

## UTILIZATION MANAGEMENT MEDICAL POLICY

- POLICY:** Human Immunodeficiency Virus – Cabenuva Utilization Management Medical Policy
- Cabenuva® (cabotegravir extended-release intramuscular injection; rilpivirine extended-release intramuscular injection, co-packaged – ViiV/GlaxoSmithKline)

**REVIEW DATE:** 02/09/2022; selected revision 04/06/2022

### OVERVIEW

Cabenuva is a two-drug co-packaged product of cabotegravir, a human immunodeficiency virus type-1 (HIV-1) integrase strand-transfer inhibitor, and rilpivirine, an HIV-1 non-nucleoside reverse transcriptase inhibitor.<sup>1</sup> It is indicated as a complete regimen for the treatment of **HIV-1 infection** in patients  $\geq 12$  years of age and  $\geq 35$  kg to replace their current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA  $< 50$  copies/mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to cabotegravir or rilpivirine.<sup>1</sup>

### Dosing

Cabenuva must be administered by a healthcare professional. Prior to starting Cabenuva, healthcare professionals should carefully select patients who agree to the required monthly injection dosing schedule and counsel patients about the importance of adherence to scheduled dosing visits to help maintain viral suppression and reduce the risk of viral rebound and potential development of resistance with missed doses.<sup>1</sup>

Oral lead-in with Vocabria® (cabotegravir tablets) + Edurant® (rilpivirine tablets) may be used for approximately 1 month (at least 28 days) prior to the initiation of Cabenuva to assess the tolerability of cabotegravir and rilpivirine. Cabenuva may be administered as a once-monthly injection or once every 2 month injection. Table 1 provides the recommended oral lead-in and monthly injection dosing schedule. Table 2 provides the recommended oral lead-in and every 2 month injection dosing schedule.

**Table 1. Recommended Oral Lead-In and Monthly Intramuscular Injection Dosing Schedule.<sup>1</sup>**

Vocabria + Edurant Lead-In (at Least 28 Days)	Cabenuva Initiation Injections (One-Time Dosing)	Cabenuva Continuation Injections (Once-Monthly Dosing)
Month 1	At Month 2 (On the Last Day of Oral Lead-In Dosing)	Month 3 Onwards
Vocabria (30 mg) QD with a meal	cabotegravir 600 mg (3 mL)	cabotegravir 400 mg (2 mL)
Edurant (25 mg) QD with a meal	rilpivirine 900 mg (3 mL)	rilpivirine 600 mg (2 mL)

QD – Once daily.

**Table 2. Recommended Oral Lead-In and Every 2 Month Intramuscular Injection Dosing Schedule.<sup>1</sup>**

Vocabria + Edurant Lead-In (at Least 28 Days)	Cabenuva Initiation Dosing	Cabenuva Continuation Injections (Once Every 2 Month Dosing)
Month 1	At Month 2 and Month 3	Month 5 Onwards
Vocabria (30 mg) QD with a meal	cabotegravir 600 mg (3 mL)	cabotegravir 600 mg (3 mL)
Edurant (25 mg) QD with a meal	rilpivirine 900 mg (3 mL)	rilpivirine 900 mg (3 mL)

QD – Once daily.

### Guidelines

The Department of Health and Human Services (DHHS) Guidelines for the Use of Antiviral Agents in Adults and Adolescents with HIV (January 20, 2022) recognize Cabenuva as a long-acting antiretroviral regimen that is an optimization option for patients who are engaged with their health care providers, virologically suppressed on oral therapy for 3 to 6 months, and who agree to make the frequent clinic visits needed.<sup>5</sup> The available data with Cabenuva are noted to support monthly intramuscular injections to replace

an existing oral antiretroviral regimen in individuals with HIV-1 with sustained viral suppression for 3 to 6 months (optimal duration is not defined), who have good adherence and engagement in care, no baseline resistance to cabotegravir (or rilpivirine), and no prior virologic failures; who do not have active or occult hepatitis B virus (HBV) infection (unless the patient also is receiving an HBV active regimen); who are not pregnant or planning on becoming pregnant; and who are not receiving medications with significant drug interactions with Vocabria or Cabenuva.

The DHHS guidelines do not recommend Cabenuva as *initial* therapy for people with HIV-1 because of the lack of data supporting the efficacy of this combination in antiretroviral-naïve patients.<sup>5</sup> Patients desiring to use Cabenuva early in their treatment history should first attain viral suppression on a recommended regimen, then transition to 1 month of oral Vocabria + Edurant and subsequent maintenance therapy with Cabenuva.

### **POLICY STATEMENT**

Prior Authorization is recommended for medical benefit coverage of Cabenuva. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Cabenuva as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Cabenuva to be prescribed by or in consultation with a physician who specializes in the condition being treated.

