



Drug Coverage Policy

Effective Date6/1/2024
Coverage Policy Number.....IP0123
Policy Title.....Cabenuva

Human Immunodeficiency Virus – Cabenuva

- Cabenuva® (cabotegravir extended-release intramuscular injection; rilpivirine extended-release intramuscular injection, co-packaged – ViiV/GlaxoSmithKline)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Cigna Healthcare Coverage Policy

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.¹ It is indicated as a complete regimen for the treatment of HIV-1 infection

in patients ≥ 12 years of age and ≥ 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.¹

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.¹

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.¹

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.¹

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 (December 6, 2023) 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.⁵ Both FDA-approved dosing regimens are appropriate for Cabenuva in virally suppressed patients (once monthly or every 2-month dosing and with or without oral lead-in). The Guidelines point out that the tablet formulation of cabotegravir (Vocabria®) is only available through the manufacturer, not in community pharmacies. Cabenuva is not recommended as initial therapy for people with HIV because of the lack of data supporting efficacy in this patient population.

International Antiviral Society-USA (IAS-USA) Recommendations on Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults (2022) have similar recommendations to the DHHS guidelines for Cabenuva.⁷ In individuals with no history of treatment failure and no known or suspected resistance to either agent, Cabenuva is an option. Cabenuva is noted to give greater patient satisfaction vs. oral antiretrovirals (ARVs) to those interested in non-oral options for treatment because of privacy, stigma, or convenience reasons. Both approved dosing regimens (with and without oral lead-in) are considered acceptable based on patient preference. If scheduled doses of Cabenuva are missed, resumption of therapy should follow the Prescribing Information. Cabenuva is not recommended for initial therapy in ARV-naïve individuals.

Medical Necessity Criteria

Cabenuva is/are considered medically necessary when ONE of the following criteria are met:

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

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

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); AND

iv. Prior to initiating Cabenuva or 1 month lead-in with Vocabria (cabotegravir tablets), the patient was treated with a stable regimen (\geq 3 months) of antiretrovirals for HIV-1; AND

v. According to the prescriber, individual meets ONE of the following:

a) Difficulty maintaining compliance with a daily antiretroviral regimen for HIV-1

b) Severe gastrointestinal issues that may limit absorption or tolerance of oral medications

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).

Dosing. Approve one of 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).

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

- 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.¹
- 3. Human Immunodeficiency Virus (HIV)-2 Infection.** Cabenuva is not indicated in patients with HIV-2 infection.¹ The Department of Health and Human Services guidelines further note that HIV-2 is intrinsically resistant to non-nucleoside reverse transcriptase inhibitors, therefore, Cabenuva is not recommended for people with HIV-2.⁵

Coding Information

- 1) This list of codes may not be all-inclusive.
- 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg

References

1. Cabenuva® injection [prescribing information]. Research Triangle Park, NJ: ViiV/GlaxoSmithKline; December 2023.
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/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-ary/whats-new>. Updated December 6, 2023. Accessed January 31, 2024.
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.
7. Ghandi RT, Bedimo R, and Hoy JF, et al. Antiretroviral drugs for treatment and prevention of HIV infection in adults. 2022 recommendations of the International Antiretroviral Society-USA Panel. *JAMA.* 2023;329(1):63-84.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	Human Immunodeficiency Virus (HIV)-1, Treatment.	6/1/2024

	<ul style="list-style-type: none">• Added criterion for minimum weight.• Added criterion for screening individual treated with a stable regimen for at least 3 months.• Updated criterion for continuation of treatment.	
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The policy effective date is in force until updated or retired.

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