

# UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2023 P 1352-3
Program	Prior Authorization/Notification
Medication	Fuzeon® (enfuvirtide)
P&T Approval Date	3/2021, 5/2022, 5/2023
Effective Date	8/1/2023;
	Oxford only: 8/1/2023

## 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.<sup>1</sup>

Members will be required to meet the coverage criteria below.

## 2. Coverage Criteria<sup>a</sup>:

#### A. Fuzeon

- 1. **Fuzeon** will be approved based on **both** of the following criteria:
  - a. Patient has been diagnosed with multidrug-resistant HIV-1 infection

#### -AND-

b. Patient is currently taking or will be prescribed an optimized background antiretroviral regimen

### Authorization will be issued for 12 months.

<sup>a</sup> 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.

### 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.

Program	Prior Authorization/Notification - Fuzeon® (enfuvirtide)	
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.