

# Antivirals: HIV –Cabotegravir/rilpivirine (Cabenuva)

Medical policy no. 12.10.99.AB-1

Effective Date: June 1, 2021

**Related medical policies:**

- 12.10.90.AA Antivirals- HIV: rilpivirine (Edurant)
- 12.10.99 Antivirals- HIV Combinations
- 12.10.99.AA Antivirals – HIV: emtricitabine-tenofovir (Descovy)

*Note: New-to-market drugs included in this class based on the Apple Health Preferred Drug List (AHPDL) are non-preferred and subject to this prior authorization (PA) criteria. If a drug within this policy receives a new indication approved by the Food and Drug Administration (FDA), medical necessity for the new indication will be determined on a case-by-case basis following FDA labeling.*

To see the list of the current AHPDL, please visit: <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx>

**Background:**

Human immunodeficiency virus (HIV) is a single-stranded RNA retrovirus that attacks the immune system, specifically CD4+ T-helper cells, causing a progressive decrease in CD4+ T cell count and increased susceptibility of a person to infections. If left untreated, HIV can lead to acquired immunodeficiency syndrome (AIDS) which is the most severe phase of HIV infection. Approximately 1.1 million people in the U.S. live with HIV and about 14% of those living with HIV are unaware of their status. Although no cure for HIV currently exists, the use of antiretroviral therapy (ART) can help suppress the HIV virus and stop progression of the disease. ART therapy is recommended for all patients diagnosed with HIV to help protect the immune system and reduce the risk of serious health complications.

**Medical necessity**

Drug	Medical Necessity
Cabotegravir extended-release injectable suspension/rilpivirine extended-release injectable suspension ( <b>Cabenuva</b> )	<p><b>Cabenuva</b> may be considered medically necessary in patients who meet the criteria described in the clinical policy below.</p> <p>If all criteria are not met, but there are documented medically necessary or situational circumstances, based on the professional judgement of the clinical reviewer, requests may be approved on a case-by-case basis up to the initial or reauthorization duration.</p> <p>Clients new to Apple Health or new to an MCO, who are requesting regimens for continuation of therapy should be reviewed following the reauthorization criteria listed below.</p>

**Clinical policy:**

Clinical Criteria	
HIV-1 Infection	<p><b>Cabenuva</b> may be authorized when <b>ALL</b> of the following are met:</p> <ol style="list-style-type: none"> <li>1. Confirmed diagnosis of HIV-1; <b>AND</b></li> <li>2. Patient is ≥ 18 years of age; <b>AND</b></li> <li>3. Patient is ART-experienced with virologic suppression for at least 6 months (HIV-1 RNA &lt; 50 copies/mL); <b>AND</b></li> </ol>

	<ol style="list-style-type: none"> <li>4. Patient has no history of treatment failure and no known substitutions associated with resistance to cabotegravir and rilpivirine; <b>AND</b></li> <li>5. Patient has documentation of <b>ONE</b> of the following:             <ol style="list-style-type: none"> <li>a. Neurodiversity or a behavioral health condition which impairs the patient’s ability to manage multiple medications; <b>OR</b></li> <li>b. Severe substance use disorder; <b>OR</b></li> <li>c. Diagnosed swallowing disorder; <b>OR</b></li> <li>d. Cognitive impairment requiring assistance with activities of daily living; <b>AND</b></li> </ol> </li> <li>6. Prescribing provider will document date in treatment plan the patient will be initiated on oral cabotegravir and rilpivirine therapy (at least one month prior to starting therapy with Cabenuva); <b>AND</b></li> <li>7. Cabenuva will not be co-administered with other ART medications or any of the medications listed in Table 1 below</li> </ol> <p>If <b>ALL</b> criteria are met, the request will be approved for <b>6 months starting 30 days after the initiation date provided in criteria #6.</b></p>
	<b>Criteria (Reauthorization)</b>
	Cabenuva may be reauthorized if the patient shows consistent monthly medication use within the last 6 months. The request will be <b>approved for 12 months.</b>

**Dosage and quantity limits**

Drug Name	Strength	Quantity Limit
<b>Cabenuva (initiation)</b>	600 mg cabotegravir extended-release injectable suspension/900 mg rilpivirine extended-release injectable suspension	<ul style="list-style-type: none"> <li>• 1 kit every 28 days</li> </ul>
<b>Cabenuva (maintenance)</b>	400 mg cabotegravir extended-release injectable suspension/600 mg rilpivirine extended-release injectable suspension	<ul style="list-style-type: none"> <li>• 1 kit every 28 days</li> </ul>

## Appendix

Table 1: Contraindications

	Cabenuva
Carbamazepine	X
Dexamethasone (more than single dose treatment)	X
Oxcarbazepine	X
Phenobarbital	X
Phenytoin	X
Rifabutin	X
Rifampin	X
Rifapentine	X
St. John's Wort	X

## Evidence Review

Cabenuva (cabotegravir plus rilpivirine injection) was evaluated in the phase 3, 48-week, open label, multicenter, non-inferiority ATLAS trial. 616 adults with HIV-1 infection on a standard oral antiretroviral (ARV) therapy with a HIV RNA < 50 copies/mL for ≥ 6 months were evaluated. Participants with active hepatitis B (HBV) infection, prior virologic failure, an INSTI or NNRTI resistance mutation, or interruption of ARV therapy within 6 months prior to screening or any interruption that exceeded 1 month in duration were excluded from the trial. The primary endpoint was percentage of patients who had a HIV-RNA level of ≥ 50 copies/mL at week 48. The secondary endpoint was the percentage of patients who had a HIV-RNA level < 50 copies/mL at week 48. At completion of the 48 weeks, 1.6% of patients on long-acting injectable therapy had a HIV-1 RNA level of ≥ 50 copies/mL compared to 1% on oral therapy, meeting non-inferiority criteria margin of 6%. The secondary endpoint resulted in 92.5% of patients had a HIV-1 RNA < 50 copies/mL at week 48 in comparison to 95.5% of those in the oral therapy arm, which met non-inferiority criteria (margin of -10%).

