

Fuzeon Clinical Criteria

Revised 10/01/2024

FUZEON (ENFUVRTIDE)

Length of Authorization: 1 year

HIV MEDICATIONS

Note: All medications within this class (oral or self-administered) are preferred **without** prior authorization except for **Fuzeon** (enfuvirtide).

CHILDREN – CRITERIA TO APPROVE

All of the following must be met:

- Diagnosis of HIV-1 infection
- Age \geq 6 years
- Fuzeon is prescribed concurrently with additional antiretroviral agents to which member is susceptible; **AND**
- Documentation that there has been a therapeutic failure to no less a 30-day trial of at least **one** medication not requiring prior approval **unless** there is a reason the member cannot be changed to a preferred medication.
- Acceptable reasons include:
 - Allergies to all medications not requiring prior approval
 - Contraindication or drug-drug interaction with medications not requiring prior approval; **AND**
 - History of unacceptable or toxic side effects to medications not requiring prior approval.
 - Resistance to medication not requiring prior approval

Note: All preferred agents are listed on the PDL and do not require an authorization. All healthcare provider (HCP) administered medications are available via the Medical Benefit

ADULTS – CRITERIA TO APPROVE

All of the following must be met:

- Diagnosis of HIV-1 infection
- Age \geq 18 years
- Fuzeon is prescribed concurrently with additional antiretroviral agents to which member is susceptible; **AND**
- Documentation that there has been a therapeutic failure to no less a 30-day trial of at least **one** medication not requiring prior approval **unless** there is a reason the member cannot be changed to a preferred medication.
- Acceptable reasons include:
 - Allergies to all medications not requiring prior approval

- Contraindication or drug-drug interaction with medications not requiring prior approval.
- History of unacceptable or toxic side effects to medications not requiring prior approval; **AND**
- Resistance to medication not requiring prior approval

Note: All preferred agents are listed on the PDL and do not require an authorization. All healthcare provider (HCP) administered medications are available via the Medical Benefit

RENEWAL CRITERIA

Individual must continue to meet the above criteria.

REVISION HISTORY

Date	Issues/Updates
10/01/2024	• Initial draft creation

Orange Text = Important Information | Teal Text = Auto PA

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