



Long-Acting Antiretroviral Treatment: Considerations for Health Care Providers Version: July 2023

ViiV Healthcare’s Cabenuva® – copackaged cabotegravir and rilpivirine extended-release injectable suspension – was approved by the U.S. Food and Drug Administration (FDA) on January 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 35kg to replace the current antiretroviral (ARV) 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 that requires pharmacy and/or clinical delivery system and administrative adjustments for clinics and providers.

Real-World Experience

FDA approval is based on data from the Phase 3 [ATLAS](#) and [FLAIR](#) studies, which demonstrated comparable efficacy in maintaining viral suppression between switching to Cabenuva versus remaining on an oral regimen, and [ATLAS-2M](#), a Phase III study that found comparable safety and efficacy between monthly and every-other-month dosing of Cabenuva. Cabenuva may also be of considerable clinical benefit for people with HIV with viremia including those who face significant barriers to accessing traditional health care services. Based on promising results including from an urban-based San Francisco [demonstration project](#) offering Cabenuva to individuals who were not virally suppressed, some clinics have proceeded with off label use in complex patients on a case-by-case basis with shared decision-making and with close monitoring. **This points to an urgent need for a timely evaluation of Cabenuva in patients without viral suppression for whom a long-acting intervention may be most effective or the only treatment option.**

This document highlights clinical considerations based on the U.S. Food and Drug Administration label and delivery system, 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 Health and Human Services’ [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV](#) for additional clinical guidance.

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CLINICAL CONSIDERATIONS

Prior to Initiation

- Prior to prescribing, providers should complete a thorough history of prior ARV treatment regimens containing integrase strand transfer inhibitors (INSTIs) or non-nucleoside reverse transcriptase inhibitors (NNRTIs) 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 non-commercial 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 Alternative Sites of Administration, below).
- For the injection, a 1.5-inch needle is recommended for patients with BMI<30. A 2-inch needle is recommended for patients with BMI≥30 to reach the gluteal muscle.
- 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 months dosing is planned, two Cabenuva initiation doses given one month apart are required.
 - The initiation dose should be given on the last day of the current oral antiretroviral or oral lead-in regimen.

Maintenance Treatment

- Continuation dosing using the same gluteal administration method described above involves either of the following:

- Monthly: Two 2 mL gluteal IM injections (400 mg cabotegravir plus 600 mg rilpivirine) administered every month starting one month after the initiation dose; or
- Every 2 months: Two 3 mL gluteal IM injections (600 mg cabotegravir plus 900 mg rilpivirine) administered every two months starting two 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 two months. If greater than two months, any other fully suppressive oral antiretroviral regimen 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 one month or less, continuation dosing every two months can be restarted on final day of oral medications. If oral medication is taken for more than one month, initiation dosing should be restarted on final day of oral medications.
- **Unplanned Interruptions:**
 - **Monthly dosing schedule:** If an unplanned interruption occurs without an oral bridging regimen for less than two months, resume continuation doses as soon as possible. If the interruption is for more than two 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 three months, resume continuation doses as soon as possible. If the interruption is for more than three months, initiation dosing monthly for 2 months should be given before resuming the continuation every other month dose.

Switching from Monthly to Bi-Monthly Dosing

- If switching from monthly to 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 every-other-month to 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 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.
- 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](#) (ASAs) may be available to patients through a [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 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 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.

HEALTHCARE 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 (PDL) 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 if Cabenuva is covered as 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 co-insurance 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 those enrolled in the Qualified Medicare Beneficiary (QMB) program. Some Medicare Advantage plans that include prescription drug coverage (Part D) may opt to cover it as a pharmacy benefit.

Medicaid

- To receive manufacturer rebates under the Medicaid Drug Rebate Program, state **Medicaid programs** must cover Cabenuva. 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 (ADAP) regarding coverage of Cabenuva and the assistance that may be available. National Alliance of State and Territorial AIDS Directors (NASTAD) maintains a [directory](#) of ADAP staff.
- The HIV/AIDS Bureau (HAB) 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 co-payment 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 (non-coverage) of drug.

DRUG COST INFORMATION

- The optional oral lead-in dosing regimen is being provided free of charge by ViiV.

- The wholesale acquisition¹ cost (WAC) 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.

Appendix: ViiV Field Reimbursement Directors and Managers

This list was provided by ViiV Healthcare and is accurate as of June 2023.

Territory Title/Type	Terr Location	NAME	CELL PHONE	EMAIL
Field Reimbursement Director	West	Kristoffer Falcon	(503) 348-6187	kristoffer.x.falcon@viivhealthcare.com
Field Reimbursement Manager	Seattle, WA	Ivan Zelaya-Quintanilla	(206) 688-0789	ivan.r.zelayaquintanilla@viivhealthcare.com
Field Reimbursement Manager	San Francisco	Open		
Field Reimbursement Manager	Sacramento, CA	Joelle Perez	(408) 818-0807	joelle.g.perez@viivhealthcare.com
Field Reimbursement Manager	Los Angeles West	Dawn Lombard	(310) 415-5338	dawn.t.lombard@viivhealthcare.com
Field Reimbursement Manager	Orange County, CA	Monica Solis	(714) 315-9940	monica.p.solis@viivhealthcare.com
Field Reimbursement Manager	San Diego, CA	Dena Land	(619) 373-4467	dena.x.land@viivhealthcare.com
Field Reimbursement Manager	FLEX FRM	Jennifer Mack	(303) 803-7953	jennifer.x.mack@viivhealthcare.com
Field Reimbursement Director	Central	Therese Johnson	(303) 746-0268	therese.f.johnson@viivhealthcare.com
Field Reimbursement Manager	Kansas City, MO	Jodi Pecora	(816) 516-1619	jodi.x.pecora@viivhealthcare.com
Field Reimbursement Manager	Saint Louis, MO	Jamie Steele	(314) 324-5909	jamie.l.steele@viivhealthcare.com
Field Reimbursement Manager	Dallas, TX	Star Rodriguez	(830) 837-3656	star.l.rodriguez@viivhealthcare.com
Field Reimbursement Manager	San Antonio, TX	Donald Goerner	(512) 541-5473	donald.w.goerner@viivhealthcare.com
Field Reimbursement Manager	Houston, TX	Tara Upshaw	(281) 904-1999	tara.m.upshaw@viivhealthcare.com
Field Reimbursement Manager	Denver	Tasha Johnson	(919) 602-6844	tasha.p.johnson@viivhealthcare.com
Field Reimbursement Manager	Phoenix	Angela Pedraza	(602) 769-2682	angela.d.pedraza@viivhealthcare.com

