

tenofovir alafenamide (VEMLIDY)

Diagnosis Considered for Coverage:

- Chronic hepatitis B virus infection

Coverage Criteria:

For diagnosis listed above:

- Inadequate response, intolerable side effect, or contraindication with tenofovir disoproxil fumarate (Viread), **and**
- Does not exceed FDA approved dosing.

Coverage Duration: one year

Effective Date: 5/31/2023