**Documentation:** Documentation is required for use of Cabenuva as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

**Automation:** None.

### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of Cabenuva is recommended in those who meet the following criteria:

#### **FDA-Approved Indications**

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**1. Human Immunodeficiency Virus (HIV)-1, Treatment.** Approve for 1 year if the patient meets ONE of the following conditions (A or B):

**A) Initial Therapy.** Approve if the patient meets all of the following (i, ii, iii, iv, v, and vi):

- i.** Patient is  $\geq 12$  years of age; AND
- ii.** Patient weighs  $\geq 35$  kg; AND
- iii.** Patient has HIV-1 RNA  $< 50$  copies/mL (viral suppression) **[documentation required]**; AND
- iv.** Prior to initiating Cabenuva or 1 month lead-in with Vocabria (cabotegravir tablets), the patient was treated with a stable regimen ( $\geq 4$  months) of antiretrovirals for HIV-1 **[documentation required]**; AND
- v.** According to the prescriber, the patient meets ONE of the following (a or b):
  - a)** Patient has difficulty maintaining compliance with a daily antiretroviral regimen for HIV-1; OR
  - b)** Patient has severe gastrointestinal issues that may limit absorption or tolerance of oral medications; AND

vi. The medication is prescribed by or in consultation with a physician who specializes in the treatment of HIV infection.

- B) Patient is Currently Receiving Cabenuva.** Approve if the patient has HIV-1 RNA < 50 copies/mL (viral suppression) **[documentation required]**.

**Dosing.** Approve the following dosing regimens (A or B):

- A) Once Monthly Dosing Regimen:** Approve 600 mg/900 mg intramuscularly for one dose, then approve 400 mg/600 mg intramuscularly once-monthly thereafter (every 4 weeks).
- B) Every 2 Months Dosing Regimen:** Approve 600 mg/900 mg intramuscularly for two doses, 1 month apart, then approve 600 mg/900 mg intramuscularly once every 2 months thereafter (every 8 weeks).

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### CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Cabenuva is not recommended in the following situations:

- 1. Pre-Exposure Prophylaxis (PrEP) of Human Immunodeficiency Virus (HIV)-1 Infection.**  
Cabenuva is not indicated for the prevention of HIV.
- 2. Co-administration with Antiretrovirals for Human Immunodeficiency Virus (HIV) Treatment.**  
Because Cabenuva is a complete regimen, co-administration with other antiretroviral medications for the treatment of HIV-1 infection is not recommended.<sup>1</sup>
- 3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria.**  
Criteria will be updated as new published data are available.

### REFERENCES

1. Cabenuva® injection [prescribing information]. Research Triangle Park, NJ: ViiV/GlaxoSmithKline; March 2022.
2. Orkin C, Arasteh K, Hernandez-Mora G, et al. Long-acting cabotegravir and rilpivirine after oral induction for HIV-1 infection. *N Engl J Med.* 2020;382:1124-1135.
3. Swindells S, Andrade-Villaneuva JF, Richmond GJ, et al. Long-acting cabotegravir and rilpivirine for maintenance of HIV-1 suppression. *N Engl J Med.* 2020; 382:12:1112-1123.
4. Saag MS, Gandhi RT, Hoy JF, et al. Antiretroviral drugs for treatment and prevention of HIV infection in adults. 2020 recommendations of the International Antiviral Society-USA Panel. *JAMA.* 2020;324(16):1651-1669.
5. Adolescents with HIV. Department of Health and Human Services. Available at <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf>. Updated January 20, 2022. Accessed January 31, 2022.
6. Orkin C, Bernal E, Tan DHS, et al. Initiation of long-acting cabotegravir plus rilpivirine as direct-to-injection or with an oral lead-in in adults with HIV-1 infection: Week 124 results of the open-label phase 3 FLAIR study. *Lancet HIV.* 2021;11:e668-e678.

**HISTORY**

Type of Revision	Summary of Changes	Review Date
New Policy	--	02/03/2021
Selected revision	<p><b>Human Immunodeficiency Virus (HIV) Infection:</b> Documentation requirements were added to the following criteria: patient has HIV-1 RNA &lt; 50 copies/mL (viral suppression), and patient is currently receiving antiretrovirals for the treatment of HIV-1 with a stable regimen (≥4 months). Additionally, a requirement was added that according to the prescriber, the patient has difficulty maintaining compliance with a daily antiretroviral regimen for HIV-1 OR has severe gastrointestinal issues that may limit absorption or tolerance of oral medications.</p>	04/21/2021
Annual Revision	<p><b>Human Immunodeficiency Virus Type-1 (HIV-1), Treatment:</b> The indication was modified to as listed to add the qualifier “-1” and “treatment” after HIV. Criteria requiring the patient completed/would complete 1 month of therapy with Vocabria (cabotegravir tablets) + Edurant (rilpivirine tablets), was removed. Cabenuva was added to criteria requiring that prior to initiating therapy with “Cabenuva” or 1 month lead-in with Vocabria the patient was treated with a stable regimen (≥ 4 months) of antiretrovirals for HIV-1.</p> <p><b>Conditions Not Recommended for Coverage: Pre-Exposure Prophylaxis (PrEP) of Human Immunodeficiency Virus (HIV)-1 Infection</b> was modified to as listed to add the qualifier “of Human Immunodeficiency Virus (HIV)-1 Infection” after PrEP. <b>Human Immunodeficiency Virus (HIV), Antiretroviral Treatment-Naïve Patients</b> was removed because it was not needed. <b>Co-administration with Antiretrovirals for Human Immunodeficiency Virus (HIV) Treatment</b> was modified to as listed to add the qualifier “treatment” after HIV.</p>	02/09/2022
Selected Revision	<p><b>Human Immunodeficiency Virus Type-1 (HIV-1), Treatment:</b> The age indication for approval was changed to ≥ 12 years of age and ≥ 35 kg. Previously the age of approval was ≥ 18 years of age.</p>	04/06/2022