

# UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2023 P 1323-5
Program	Prior Authorization/Notification
Medication	Rukobia (fostemsavir)
P&T Approval Date	8/2020, 12/2020, 12/2021, 12/2022, 12/2023
Effective Date	3/1/2024

### 1. Background:

Rukobia (fostemsavir), a human immunodeficiency virus type 1 (HIV-1) gp120-directed attachment inhibitor, in combination with other antiretroviral(s), is indicated for the treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug-resistant HIV-1 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations.<sup>1</sup>

Members will be required to meet the coverage criteria below.

### 2. Coverage Criteria<sup>a</sup>:

### A. Rukobia

- 1. **Rukobia** will be approved based on **both** of the following criteria:
  - a. Patient has been diagnosed with multidrug-resistant HIV-1 infection

#### -AND-

b. Patient is currently taking or will be prescribed an optimized background antiretroviral regimen

## Authorization will be issued for 12 months.

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

#### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

#### 4. References:

1. Rukobia [Package Insert]. Research Triangle Park, NC: ViiV Healthcare; January 2022.



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Change Control		
8/2020	New program.	
12/2020	Revised criteria language related to optimized background regimen.	
12/2021	Annual review with no change to clinical criteria.	
12/2022	Annual review with no change to clinical criteria. Added state mandate	
	footnote and updated reference.	
12/2023	Annual review with no changes to coverage criteria.	