

Some HIV medication combinations may require prior authorization

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC and CHPlus programs only.

Starting August 1, 2021, Highmark BCBSWNY will implement a new policy for HIV medications to help ensure patients are not receiving therapeutic duplications when taking certain combinations. Providers and members expected to be impacted by this policy will receive advanced notice by mail.

In order for members to continue to receive coverage for the drug combination, providers must submit a separate prior authorization form for each drug and provide the medical necessity rationale for why the drug combination is clinically needed.

Combinations that are considered clinical duplicates are based on drug mechanism of action and developed in accordance with the U.S. Department of Health and Human Services HIV Guidelines.

The duplicate therapy policy may trigger as a result of one of the following drug combinations:

Duplicate name	Duplicate description	Example
Integrase stand transfer inhibitors (INSTI)	Two drug products each containing a drug with an INSTI mechanism of action	Isentress (raltegravir) and Dovato (dolutegravir/lamivudine)
Non-nucleoside reverse transcriptase inhibitors (NNRTI)	Two drug products each containing a drug with an NNRTI mechanism of action	Edurant (rilpivirine) and Symfi (efavirenz/lamivudine/TDF)
Protease inhibitors (PI)	Two drug products each containing a drug with a PI mechanism of action	Prezcobix (darunavir/cobicistat) and Reyataz (atazanavir)
Nucleoside reverse transcriptase inhibitors (NRTI)	Two drug products that together result in four NRTI active ingredients	Truvada (emtricitabine/TDF) and Biktarvy (bictegravir/emtricitabine/TAF)
Boosters	Two drug products that result in a combination of the protease inhibitor boosters, ritonavir and cobicistat	Prezcobix (darunavir/cobicistat) and Kaletra (lopinavir/ritonavir)

As a reminder, prior authorizations may be submitted via phone, fax or online (through www.CoverMyMeds.com*). If you have any questions regarding this policy, please contact Provider Services at **1-866-231-0847**.

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark Blue Cross Blue Shield of Western New York es un nombre comercial de Highmark Western y Northeastern New York Inc., un licenciatario independiente de Blue Cross Blue Shield Association.