

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

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MH UPPL <input 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	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
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			

Overview

Rukobia (fostemsavir) 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.



†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
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References

- 1. Rukobia (fostemsavir) [prescribing information]. Research Triangle Park, NC: ViiV Healthcare; July 2020.

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

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.