

Clinical Policy: HIV Medications

Reference Number: NM.CP.PPA.11

Effective Date: 2/19

Last Review Date: 1/11/23

[Revision Log](#)

Description:

The purpose of this policy is to comply with State of New Mexico Letter of Direction and contract requirements regarding the coverage for ART (HIV medications).

Policy:

Western Sky Community Care **will cover HIV medications without requiring prior authorization. As new HIV drugs become available, WSCC will not subject them to formulary restrictions (such as PA or Step Therapy), but rather automatically approve and add these drugs to their formulary within 90 days.**

Please Note: All other utilization edits, such as Age Limits or Quantity Limits still apply.

Approval Duration: 3 months

**** Requests for Brand Name -** Brand medically necessary policies will be enforced to mandate the use of generic formulations for instances when multiple source brand name drugs are prescribed. If a provider wants a brand name filled when a therapeutically equivalent generic formulation is available and is preferred on the WSCC formulary, the provider must state on the prescription "Brand Name Medically Necessary."

Appendices

Appendix A: Abbreviation/Acronym Key

HIV: Human Immunodeficiency Virus

ART: Antiretroviral Therapy

References

State of New Mexico Human Services Department Medicaid Managed Care Services Agreement Among New Mexico Human Services Department, New Mexico Behavioral Health Purchasing Collaborative and Western Sky Community Care, Inc. Version A5. Section 4.10.2.9.16.

Revision Log

Reviews, Revisions, and Approvals	Date	Approval Date
New clinical policy created for WSCC based on the State of New Mexico Letter of Direction on HIV medications	1/19	1/19
Added language for Brand Name Requests and Newly Approved HIV Drugs	2/19	2/19

Reviews, Revisions, and Approvals	Date	Approval Date
Added “Newly Approved Uses” and “WSCC shall expedite the P&T committee review to make a decision within 90 days to add HIV medications to their formulary (PDL)”	2/19	2/19
Removed operational portion from clinical policy, Removed FDA medication section, renamed policy to comply with Corporate Centene nomenclature; reformatted description section; renamed policy	3/12/19	3/20/19
Approved by WSCC P& T Committee		3/20/19
Annual Review. References updated. Reviewed and approved by WSCC P&T Committee.	1/29/20	1/29/20
Annual Review. Reviewed and approved by WSCC P&T Committee.		1/20/21
Removed this link for past LOD for ART State of New Mexico Letter of Direction #28 Coverage of HIV Drugs available at: http://nmhsd-old.sks.com/uploads/FileLinks/c06b4701fbc84ea3938e646301d8c950/LOD_%2328_07.24.14_Coverage_of_HIV_Drugs.pdf . LOD #28 now not regarding HIV drug coverage. Edited reference to refer to contract/managed care manual.	1/7/22	
Annual Review. Reviewed and approved by WSCC P&T Committee.		1/12/22
Annual Review. Reviewed and approved by WSCC P&T Committee.		1/11/23