

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2025 P 1346-7
Program	Notification
Medication	HIV Medications with Pre-exposure Prophylaxis (PrEP) Use Zero Dollar Cost Share Descovy 200/25 mg, generic tenofovir fumarate 300 mg, brand Truvada 200/300 mg, and brand Viread 300 mg
P&T Approval Date	12/2020, 2/2022, 5/2022, 9/2022, 10/2023, 11/2024, 12/2025
Effective Date	3/1/2026

**1. Background:**

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians prescribe preexposure prophylaxis (PrEP) using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.

Health Care Reform requires coverage of medications for PrEP to be covered at zero dollar cost share.

**2. Coverage Criteria:**

**A.** Coverage at zero dollar cost share of Descovy 200/25 mg or tenofovir 300mg at zero dollar cost share will be approved based on the following criterion:

1. Preventive care coverage for pre-exposure prophylaxis (PrEP) is being requested

**Authorization will be issued for zero copay with deductible bypass for 12 months. If zero dollar cost share criteria are not met the requested drug will default to standard plan coverage.**

**B.** Coverage at zero dollar cost share of **brand** Truvada 200/300 mg will be approved based on **all** of the following criteria:

1. Preventive care coverage for pre-exposure prophylaxis (PrEP) is being requested

**-AND-**

2. Provider attests use of generic Truvada (emtricitabine/tenofovir disoproxil fumarate) is medically inappropriate.

**Authorization will be issued for zero copay with deductible bypass for 12 months. If zero dollar cost share criteria are not met the requested drug will default to standard plan coverage.**

**C.** Coverage at zero dollar cost share of **brand** Viread 300 mg will be approved based on **all** of the following criteria:

1. Preventive care coverage for pre-exposure prophylaxis (PrEP) is being requested

**-AND-**

2. Provider attests use of generic Viread (tenofovir disoproxil fumarate) is medically inappropriate.

**Authorization will be issued for zero copay with deductible bypass for 12 months. If zero dollar cost share criteria are not met the requested drug will default to standard plan coverage.**

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

**4. References:**

1. U.S. Preventive Services Task Force Final Recommendation Statement *Prevention of Human Immunodeficiency Virus (HIV) Infection: Pre-exposure Prophylaxis*  
<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis#consider> Accessed November 10, 2025
2. US Public Health Service Pre-exposure Prophylaxis For The Prevention Of HIV Infection In The United States – 2021 Update – A Clinical Practice Guideline  
<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf> Accessed November 10, 2025

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<b>Change Control</b>	
Date	Change
12/2020	New program.
2/2022	Updated references.
5/2022	Added Descovy strength indicated for PrEP.
9/2022	Updated program name to specify 'Fully Insured'.
10/2023	Annual review. Updated criteria with no change to clinical intent. Updated references.
11/2024	Updated program for book of business. Added coverage for brand Truvada and brand Viread.
12/2025	Annual review. No changes.