

HIV Carve-In Benefit Frequently Asked Questions

Where can I go to find MPC's preferred HIV medications list and non-preferred prior authorization requirements?

These are posted on the MPC Website section – [HIV-Carve-in Benefit Information](#).

What are the single-pill, complete regimen agents preferred by MPC?

Biktarvy, Symfi and Symfi Lo are the only preferred single-pill, complete regimen therapies for MPC.

What medication is covered for PrEP therapy?

MPC covers Truvada for as preferred PrEP therapy. Prior authorization is not required.

What is the process for requesting a prior authorization?

Providers retrieve an authorization form from the MPC Website and fax to MPC at 833-896-0656 or call MPC Pharmacy PA Department at 888-258-8250 for most prior authorization requests. Trogarzo and Fuzeon are reviewed by MPC's Pharmacy Medical Department. Fax authorization requests for these drugs to 1- 800-953-8856.

Does MPC charge a member copay for HIV medications?

There is a \$1 copay for HIV medications for members 21 years of age and older.

Will clinical documentation be required for prior authorization requests for HIV medication?

Clinical documentation is required to support any prior authorization request.

Is prior authorization required for pediatric members less than 21 years old?

No, neither preferred agents nor non-preferred agents require prior authorization. All HIV medications are covered.

Does MPC allow an emergency fill override for HIV medications?

In the event of an actual emergency, a pharmacist may use his/her clinical judgment to approve a 30-day emergency fill for preferred medications and 14-day emergency fill for non-preferred medications.

