



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1352-4
Program	Prior Authorization/Notification
Medication	Fuzeon [®] (enfuvirtide)
P&T Approval Date	3/2021, 5/2022, 5/2023, 5/2024
Effective Date	8/1/2024

1. Background:

Fuzeon (enfuvirtide) is an HIV-1 gp41 fusion inhibitor indicated for use in combination with other antiretroviral agents for the treatment of HIV-1 infection in treatment-experienced patients with HIV-1 replication despite ongoing antiretroviral therapy.¹

Members will be required to meet the coverage criteria below.

2. Coverage Criteria^a:

<p>A. Authorization</p> <p>1. Fuzeon will be approved based on both of the following criteria:</p> <p>a. Patient has been diagnosed with multidrug-resistant HIV-1 infection</p> <p style="text-align: center;">-AND-</p> <p>b. Patient is currently taking or will be prescribed an optimized background antiretroviral regimen</p> <p>Authorization will be issued for 12 months.</p> <p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Fuzeon [Package Insert]. South San Francisco, CA: Genentech; December 2019.

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Change Control	
3/2021	New program.
5/2022	Annual review with no change to clinical criteria. Updated reference.



5/2023	Annual review with no change to clinical criteria. Added state mandate.
5/2024	Annual review. Updated formatting with no change to clinical criteria.