



## Preparing for Long-Acting Antiretroviral Treatment

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Cabenuva – cabotegravir extended-release injectable suspension co-packaged with rilpivirine extended-released injectable suspension – was [approved](#) by the U.S. Food and Drug Administration on Jan. 21. Cabenuva is manufactured by ViiV Healthcare. The combination therapy is indicated as a complete maintenance therapy option for people living with HIV who are virologically suppressed on a stable antiretroviral regimen, with no history of treatment failure or suspected resistance to either cabotegravir or rilpivirine.

This novel maintenance therapy option may help to alleviate pill fatigue, improve adherence, and reduce stigma for some patients but requires pharmacy and clinical delivery system and administrative adjustments for clinics and providers.

This document highlights delivery system, staffing and administrative issues for clinics and clinicians to consider in preparing to provide patients access to this novel treatment modality. Please see the Cabenuva [package insert](#) for more detailed information on clinical considerations and detailed instructions for use. Also see the U.S. Department of Health and Human Services' [Adults and Adolescents Antiretroviral Guidelines Panel Recommendation for the Long-Acting Injectable Antiretroviral Regimen of Cabotegravir and Rilpivirine](#).

### Clinical Considerations

- 48-week data from the Phase III [ATLAS study](#) and [FLAIR study](#), demonstrating Cabenuva's safety and efficacy as maintenance therapy with intramuscular dosing every four weeks, have been published in the *New England Journal of Medicine*.
- Patients will need to be virally suppressed on a stable oral regimen, with no known or suspected resistance to either cabotegravir or rilpivirine, prior to initiation.
- Prior to initiating treatment with Cabenuva, oral lead-in dosing with Vocabria (30 mg cabotegravir) and Edurant (25 mg rilpivirine) should be used for approximately one month to assess the tolerability of Cabotegravir and Edurant (rilpivirine). Vocabria and rilpivirine should be taken once daily with food (two tablets once daily). Thirty-day supplies of the oral lead-in Vocabria and Edurant will be provided, without cost to patients, providers, or payers, by ViiV Healthcare. **Vocabria will not be available from pharmacies.**
- The Cabenuva loading dose requires two 3 mL IM injections (600 mg cabotegravir plus 900 mg rilpivirine).
- 48-week data from the Phase III [ATLAS-2M clinical trial](#), demonstrating that Cabenuva administration every eight weeks has similar efficacy and safety compared with monthly injections, have been published in *The Lancet*. A supplemental New Drug Application was filed with the FDA in February 2021; approval may be granted in late 2021.
- If monthly injections are missed or delayed by more than seven days, according to the recommendations approved by the FDA, the oral daily bridging regimen is one Vocabria tablet plus one Edurant tablet until the next injection can be administered. If two months or less have passed since the last injection, 400 mg cabotegravir and 600 mg rilpivirine monthly injections should be resumed as soon as possible. If more than two months have passed since the last injection, reinitiating injections with the loading dose of 600 mg cabotegravir and 900 mg rilpivirine is recommended, followed by a return to 400 mg cabotegravir and 600 mg rilpivirine monthly injection schedule.

### Delivery System Considerations

- 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  $\geq 15$  minutes) for up to six hours. **If not used within six hours, the medication must be discarded. Cabotegravir and rilpivirine can remain in syringes for up to two 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 W x 5.6 inches D x 1.7 inches H. It is estimated that a 4.5 cu ft mini fridge holds 24 boxes.
- 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.
- Clinics will need to assess available clinic space and develop staffing plans to accommodate more frequent office visits for patients receiving Cabenuva.
- State regulations or a clinic/institution's internal policies may determine who can administer the injection. Nurses or other staff able to administer the injection may require training.
- More intensive patient reminder systems will likely be needed to ensure patients do not miss a monthly injection.

### Healthcare Coverage

- Due to Cabenuva's administration in a clinical setting, health insurers are likely to cover it as a medical benefit, which will affect how clinics procure, and bill for, the products. Insurers may also cover it as a pharmacy benefit, or as both a medical and pharmacy benefit.
- Patients' out-of-pocket costs will depend on how Cabenuva is covered.
- Drugs covered under the health insurer's medical benefit often require a flat co-insurance rate (e.g., 20% of the cost of the injections).
- For Medicare clients, Cabenuva is expected to be covered under Part B as a provider-administered drug. Some Medicare Advantage plans (with Part D coverage) may opt to cover it as a pharmacy benefit.
- Medicaid coverage policies are determined on a state-by-state basis. *See information on Ryan White HIV/AIDS Program and AIDS Drug Assistance Program coverage below.*
- ViiV set up [ViiVConnect](#) to assist with seeking coverage verification for insured patients, providing coverage of Cabenuva at no cost for up to 12 months for commercially insured clients waiting on coverage determinations (Insurance Bridge Program) and for accessing patient assistance for uninsured patients and cost sharing assistance for eligible patients. *See ViiVConnect text box.*
- For oral medication needed due to planned or unplanned missed injections, providers should contact ViiVConnect for Vocabria. For rilpivirine, patients will need to fill a prescription at a retail pharmacy or access it through Johnson & Johnson's (J&J) [patient assistance program](#) (PAP). **Oral Cabenuva is not commercially available.**
- Access to Cabenuva may be expedited by clinics pursuing coverage approvals on their own and requesting the oral lead-in doses for missed doses through TheraCom Pharmacy [General Phone: 1-877-654-7812; General Fax: 1-844-773-1422; ViiV Specific Team: Phone: 1-844-276; Fax: 1-833-904-1881]. **However, cost-sharing and patient assistance is only available through ViiVConnect.** Oral Vocabria for missed doses also can be requested through TheraCom but rilpivirine will need to be acquired separately at a pharmacy or through the J&J PAP.

