



Office of Pharmacy Service Prior Authorization Criteria

Complera (emtricitabine/rilpivirine/tenofovir) (200mg/25 mg/300 mg)

Prior authorization requests for Complera will be approved if the following criteria are met:

- 1. Diagnosis of HIV**
- 2. Patient is treatment naïve**
- 3. Patient is > 18 years of age**

PI Gilead Sciences, Inc.
Foster City, CA 94404
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