

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

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" 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

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 emtricitbine/tenofovir (generic for Truvada) since generic launched. Effective 10/01/2021.