### ViiVConnect

ViiVConnect provides [Cabenuva-specific support services](#) for providers and people living with HIV. Completion of a patient enrollment form is required. ViiVConnect can coordinate and support coverage verification, prior authorization requests, claims and denials appeals support, and Insurance Bridge Program coverage for insured clients. **Also available is cost-sharing assistance** for insured clients, **patient assistance** for uninsured or eligible clients and **introductory packets** that include Vocabria and rilpivirine dispenses for lead-in dosing in addition to [billing and coding guidance](#).

### Procurement and Purchasing

- Drugs administered by a clinician, particularly those with cold-chain requirements, are generally not available through retail pharmacies. They are typically procured through “Buy and Bill”, “White Bagging” or “Clear Bagging” approaches (see text box below). Separate inventories need to be maintained based on how the drug is procured.
- The procurement mechanism depends on the providers’ preference and/or the clients’ insurance coverage, i.e., whether Cabenuva is covered as a medical benefit or pharmacy benefit or if an AIDS Drug Assistance Program is the primary payer of medications for Ryan White HIV/AIDS Program clients.

### Procurement Options

**Buy-and-Bill:** Provider or clinic purchases the drug/biologic product from a wholesaler or specialty distributor and bills the primary third-party payer. Provider or clinics assume 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 a specialty pharmacy within ViiV’s specialty pharmacy network (see below). The specialty pharmacy processes the claim and ships product to the provider for administration. White bagging is typical of drugs or biologics covered as a pharmacy benefit.

**Clear bagging:** A health system’s internal specialty pharmacy maintains inventory of the medication, 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.

- Cabenuva is currently available from the following [specialty pharmacies and distributors](#): Accredo Health Group, Inc, AHF Pharmacy, ASD Healthcare, Besse Medical, Cardinal Health Specialty, Coordinated Care Network, Curant Health, CuraScript Specialty Distribution, CVS Specialty, Diplomat (Optum), Fairview Specialty, Humana Specialty Pharmacy, Kroger Specialty Pharmacy, Optum/Avella, AllianceRx Walgreens Prime, Longs/Avita Specialty, Mail-Meds Clinical Pharmacy, McKesson Plasma and Biologics, McKesson Specialty Health, and Meijer Specialty.
- The following **wholesaler network** for Cabenuva has also been established: AmerisourceBergen Corporation, Anda, Cardinal Health, DMS Pharmaceutical Group, McKesson Corporation, Morris & Dickson Co., and Smith Drug Company.

### 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 HIV/AIDS Bureau issued [guidance](#) in December 2019 recommending that AIDS Drug Assistance Programs add long-acting antiretroviral products to their formularies when they become available.
- HAB 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.
- ADAPs also may cover medical co-payments 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.

### Drug Cost Information

- The initial oral medication regimen is being provided free of charge by ViiV.
- The wholesale acquisition<sup>1</sup> cost of the initial (or loading dose) injections is \$5,940 per month.
- The wholesale acquisition cost of the monthly (maintenance) injections is \$3,960 per month.

### Cost-Sharing and Patient Assistance

- Cabenuva is available at no cost to U.S. residents with household incomes of 500% of the [federal poverty level](#) or less, and either do not have prescription drug coverage or meet other insurance coverage-based criteria. ViiVConnect Patient Assistance Program (PAP) eligibility and enrollment details can be found [here](#).
- For individuals with commercial insurance prescription drug coverage, ViiV is offering assistance of up to \$13,000 per year (including up to \$100 on cost-sharing assistance with Cabenuva administration fees) to help cover the out-of-pocket prescription drug costs associated with Cabenuva through ViiVConnect's [Patient Savings Program](#). **Access to the patient savings program is only available for patient enrolled through ViiVConnect.**
- Assistance with out-of-pocket costs for Medicare beneficiaries is not available through ViiVConnect's Patient Savings Programs due to federal rules but may be available through state ADAPs.
- Details on patient and provider support services are available through [ViiVConnect](#) or by calling 1-844-588-3288 (toll free) Monday to Friday from 8am to 11 pm ET.

***The information in this resource was compiled by the National Alliance of State and Territorial AIDS Directors, the HIV Medicine Association and the American Academy of HIV Medicine. Please email questions or comments to Tim Horn with NASTAD at [thorn@nastad.org](mailto:thorn@nastad.org), Andrea Weddle with HIVMA at [aweddle@hivma.org](mailto:aweddle@hivma.org) or Bruce Packett with AAHIVM at [bruce@aahivm.org](mailto:bruce@aahivm.org).***

<sup>1</sup> 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.