

### **Considerations when prescribing Cabenuva:**

The South Carolina Drug Assistance Program (SCDAP) is pleased to announce the addition of Cabenuva (cabotegravir / rilpivirine) to the SCDAP Formulary for all service tiers as of July 1, 2024.

Cabenuva is indicated as a complete regimen for the treatment of HIV-1 infection in adolescents 12 years of age and older to replace the current antiretroviral regimen in those who are virologically suppressed on a stable antiretroviral regimen, with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.

**Clinical information:** Patient has a diagnosis of HIV-1. Patient is currently virologically suppressed (HIV-1 RNA < 50 copies/mL) for at least 3 months. Patient is stable on a complete oral antiretroviral therapy (ART) regimen and there is a documented clinical reason for switching to Cabenuva. Patient does NOT have any of the following: 1) Baseline documented resistance to either cabotegravir (Vocabria) or rilpivirine (Edurant), 2) Prior virologic failure with ART containing integrase inhibitor or NNRTI, 3) Active hepatitis B virus (HBV) infection. Prior to initiating treatment with Cabenuva, consider oral lead-in should be used for at least 28 days to assess tolerability of cabotegravir and rilpivirine. For reauthorization, the patient remains virologically suppressed (HIV-1 RNA < 50 copies/mL) after initiation of treatment.

### General Medication Information to Consider Before Ordering:

1. The provider must determine if a client is clinically eligible to receive Cabenuva.
2. The provider should ensure that clients who are interested in the Cabenuva treatment regimen agree to the required monthly dosing schedule and counsel them on the importance of adherence to scheduled dosing visits. Enrollee must coordinate with provider for Oral Cabenuva, to cover a planned missed injection visit by more than 7 days. Enrollees who miss a scheduled injection visit, without Oral Cabenuva, should be clinically reassessed to ensure resumption of therapy remains appropriate.
3. The provider must perform a health history specific to the administration of Cabenuva.

**PLEASE NOTE: SCDAP does not reimburse for the office visit to administer the medication (SC RW Funding, when applicable, may be utilized to cover allowable costs including fees incurred for labs and medical visits related to Cabenuva administration)**

**The use of copay cards is not allowed for persons in SCDAP.**

### STEPS TO OBTAIN CABENUVA

Prior to prescribing: the Medical Provider or an applicable designee must check and verify the client's SCDAP eligibility status (ensure recertification will be completed by due date). This is to ensure continuity of the Cabenuva injections and to limit the risk of integrase resistance due to delayed or missed doses. Any SCDAP client in a pre-approved eligibility status is NOT authorized to receive Cabenuva through the SCDAP.

**For uninsured or DDP DAP enrollees:**

1. Cabenuva prescription is written by the medical provider.
2. Provider sends the prescription to the designated pharmacy (**Blue Sky Specialty Pharmacy – BSSP**).
3. BSSP will obtain a written prescription (Rx) for Cabenuva and a frequency of administration calendar for the client from the Medical Provider. Cabenuva will be ordered by the BSSP using the ViiV-specific Cabenuva ordering process and arrange for the initial and all subsequent deliveries to Medical Provider for administration on a date/time agreed to by all parties involved.

**For insured or IAP and MAP DAP enrollees:**

For clients enrolled in SCDAP Insurance Assistance Program (IAP) or Medicare Assistance Program (MAP) where Cabenuva is covered as a pharmacy benefit, SCDAP will assist with copays. Please note: a prior authorization may be required from the enrollee's health insurance provider prior to dispensing.