

# Antivirals: HIV– Cabotegravir/rilpivirine (Cabenuva)

## WA.PHAR.112 Antivirals: HIV– Cabotegravir/rilpivirine (Cabenuva) Effective Date: June 1, 2021

Related medical policies:

- **WA.PHAR.97 Antivirals- HIV Combinations**
- **WA.PHAR.98 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. 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. 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://pharmacy.envelopehealth.com/content/dam/centene/envelope-pharmacy-solutions/pdfs/PDL/FORMULARY-CoordinatedCare\\_Washington.pdf](https://pharmacy.envelopehealth.com/content/dam/centene/envelope-pharmacy-solutions/pdfs/PDL/FORMULARY-CoordinatedCare_Washington.pdf)

**Before authorization of Cabenuva will be approved, documentation from TheraCom specialty pharmacy showing the patient has been established on Vocabria must be included. Documentation must include patient’s name, patient’s date of birth, NDC, quantity/days supply, and date patient received the medication.**

### 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 for the following indications:</p> <ul style="list-style-type: none"> <li>• Used as a complete regimen for the treatment of HIV-1 infection in patients who have a contraindication or inadequate response to other HIV antivirals that are preferred on the Apple Health Preferred Drug List</li> </ul>

### Clinical policy:

Clinical Criteria	
<b>HIV-1 Infection</b>	<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. Patient will be initiated on oral cabotegravir and rilpivirine therapy for at least one month prior to starting therapy with Cabenuva; <b>AND</b></li> <li>7. Documentation from TheraCom specialty pharmacy showing the patient has been established on Vocabria; <b>AND</b></li> <li>8. 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</b></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 authorization duration.</p>
	<b>Criteria (Reauthorization)</b>
	<p>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>.</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 reauthorization duration.</p>

### 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 (for initial 28 day supply)</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
<b>Carbamazepine</b>	X
<b>Dexamethasone (more than single dose treatment)</b>	X
<b>Oxcarbazepine</b>	X
<b>Phenobarbital</b>	X
<b>Phenytoin</b>	X
<b>Rifabutin</b>	X
<b>Rifampin</b>	X
<b>Rifapentine</b>	X
<b>St. John's Wort</b>	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