

DISTRICT OF COLUMBIA ~ DEPARTMENT OF HEALTH ~ ADAP
Darunavir/cobicistat (Prezcobix™)
PRIOR AUTHORIZATION PROGRAM Request Form

CLIENT'S NAME: _____

ADAP ID: _____

ADAP Pharmacy: _____

DC ADAP Policy: Prezcobix™ is a fixed-dose combination tablet containing the active ingredients darunavir and cobicistat. Darunavir is an HIV-1 protease inhibitor. Cobicistat is a non-antiretroviral pharmacokinetic enhancer that inhibits cytochrome P450 (CYP) enzymes of the CYP3A family. **It requires prior approval for coverage. Allow up to 96 hours for completion of request**

Prezcobix™ (darunavir and cobicistat) is indicated in combination with other antiretroviral agents for the treatment of human immunodeficiency virus (HIV-1) infection in treatment-naïve and treatment-experienced adults with no darunavir resistance-associated substitutions.

Rationale for Use:

1. Client's current regimen includes darunavir and cobicistat; simplification is desired goal
YES NO
2. Cobicistat/protease regimen selected for initial regimen and patient is allergic to ritonavir
YES NO Describe allergy _____
3. Cobicistat/protease regimen selected for initial regimen and patient is intolerant to ritonavir
YES NO Specify intolerance _____
4. Other Use: _____

Recommended dosage and administration: The recommended dosage of Prezcobix™ is one tablet taken once daily orally with food as part of combination ARV therapy for HIV-1–infected adults with no darunavir associated mutations .

Physician's signature: _____

Date: _____

Physician's Name (Print): _____ Phone #: _____ Fax #: _____

Fax Completed Form to Clinical Pharmacy Associates: Fax: 1 (800) 971-7229

Phone: 1 (800) 745-0434 ext 150 Attention: Prior Approval Program

Approval: YES NO Date _____ Initials _____ Office use only
Reason for denial _____

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