Long-Acting Antiretroviral Treatment: Considerations for Health Care Providers
Version: June 2022

ViiV Healthcare's Cabenuva — copackaged cabotegravir and rilpivirine extended-release injectable suspension — was approved by the U.S. Food and Drug Administration Jan. 21, 2021. Cabenuva is indicated as a complete regimen for the treatment of HIV-1 infection in adults and adolescents 12 years of age or older who weigh at least 35 kg to replace the current antiretroviral regimen in those who are virologically suppressed on a stable ARV regimen, with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine. Cabenuva is delivered via monthly or every-other-month injections that generally need to be administered in a clinical setting. This novel maintenance therapy option may help to improve adherence and reduce stigma for some patients but requires pharmacy and/or clinical delivery system and administrative adjustments for clinics and providers.

This document highlights clinical considerations based on the FDA label and delivery system, as well as staffing and administrative issues for clinics and clinicians to consider in providing patient access to this novel treatment modality. Please refer to the FDA-approved product package insert and the Department of Health and Human Services' *Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living With HIV* for additional clinical guidance.

QUICK LINKS

CLINICAL CONSIDERATIONS

Prior to Initiation

- Prior to prescribing, providers should complete a thorough history of prior ARV treatment regimens containing integrase strand transfer inhibitors or nonnucleoside reverse transcriptase inhibitors or prior use of Apretude (cabotegravir) for HIV pre-exposure prophylaxis to rule out any potential drug-resistance issues.

- Cabenuva is FDA-approved for patients who are virally suppressed on a stable oral ARV regimen, with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.

Treatment Initiation

- A 30-day oral lead-in dose of Vocabria (cabotegravir) plus Edurant (rilpivirine) to assess for safety and tolerance before administering the long-acting formulations **is now optional**. Lead-in dosing supplies of Vocabria and Edurant are provided by ViiV Healthcare through a noncommercial dispensing pharmacy without cost to the patient, provider or payer.
- Cabenuva is approved for gluteal intramuscular use only. Cabotegravir and rilpivirine injections at separate ventrogluteal or dorsogluteal sites (on opposite sides or at least 2 cm apart) using the Z-track method is recommended and generally will require administration in a private space in a clinic or possibly a pharmacy or an infusion center (see manufacturer's directory of Alternative Sites of Administration).
- The Cabenuva initiation dose requires two 3-mL IM injections (one injection each of 600 mg cabotegravir and 900 mg rilpivirine).
    - If monthly dosing is planned, only one Cabenuva initiation dose is required.
    - If every-2-month dosing is planned, two Cabenuva initiation doses given 1 month apart are required.
    - The initiation dose should be given on the last day of the current oral antiretroviral or oral lead-in regimen. K1292191632

Maintenance Treatment

- Continuation dosing using the same gluteal administration method described above involves either of the following:
    - Monthly dosing: Two 2-mL gluteal IM injections (400 mg cabotegravir plus 600 mg rilpivirine) administered every month starting 1 month after the initiation dose; or
    - Every-2-month dosing: Two 3-mL gluteal IM injections (600 mg cabotegravir plus 900 mg rilpivirine) administered every 2 months starting 2 months after the second initiation dose.

Interruptions in Injections – Planned and Unplanned

- **Planned Interruptions:** If an interruption of injections is planned for more than 7 days, the oral daily bridging regimen of one Vocabria tablet plus one Edurant tablet daily may be started on the day of the next planned injection and may be taken in place of the injections for up to 2 months. If greater than 2 months, any other fully suppressive oral antiretroviral may be used until injections are resumed.
    - **Monthly dosing schedule:** If receiving injections monthly, continuation dosing can resume on the final day of oral medications.

    - **Every-2-month dosing schedule:** If receiving injections every other month and if an oral bridging regimen is taken for 1 month or less, continuation dosing every 2 months can be restarted on the final day of oral medications. If oral medication is taken for more than 1 month, initiation dosing should be restarted on the final day of oral medications.
- **Unplanned Interruptions:**
    - **Monthly dosing schedule:** If an unplanned interruption occurs without an oral bridging regimen for less than 2 months, resume continuation doses as soon as possible. If the interruption is for more than 2 months, initiation dosing should be restarted as soon as possible before resuming the continuation monthly dose.
    - **Every-2-month dosing schedule:** If an unplanned interruption occurs without an oral bridging regimen for less than 3 months, resume continuation doses as soon as possible. If the interruption is for more than 3 months, initiation dosing monthly for 2 months should be given before resuming the continuation every other month dose.

Switching From Monthly to Bimonthly Dosing

- If switching from a monthly to an every-other-month dosing schedule, when the next monthly injection is due, administer 600 mg cabotegravir and 900 mg rilpivirine and continue injections every 2 months. When switching from an every-other-month to a monthly dosing schedule, when the next injection is due, administer 400 mg cabotegravir and 600 mg rilpivirine and continue monthly injections after that.

