

NYRx Notice to Prescribers: Coverage of Antiretroviral Agents for HIV Treatment and HIV Pre-Exposure Prophylaxis

NYRx made recent updates to system editing which resulted in some inadvertent antiretroviral (ARV) claim denials. NYRx is reviewing these system edits and actively making updates to address inappropriate denials. The NYRx clinical criteria for ARVs used for the treatment of HIV or HIV Pre-Exposure Prophylaxis (PrEP) has not changed.

ARVs for Treatment of HIV

ARVs for the treatment of HIV are subject to prior authorization (PA) requirements as outlined in the [NYRx Drug Utilization Review \(DUR\) Program](#):

Drug / Class Name	Step Therapy (ST) Parameters	Frequency / Quantity / Duration (F/Q/D) Parameters	Additional / Alternate Parameter(s)
Anti-Retroviral (ARV) Interventions		<p>QUANTITY LIMITS:</p> <ul style="list-style-type: none"> • Limit ARV active ingredient duplication • Limit ARV utilization to a maximum of five products concurrently - excluding boosting with ritonavir (dose limit 600 mg or less) or cobicistat • Limit Protease Inhibitor utilization to a maximum of two products concurrently • Limit Integrase inhibitor utilization to a maximum of one product concurrently • Limit non-nucleoside reverse transcriptase inhibitor utilization to a maximum of 1 product concurrently • Limit ARV booster utilization to 1 product concurrently • Limit co-formulated and co-packaged complete ARV regimens listed in Appendix A to a maximum of 1 product concurrently with no additional ARVs. 	<ul style="list-style-type: none"> • Require confirmation of FDA-approved or compendia-supported use • Point-of-service edit for antiretroviral / antiretroviral combinations to be avoided: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_reference_Antiretroviral_Antiretroviral_Drug2Drug_Interactions.pdf

ARVs for HIV Pre-Exposure Prophylaxis

ARVs for HIV PrEP are subject to prior PA requirements as outlined in the [DUR Program](#):

Drug / Class Name	Step Therapy (ST) Parameters	Frequency / Quantity / Duration (F/Q/D) Parameters	Additional / Alternate Parameter(s)
HIV PrEP (Pre-Exposure Prophylaxis Agents): <ul style="list-style-type: none"> • cabotegravir (Apretude) • emtricitabine/tenofovir disoproxil fumarate (Truvada®) • emtricitabine/tenofovir alafenamide (Descovy®) 			<ul style="list-style-type: none"> • Confirmation of negative HIV test every 3 months

For more information, refer to [NYRx Drug Class Coverage Overview: HIV Pre-Exposure Prophylaxis Agents](#).

What Prescribers Need to Do

Prescribers should review the [DUR Program](#) section in the [NYRx Preferred Drug List \(PDL\)](#) for clinical criteria. In the event a prescriber is changing patient therapy, it is recommended to void previous drug therapy prescriptions from electronic medical records.

NYRx recognizes diagnoses by ICD-10 code included in a member’s electronic medical record (EMR) and previous drug history in NYRx claims data. When required information is found in the EMR at the time of pharmacy claim submission, a PA is automatically generated. The provider does not need to initiate a PA. Providers should include all applicable diagnosis codes in a member’s EMR and submit their claims in a timely manner to decrease the need to manually obtain PA.

Resources

- [NYRx Drug Class Coverage Overview: HIV Pre-Exposure Prophylaxis Agents](#)
- [NYRx Drug Utilization Review Program](#)
- [NYRx Education & Outreach Website](#)
- [NYRx Preferred Drug List](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.