic for Truvada) including renal comorbidities or bone disease

**Limitations**

The following quantity limits apply:

Descovy 200mg/25mg	30 tablets per 30 day
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**References**

1. Descovy (emtricitabine and tenofovir alafenamide) [prescribing information]. Foster City, CA: Gilead Sciences; January 2020.



2. US Preventive Services Task Force, Owens DK, Davidson KW, et al. Preexposure prophylaxis for the prevention of HIV infection: US Preventive Services Task Force recommendation statement. *JAMA*. 2019;321(22):2203-2213.[\[PubMed 31184747\]](#)

### **Review History**

5/20/2020 – Created and Reviewed May P&T Mtg; payment policy for Descovy (effective 6/1/20)

07/21/2021 – Reviewed July P&T; replaced Truvada with emtricitabine/tenofovir (generic for Truvada) since generic launched. Effective 10/01/2021.

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