DELIVERY SYSTEM ISSUES

- Cold-chain supply and storage (2°C to 8°C; 36°F to 46°F) will be required. Cabenuva will need to be brought to room temperature (removed from refrigerator for >15 minutes) for up to 6 hours. If not used within 6 hours, the medication must be discarded. Cabotegravir and rilpivirine can remain in syringes for up to 2 hours before injecting.
- Each Cabenuva package contains one vial each of cabotegravir and rilpivirine plus vial adaptors, syringes and 23-gauge needles. The packages measure 6.2 inches wide x 5.6 inches deep x 1.7 inches high. It is estimated that a 4.5-cubic-foot minifridge holds 24 boxes.
- State regulations or a clinic or institution's internal policies may determine who can administer injections. Nurses or other staff who may be able to administer the injection will require training.
- Clinics need to assess available clinic space and develop staffing plans to accommodate more frequent office visits for patients on Cabenuva.
- Workflow for Cabenuva prescribing, delivery, acceptance and storage needs to be set up at the clinic.
- More intensive patient reminder systems will likely be needed to ensure patients do not miss their administration appointments.

- Alternative Sites for Administration may be available through the directory maintained by the manufacturer.

PROCUREMENT AND PURCHASING

- As a provider-administered drug with cold-chain requirements, Cabenuva is available under a limited distribution model. It is typically procured through one of the options below, and the method may be determined by the third-party payer.

    - **Buy-and-bill**: Provider or clinic purchases the drug/biologic product from a wholesaler or distributor and bills the primary third-party payer. Provider or clinic assumes liability for the cost of the drug under this model. Buy-and-bill is typical of drugs or biologics covered as a medical benefit.
    - **White bagging**: Provider submits prescription to specialty pharmacy; specialty pharmacy processes the claim and ships product to the provider for administration. White bagging may be typical of drugs or biologics covered as a pharmacy benefit. White bagging may also be an option for drugs or biologics covered as a medical benefit.
    - **Clear bagging**: A health system's internal specialty pharmacy maintains inventory of Cabenuva, processes the claim when a prescription is received from a health system provider and then delivers the medication in time for the patient's administration appointment.

- Temperature-controlled storage is needed for Cabenuva.
- Separate buy-and-bill and white-bag inventories need to be maintained.
- Cabenuva is available from a variety of specialty pharmacies and specialty distributors.

Unlike for lead-in doses, for bridging doses, ViiV will only supply Vocabria for a planned missed dosage, and patients will need to fill a prescription for Edurant from their regular pharmacy or access it through the Johnson & Johnson Patient Assistance Foundation.

HEALTH CARE COVERAGE

Medical Vs. Pharmacy Benefit

- Due to Cabenuva's administration in a clinical setting, most health insurers cover it as a medical benefit rather than as a pharmacy benefit like most HIV therapies.
- Some insurers may cover it as a pharmacy benefit, or as both a medical and pharmacy benefit. Clinics and other providers do not generally have influence over medical benefit versus pharmacy benefit determinations made by payers.
- Provider-administered drugs covered as a medical benefit may not appear on a plan's prescription drug list or formulary, but rather as a medical benefit drug policy.
- If not on the PDL, contact the health plan administrator to determine coverage and any utilization management requirements (e.g., prior authorization or clinical criteria).

- Consider contacting your regional ViiV field reimbursement manager with coverage issues or questions. See Appendix for contact information.

Cost Sharing

The cost-sharing requirement will depend on the payer and whether Cabenuva is covered as a medical or pharmacy benefit.

Private Insurance

- Drugs covered as a medical benefit by individual, small group or large group commercial plans often require a flat coinsurance rate (e.g., 20% of the total cost of the medication), typically after the plan deductible requirement has been met.

Medicare

- Under **Medicare,** Cabenuva is likely covered under Part B as a provider-administered drug. Under Medicare Part B, the beneficiary may be responsible for up to 20% of the medication cost after the deductible requirement has been met; lower cost sharing may be available through supplemental insurance coverage, for individuals dually eligible for Medicaid and Medicare or for those enrolled in the Qualified Medicare Beneficiary program. Some Medicare Advantage plans that include prescription drug coverage (Part D) may opt to cover it as a pharmacy benefit.

Medicaid

- State **Medicaid programs** must cover Cabenuva, but cost-sharing and utilization management (e.g., prior authorization) requirements vary by state. Cost sharing is typically nominal. Medicaid programs typically cannot deny access to medications for a failure to pay but can hold Medicaid beneficiaries responsible for the fees.

RYAN WHITE HIV/AIDS PROGRAM ASSISTANCE

- Check with your state AIDS Drug Assistance Program regarding coverage of Cabenuva and the assistance that may be available. The National Alliance of State and Territorial AIDS Directors maintains a directory of ADAP staff.
- The HIV/AIDS Bureau issued guidance in December 2019 recommending that ADAPs add long-acting ARV products to their formularies when they become available. HAB also has determined that the costs of ARV product administration and/or office visits directly associated with provider administration of ARVs are allowable costs under the ADAP service category. In addition, ADAPs may cover medical copayment associated with the administration of Cabenuva for patients with health insurance.
- Ryan White HIV/AIDS Programs may use the Outpatient/Ambulatory Health Services category to cover the costs associated with Cabenuva administration where the

program is the primary payer of services (including where the state ADAP provides the medication); the Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals category may be used to cover any primary payer cost-sharing assistance requirements.

