PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Rukobia (fostemsavir)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Rukobia is a human immunodeficiency virus type 1 (HIV-1) gp120-directed attachment inhibitor initially approved by the FDA in 2020. It is indicated for the treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug-resistant HIV-1 infection failing their current antiretroviral regimen -14(i)8(m)47(

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.

DATE	ACTION/DESCRIPTION
10/30/2020	New policy for Rukobia created.
04/05/2022	Transferred to new template. Updated references. Added quantity limit; Added infectious disease specialist to prescriber requirements
02/01/2024	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