

20 mg, 40 mg, 60 mg, 80 mg, 100 mg

	Zidovudine		require a prior authorization
Atripla	Efavirenz/Emtricitabine/ Tenofovir Disoproxil Fumarate	600-200-300 mg	Non-preferred but will NOT require a prior authorization
Odefsey	Emtricitabine/Rilpivirine/ Tenofovir Alafenamide	200-25-25 mg	Non-preferred but will NOT require a prior authorization
Complera	Emtricitabine/Rilpivirine/ Tenofovir Disoproxil Fumarate	200-25-300 mg	Non-preferred but will NOT require a prior authorization
Evotaz	Atazanavir/Cobicistat	300-150 mg	Non-preferred but will NOT require a prior authorization
Prezcobix	Darunavir/Cobicistat	800-150 mg	Non-preferred but will NOT require a prior authorization

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