COST SHARING AND PATIENT ASSISTANCE FOR THE UNINSURED

- ViiV Healthcare's Cabenuva Savings Program offers up to $13,000 in assistance every calendar year.
- The application of program savings will depend on whether white bagging via a specialty pharmacy or buy-and-bill mechanisms are used to procure Cabenuva.
- A Patient Assistance Program for Cabenuva is available for qualifying uninsured and underinsured patients via enrollment through ViiVConnect. Patients must meet the following criteria:
    - Reside in one of the 50 states, the District of Columbia or Puerto Rico, ***and***
    - Have a household income less than or equal to 500% of the federal poverty level based on household size; ***and*** not be eligible for Medicaid, ADAP or Puerto Rico's Government Health Plan (Mi Salud), ***and either***:
    - Have no prescription drug coverage, ***or***
    - Have a Medicare Part B, Medicare Part D or Medicare Advantage Plan, and have spent at least $600 or more on out-of-pocket prescription expenses during the current calendar year, ***or***
    - Have a private insurance plan limited to generic-only coverage, outpatient use only or therapeutic class exclusion (noncoverage) of drug.

DRUG COST INFORMATION

- The optional oral lead-in dosing regimen is being provided free of charge by ViiV.
- The wholesale acquisition[1] cost price for the 6-mL Cabenuva dosing kit is $6,088.50.
- The WAC price for the 4-mL Cabenuva dosing kit is $4,059.00.

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Please email questions or comments to Tim Horn with NASTAD at thorn@nastad.org or Andrea Weddle with HIVMA at aweddle@hivma.org.

[1] The wholesale acquisition cost is the manufacturer's list price for the medication and does not take into account rebates or other discounts negotiated with third-party payers.

Appendix: ViiV Field Reimbursement Directors and Managers

This list was provided by ViiV Healthcare and is accurate as of June 15, 2022. It may not reflect any personnel changes since that date.

	Territory Location	NAME	EMAIL
Field Reimbursement Director	**West**	**OPEN**	
Field Reimbursement Manager	San Diego	Dena Land	dena.x.land@viivhealthcare.com
Field Reimbursement Manager	Pacific Northwest	Ivan Zelaya-Quintanilla	ivan.r.zelayaquintanilla@viivhealthcare.com
Field Reimbursement Manager	San Jose	Joelle Guanzon	joelle.i.guanzon@viivhealthcare.com
Field Reimbursement Manager	San Francisco	Barbara Harvey	barbara.a.harvey@viivhealthcare.com
Field Reimbursement Manager	Los Angeles West	Dawn Lombard	dawn.t.lombard@viivhealthcare.com
Field Reimbursement Manager	Los Angeles East	Monica Solis	monica.p.solis@viivhealthcare.com
Field Reimbursement Manager	Denver	Jared Theodorakas	jared.g.theodorakos@viivhealthcare.com
Field Reimbursement Director	**Central**	**Stephanie Meade**	stephanie.d.meade@viivhealthcare.com
Field Reimbursement Director	Midwest	Stephanie Morris	stephanie.d.morris@viivhealthcare.com
Field Reimbursement Manager	Atlanta	OPEN	
Field Reimbursement Manager	Ohio Valley	Danielle Kiehl	danielle.x.kiehl@viivhealthcare.com
Field Reimbursement Manager	Texas	Donald Goerner	donald.w.goerner@viivhealthcare.com
Field Reimbursement Manager	Minneapolis	Shara Mahoutchian	shara.x.mahoutchian@viivhealthcare.com
Field Reimbursement Manager	Houston	Tara Upshaw	tara.m.upshaw@viivhealthcare.com
Field Reimbursement Manager	Miami	Barbara Pope	barbara.k.pope@viivhealthcare.com
Field Reimbursement Manager	Jacksonville	Marvin Poole	marvin.x.poole@viivhealthcare.com
Field Reimbursement Director	**East**	**Maisha Rudison-Bryant**	maisha.m.rudison-bryant@viivhealthcare.com
Field Reimbursement Manager	Charlotte	Jennifer Stimpson-Ivey	jennifer.l.stimpson-ivey@viivhealthcare.com
Field Reimbursement Manager	Baltimore	Monae Petty-Owens	monae.l.petty-owens@viivhealthcare.com
Field Reimbursement Manager	Philadelphia	Cooper Pelegrin	cooper.l.pelegrin@viivhealthcare.com
Field Reimbursement Manager	Bronx	Evelyn Taveras	evelyn.a.taveras@viivhealthcare.com
Field Reimbursement Manager	Manhattan	Pascal Parker	pascal.x.parker@viivhealthcare.com
Field Reimbursement Manager	Northeast	Colin McCrea	colin.x.mccrea@viivhealthcare.com
Field Reimbursement Manager	Long Island	Ernie White	ernest.l.white@viivhealthcare.com
Field Reimbursement Manager	Syracuse	Aly Meier	alyssa.l.meier@viivhealthcare.com