

Policy Name:	Wellness Coverage for HIV Prophylaxis Regimens	Policy #:	2730P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for covering select HIV medications for pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP). As required by 215 ILCS 5/356z.60, Health Alliance and Health Alliance Northwest will provide coverage for HIV PrEP and PEP without imposing a deductible, coinsurance, copayment or any cost-sharing to the member when criteria has been met as defined in this policy. Coverage shall include FDA approved medications used off-label as well.

This policy also defines Health Alliance's process for complying with the United States Preventive Service Task Force (USPSTF) recommendations for pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Truvada, emtricitibine-tenofovir disoproxil fumarate, Descovy, or cabotegravir products (Apretude, Vocabria) for PrEP or PEP regimens (such as darunavir, Descovy, Tivicay and Isentress) under the wellness benefit when the following criteria have been met

Criteria

1. Post-Exposure Prophylaxis (PEP) (Illinois fully-insured ONLY)

- 1.1 Does not apply to self-funded plans, transitional plans, or short-term limited-duration plans.
- 1.2 Request for Descovy, Tivicay or Isentress for coverage under the Illinois Reproductive Health Act
 - Or other regimens as documented to be medically necessary by the provider.
- 1.3 Documentation of possible exposure to HIV within previous 72 hours to starting therapy

2. Pre-Exposure Prophylaxis (PrEP) (Medicare Part B ONLY)

- 2.1 Documentation from provider or member that request is for PrEP and not HIV treatment

3. Pre-Exposure Prophylaxis (PrEP) (all other members)

- 3.1 Provider or member document on the prior authorization form that they are seeking coverage of Truvada, emtricitibine-tenofovir disoproxil fumarate, Descovy, or cabotegravir products (such as Apretude) under the wellness benefit
 - For Illinois fully-insured members, additional (off-label) HIV PrEP treatment regimens may be requested under the wellness benefit. Provider should submit documentation of medical necessity for the alternative regimen and member must meet all other criteria
- 3.2 Documentation that the member is not currently infected with HIV with a recently documented negative HIV test result
- 3.3 Documentation that the member is at high risk of HIV infection being in one of the following categories that the USPSTF recommends be considered for PrEP:
 - Sexually active adults and adolescents who have engaged in anal or vaginal sex in the past 6 months and have any of the following characteristics:
 - A sexual partner who has HIV (especially if the partner has an unknown or detectable viral load)
 - Inconsistent or no condom use with sex partner(s) whose HIV status is not known

- A bacterial sexually transmitted infection (syphilis, gonorrhea, or chlamydia for men who have sex with men and transgender women; gonorrhea and syphilis for heterosexual women and men) in the past 6 months
- Persons who inject drugs and have a drug-injecting partner who has HIV or who shares injection equipment

4. Approval Period

4.1 PEP medications: 1 month or as directed by the prescriber

- No reauthorization

4.2 PrEP medications:

- Initial approval: 12 months
- Reapproval: 12 months with documentation of a negative HIV test and a review of claims data to verify that the member is not currently receiving treatment for HIV

CPT Codes

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HCPCS Codes

J0739	Injection, cabotegravir, 1 mg (Apretude)
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References

1. US Preventive Services Task Force, Barry MJ, Nicholson WK, Silverstein M, et al. Preexposure Prophylaxis to Prevent Acquisition of HIV. JAMA. 2023;330(8):736-745.
2. 215 ILCS 5/356z.60. Coverage for abortifacients, hormonal therapy, and human immunodeficiency virus pre-exposure prophylaxis and post-exposure prophylaxis. 2023.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care.

Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.