Antiretroviral Agents
Rukobia (rostemsavir)
Effective 02/01/2022

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<td>Specialty Limitations</td>
<td>This medication has been designated specialty and must be filled at a contracted specialty pharmacy.</td>
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Specialty Medications
- All Plans
  - Phone: 866-814-5506
  - Fax: 866-249-6155

Non-Specialty Medications
- 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

Medical Specialty Medications (NLX)
- All Plans
  - Phone: 844-345-2803
  - Fax: 844-851-0882

Overview
Rukobia (rostemsavir) is indicated for the treatment of HIV-1 infection, in combination with other antiretrovirals, in heavily treatment-experienced adults with multidrug-resistant HIV-1 infection failing their current antiretroviral regimen.

Coverage Guidelines
Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:
1. Member has a diagnosis of HIV-1 infection
2. Member is ≥ 18 years of age
3. Member has ongoing detectable viremia (e.g., >200 copies/mL)
4. Member is antiretroviral experienced with documented historical or baseline resistance, intolerability, and/or contraindication to antiretroviral*
5. Failing current antiretroviral regimen due to resistance, intolerance or safety considerations‡
6. Concurrent antiretroviral therapy with at least one other antiretroviral
7. Requested quantity ≤ 2 units/day

*Implies documented history of resistance, adverse reaction, or contraindication to an antiretroviral that is not part of the current regimen.

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†Implies documented resistance, adverse reaction, or safety concern with current antiretroviral regimen.

**Continuation of Therapy**
Resubmission by prescriber will infer a positive response to therapy.

**Limitations**
1. Initial approvals and reauthorizations will be for 12 months.
2. The following quantity limits apply:

| Rukobia        | 60 units per 30 days |

**References**

**Review History**
05/19/2021 – Created and Reviewed to match MH UPPL for 7/1/2021
07/19/2021 – Removed Cabenuva from criteria to match with MH UPPL. Effective 02/01/2022.

**Disclaimer**
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