

CABOTEGRAVIR-RILPIVIRINE



Included Products: Cabenuva (cabotegravir-rilpivirine)

Created: 03/11/2021

Revised: 03/14/2024

Reviewed: 03/14/2024

Updated: 04/01/2024

All Diagnoses			
Initial Criteria: All Diagnoses		If yes	If no
1.	Is the request for treatment of HIV-1 infection?	Continue to #2.	Do not approve.
2.	Is the member currently stable and virologically suppressed on an antiretroviral regimen?	Continue to #3.	Continue to #5.
3.	Is the request for every 2-month dosing, or is there a reason every 2-month dosing is not appropriate?	Continue to #4.	Do not approve.
4.	Has the clinic submitted evidence of case management to optimize patient adherence/retention?	Continue to #10.	Do not approve.
5.	Is the request from an infectious disease specialist or a clinic specializing in the care of patients with HIV?	Continue to #6.	Do not approve.
6.	Has the member undergone resistance testing and is confirmed to have no mutations that would confer resistance to Cabenuva?	Continue to #7.	Do not approve.
7.	Does the member meet one of the following reasons that oral antiretroviral therapy (ART) is inappropriate? <ul style="list-style-type: none"> a. Psychological illness or developmental delay severe enough to prevent taking a daily medication consistently. b. Social barriers adherence that the provider has attempted to address but unable to resolve (such as unstable housing). c. Medical reason or inability to take a solid dosage form (solid or liquid). d. Evidence that the provider has attempted all options for optimizing adherence to an oral ART regimen and these attempts have failed. 	Continue to #8.	Do not approve.
8.	Has the clinic submitted evidence of appropriate	Continue to #9	Do not approve.

	case management to optimize patient adherence and retention?		
9.	Is there a plan to extend to an every 2-month dosing schedule if viral suppression is achieved after 6 months?	Continue to #10.	Do not approve.
10.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Has the member received doses on time?	Continue to #2.	Do not approve.
2.	Is the request for continuation of every 2-month dosing in a member who was virologically suppressed at baseline?	Continue to #6.	Continue to #3.
3.	If the renewal is for a member not virologically suppressed at baseline and currently receiving monthly dosing, is the member now virologically suppressed?	Continue to #4.	Continue to #5.
4.	Is the request to change to every 2-month dosing?	Continue to #6.	Do not approve.
5.	Have all of the following been met? <ul style="list-style-type: none"> a. The member has had a significant reduction in viral load since starting Cabenuva. b. There is no concern for additional mutations and resistance to Cabenuva or the member has had additional resistance testing to confirm no further mutations. c. The provider confirms there are no better options for the member to use for ART and it is medically necessary and appropriate to continue monthly Cabenuva. 	Continue to #6.	Do not approve.
6.	Approve for 12 months for every 2-month dosing, 6 months for monthly dosing.		