



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

COMPLERA[®] (emtricitabine/rilpivirine/tenofovir)
[Prior Authorization Request Form](#)

Complera is a combination of two nucleoside analog HIV-1 reverse transcriptase inhibitors (emtricitabine and tenofovir disoproxil fumarate) and one non-nucleoside reverse transcriptase inhibitor (rilpivirine). It is indicated for use as a complete regimen for the treatment of HIV-1 infection in adult patients with no antiretroviral treatment history and with HIV-1 RNA less than or equal to 100,000 copies/mL at the start of therapy.

Complera is also indicated to replace the current antiretroviral treatment regimen in certain virologically-suppressed (HIV-1 RNA <50 copies/mL) adult patients who are stable on their current therapy.

Criteria for Approval

1. Diagnosis of HIV; **AND**
2. Patient is > 18 years of age; **AND**
3. Patient is treatment naïve with HIV-1 RNA less than or equal to 100,000 copies/mL at the start of therapy; **OR**
4. Patient has been stable for at least the last 6 months on a ritonavir-boosted antiretroviral regimen with HIV-1 RNA <50 copies/mL; **AND**
5. Patient has never experienced virologic failure.

References

- 1) Lexi-Comp Clinical Application 05/13/2015
- 2) Complera package insert (Rev 5-2015)