

ATRIPLA (600 mg efavirenz, 200 mg emtricitabine, 300 mg tenofovir disoproxil fumarate)

Diagnosis Considered for Coverage:

- Treatment of human immunodeficiency virus (HIV)

Coverage Criteria:

For diagnosis listed above:

- Patient unable to take either efavirenz 600 mg/lamivudine 300 mg/tenofovir disoproxil fumarate 300 mg (Symfi), or efavirenz 400 mg/lamivudine 300 mg/tenofovir disoproxil fumarate 300 mg (Symfi Lo),
- Dose does not exceed FDA label maximum.

Coverage Duration: One year

Effective Date: 1/31/2024