

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	N/A	X	X	X	X	N/A	N/A	N/A

*FHK- Florida Healthy Kids

Fuzeon (enfuvirtide)

CG-DRUG-20

Override(s)	Approval Duration
Prior Authorization	1 year

*Louisiana Medicaid – see State Specific Mandates

APPROVAL CRITERIA

Fuzeon (enfuvirtide) may be approved if the following criteria are met:

- I. Enfuvirtide is considered **medically necessary** when **all** of the following criteria are met:
 - A. To treat HIV-infected individuals 6 years of age or older; **and**
 - B. When used in combination with other anti-retroviral agents; **and**
 - C. When the individual has failed* 3 or more prior months of therapy with a HAART (Highly Active Antiretroviral Therapy) regimen consisting of three or more antiretroviral agents.

*Failure is defined as a confirmed HIV ribonucleic acid (RNA) level of greater than 50 copies/mL while on therapy or intolerance due to drug toxicity.
- II. Enfuvirtide is considered **medically necessary** for postexposure prophylaxis of HIV infection in healthcare workers and other individuals exposed occupationally via percutaneous injury or mucous membrane or nonintact skin contact with blood, tissues, or other body fluids associated with a risk for transmission of the HIV virus.

Fuzeon (enfuvirtide) may not be approved for the following:

- I. Enfuvirtide is considered **not medically necessary** when the criteria above are not met.
- II. Enfuvirtide is considered **not medically necessary** for all other applications.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
Louisiana		No prior authorization may be applied to HIV medications for Louisiana Medicaid.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.