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.

Field Reimbursement Director				Lakes	Dan Bitting	(317) 418-1780	
Field Reimbursement Manager	Minneapolis	Stephanie Morris	(612) 434-4384			dan.x.bitting@viivhealthcare.com	
Field Reimbursement Manager	Chicago, N	Natalie Quick	(224) 558-3766			stephanie.x.morris@viivhealthcare.com	
Field Reimbursement Manager	Chicago, S	Charlie Corazza	(734) 634-3743			natalie.l.quick@viivhealthcare.com	
Field Reimbursement Manager	Detroit, MI	Shara Mahoutchian	(708) 553-2452			charles.w.corazza@viivhealthcare.com	
Field Reimbursement Manager	Cleveland/Indianapolis	Bryan Radabaugh	(216) 317-1734			shara.x.mahoutchian@viivhealthcare.com	
Field Reimbursement Manager	Allentown, PA	Cooper Pelegrin	(302) 383-0234			bryan.l.radabaugh@viivhealthcare.com	
Field Reimbursement Manager	Louisville, KY	Nicole McWhorter	(513) 259-9147			cooper.l.pelegrin@viivhealthcare.com	
						nicole.m.mcwhorter@viivhealthcare.com	
Field Reimbursement Director				Northeast	Open		
Field Reimbursement Manager	Syracuse, NY	Amy Johnson	(716) 480-0101			amy.l.johnson@viivhealthcare.com	
Field Reimbursement Manager	Boston, MA	Colin McCrea	(508) 948-5159			colin.x.mccrea@viivhealthcare.com	
Field Reimbursement Manager	Providence, RI	Jaime Oliver	(401) 474-7583			jaime.l.oliver@viivhealthcare.com	
Field Reimbursement Manager	New Haven, Yonkers, CT	Aly Meier	(203) 499-9859			alyssa.l.meier@viivhealthcare.com	
Field Reimbursement Manager	Bronx/Newark	Karen Shea	(215) 285-4661			karen.s.shea@viivhealthcare.com	
Field Reimbursement Manager	Manhattan, NY	Pascal Parker	(929) 233-8484			pascal.x.parker@viivhealthcare.com	
Field Reimbursement Manager	Long Island/Brooklyn, NY	Cindy Small	(516) 879-2111			cindy.r.small@viivhealthcare.com	
Field Reimbursement Director				Atlantic	Marvin Poole	(407) 516-0534	
Field Reimbursement Manager	Philadelphia, PA	Ernie White	(302) 287-8701			marvin.x.poole@viivhealthcare.com	
Field Reimbursement Manager	Washington, DC	Shavon Freeman	(202) 666-8310			ernest.l.white@viivhealthcare.com	
Field Reimbursement Manager	Baltimore, MD	Tessa Goth	(410) 961-9694			shavon.x.freeman@viivhealthcare.com	
Field Reimbursement Manager	Virginia	Sharon Franklin	(252) 207-7296			maria.t.goth@viivhealthcare.com	
Field Reimbursement Manager	Nashville, TN	Athenia Peterson	(901) 228-2693			sharon.n.franklin@viivhealthcare.com	
Field Reimbursement Manager	Raleigh, NC	Nancy Dettmer	(704) 302-6464			athenia.p.peterson@viivhealthcare.com	
Field Reimbursement Manager	FLEX FRM Atlantic	Brenna Seymour	(440) 541-7679			nancy.k.dettmer@viivhealthcare.com	
						breanna.b.seymour@viivhealthcare.com	
Field Reimbursement Director				Southeast	Stephanie Meade	(813) 734-5370	
Field Reimbursement Manager	Columbia, SC	Shawn Sands	(404) 428-6878			stephanie.d.meade@viivhealthcare.com	
Field Reimbursement Manager	Birmingham/Atlanta	Karen Semchuk	(205) 907-9217			shawn.x.sands@viivhealthcare.com	
						karen.m.semchuk@viivhealthcare.com	

Field Reimbursement Manager	Jacksonville/Orlando, FL	Open		
Field Reimbursement Manager	Tampa, FL	Barbara Pope	(516) 522-8463	barbara.k.pope@viivhealthcare.com
Field Reimbursement Manager	Miami/Ft Lauderdale	Andrea Spaulding	(561) 222-3489	andrea.n.spaulding@viivhealthcare.com
Field Reimbursement Manager	Louisiana	Jarrett Myers	(601) 540-6812	jarrett.w.myers@viivhealthcare.com
Field Reimbursement Manager	FLEX FRM Southeast	Cornia (Shanice) McClure	(678) 501-1499	corina.s.mcclure@viivhealthcare.com