

**Tivicay (dolutegravir)
Effective March 01, 2018**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	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
Exceptions	N/A		

Overview

N/A

Coverage Guidelines

Approval of Tivicay for quantities greater than 1 tablet daily, or 30 tablets per month, will be granted if the member meets the following criteria:

For members <18 years of age:

1. Member has a diagnosis of diagnosis of HIV-1 infection **AND**
2. Prescriber has provided documentation indicating Tivicay® is being used concomitantly with Sustiva® (efavirenz), Lexiva® (fosamprenavir)/Norvir® (ritonavir), Aptivus® (tipranavir)/Norvir® (ritonavir), Rifadin® (rifampin) or carbamazepine

For members ≥18 years of age:

1. Member has a diagnosis of diagnosis of HIV-1 infection **AND**
2. Prescriber has provided documentation of ONE of the following:
 - a. Tivicay® is being used concomitantly with Sustiva® (efavirenz), Lexiva® (fosamprenavir)/Norvir® (ritonavir), Aptivus® (tipranavir)/Norvir® (ritonavir), Rifadin® (rifampin) or carbamazepine
 - b. Integrase strand transfer inhibitor (INSTI)-associated resistance substitutions or clinically suspected INSTI-resistance (e.g., resistance to Isentress® or elvitegravir in Stribild®)

Continuation of Therapy

Reauthorization will require documentation of a positive response to therapy.



Limitations

1. Approvals will be granted for 12 months.
2. A maximum of 60 tablets per month will be approved after review.

Appendix

	Dosing	
Tivicay	<u>HIV-1 infection in INSTI-naïve adults and pediatric patients weighing at least 40 kg:</u> 50 mg once daily <u>HIV-1 infection in INSTI-naïve adults and pediatric patients weighing at least 40 kg; coadministered with certain UGT1A or CYP3A inducers:</u> 50 mg twice daily <u>HIV-1 infection in INSTI-experienced adults with certain INSTI-associated resistance substitutions or clinically suspected INSTI resistance:</u> 50 mg twice daily	<u>HIV-1 infection in INSTI-naïve pediatric patients weighing 30 kg to <40 kg:</u> 35 mg once daily <u>HIV-1 infection in INSTI-naïve pediatric patients weighing 30 kg to <40 kg; coadministered with certain UGT1A or CYP3A inducers:</u> 35 mg twice daily

References

N/A

Review History

03/01/18 – Adopted MH RS

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