

# PHARMACY POLICY STATEMENT

## Marketplace

**DRUG NAME**

**Rukobia (**

**CareSource considers Rukobia (fostemsavir) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

<b>DATE</b>	<b>ACTION/DESCRIPTION</b>
<b>10/30/2020</b>	New policy for Rukobia created.
<b>04/05/2022</b>	Transferred to new template. Updated references. Added quantity limit; Added infectious disease specialist to prescriber requirements
<b>02/01/2024</b>	Removed adherence attestation from reauthorization criteria; Removed requirement of anti-retroviral agent availability; simplified trial wording; updated references

References:

1. Rukobia [package insert]. Research Triangle Park, NC; GlaxoSmithKline: 2022.
2. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. 2023. Available at <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv>. Accessed February 1, 2024.
3. Kozal M, Aberg J, Pialoux G, et al. Fostemsavir in adults with multidrug-resistant infection. *N Engl J Med*. 2020 Mar 26;382(13):1232-1243. doi: 10.1056/NEJMoa1902493.

Effective date: 07/01/2024

Revised date: 02/01/2024