Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Intelence® (Etravirine)***
DEPARTMENT: **Clinical Pharmacy Services – Utilization Management**
ORIGINAL DATE: ***April 2008 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: September *2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Intelence® (etravirine).

Intelence® (etravirine) is a non-nucleoside reverse transcriptase inhibitor (NNRTI) indicated in combination with other antiretroviral agents for the treatment of human immunodeficiency virus type 1 (HIV-1) infection. Intelence® (etravirine) is used in antiretroviral treatment-experienced patients age 2 years and older, who have evidence of viral replication and HIV-1 strains resistant to a NNRTI and other antiretroviral agents.

DEFINITIONS

Treatment-experienced – patients who have been previously treated with a combination of antiretroviral therapy

Treatment-naïve – patients who have not been treated with any antiretroviral therapy

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POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Intelence® (etravirine), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must be age 2 years or older
- Must be prescribed by or in consultation with a physician who specializes in the treatment of HIV/AIDS
- Must have HIV-1 strains resistant to at least ONE non-nucleoside reverse transcriptase inhibitor (NNRTI) and ONE other antiretroviral agent

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A
Quantity Level Limit	
All Strengths	60 tablets per 30 days

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Intelence [package insert]. Raritan, NJ: Tibotec., Inc.; July 2018.
2. Gazzard B, Duvivier C, Zagler C, et al. Phase 2 double-blind, randomized trial of etravirine versus efavirenz in treatment-naïve patients: 48-week results. AIDS 2011; 25:2249-2258.

RECORD RETENTION
Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual Review	*02/16, 02/17, 02/18*
Updated Indication	*09/18*