Another study evaluating Cabenuva was the FLAIR trial which was a phase 3, randomized, open-label trial, multicenter, non-inferiority trial. 631 adults with HIV-1 infection who had not previously received ARV therapy and had a HIV-RNA level of ≥ 1,000 copies/mL to receive 20 weeks of oral daily induction with dolutegravir/abacavir/lamivudine. At 20 weeks, patients with HIV-RNA levels < 50 copies/mL after 16 weeks were randomized 1:1 to continue current oral therapy or change to oral cabotegravir and rilpivirine for 1 month followed by monthly injections of cabotegravir and rilpivirine. The primary endpoint was percentage of patients with a HIV-RNA level ≥ 50 copies/mL at week 48. The secondary endpoint was percentage of patients who had a HIV-RNA level of < 50 copies/mL at week 48. At completion of week 48, 2.1% of patients on long-acting injectable therapy had a HIV-RNA level ≥ 50 copies/mL compared to 2.5% in the oral therapy arm, which met non-inferiority criteria of 6%. In the secondary endpoint, 93.6% of patients on the long-acting injectable had a HIV-RNA < 50 copies/mL in comparison to 93.3% in the oral therapy arm, also meeting the non-inferiority criteria (margin of -10%).

## References

1. Cabenuva [package insert]. Research Triangle Park, NC; ViiV; January 2021.
2. Orkin C, Arasteh K, Hernandez-Mora MG, et al. Long-acting cabotegravir and rilpivirine after oral induction for HIV-1 infection. *N Engl J Med.* 2020; 382: 1,124-1,135. DOI: 10.1056/NEJMoa1909512.
3. Swindells S, Andrade-Villanueva JF, Richmond GJ, et al. Long-acting cabotegravir and rilpivirine for maintenance of HIV-1 suppression. *N Engl J Med.* 2020; 382: 1,112-1,123. DOI: 10.1056/NEJMoa1904398.
4. Vocabria [package insert]. Research Triangle Park, NC; ViiV; January 2021.

## History

Date	Action and Summary of Changes
03/08/2021	New policy created
07/19/2021	Updated quantity limit to 1 kit every 28 days for initiation dose.
09/02/2021	<ul style="list-style-type: none"> <li>- Removed TheraCom pharmacy information</li> <li>- Updated criteria #7</li> <li>- Updated initial authorization language</li> </ul>
10/25/2021	<ul style="list-style-type: none"> <li>- Removed statement from note section “Non-preferred agents in this class require an inadequate response or documented intolerance due to severe adverse reaction or contraindication to at least ONE preferred regimen.”</li> </ul>
12/3/2021	<ul style="list-style-type: none"> <li>- Updated criteria #6</li> <li>- Removed criteria #7: Documentation from TheraCom specialty pharmacy showing the date patient will be initiated on Vocabria.</li> </ul>

DRAFT

## Antivirals: HIV –Cabotegravir/rilpivirine (Cabenuva)

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Without this information, we may deny the request in seven (7) working days.**

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use	Qty/Days supply
<p>1. Is this request for a continuation of existing therapy?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>2. What is patient's diagnosis?  <input type="checkbox"/> HIV-1  <input type="checkbox"/> Other. Specify:</p> <p>3. Is the patient treatment naïve?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>4. Does the patient have a history of any of the following (check all that apply):  <input type="checkbox"/> A history of treatment failure  <input type="checkbox"/> Resistance to cabotegravir and rilpivirine  <input type="checkbox"/> None of the above</p> <p>5. Does patient have any of the following (check all that apply)?  <input type="checkbox"/> Neurodiversity or a behavioral health condition which impairs the patient's ability to manage multiple medications  <input type="checkbox"/> Severe substance use disorder  <input type="checkbox"/> Diagnosed swallowing disorder  <input type="checkbox"/> Cognitive impairment requiring assistance with activities of daily living  <input type="checkbox"/> None</p> <p>6. Will Cabenuva be used in combination with other ART medications?  <input type="checkbox"/> Yes. Specify:  <input type="checkbox"/> No</p> <p>7. Will the patient be using any of the following medications (check all that apply)?  <input type="checkbox"/> Carbamazepine    <input type="checkbox"/> Dexamethasone (more than single dose treatment)  <input type="checkbox"/> Oxcarbazepine    <input type="checkbox"/> Phenobarbital    <input type="checkbox"/> Phenytoin    <input type="checkbox"/> Rifabutin  <input type="checkbox"/> Rifampin    <input type="checkbox"/> Rifapentine    <input type="checkbox"/> St. John's Wort</p> <p>8. Indicate what date the patient will be initiated on oral cabotegravir and rilpivirine therapy:</p>			
<b>CHART NOTES AND LABS ARE REQUIRED WITH THIS REQUEST</b>			
Prescriber signature	Prescriber specialty	Date	