



Aetna Better Health[®]

Pharmacy Prior Authorization Cabenuva – Clinical Guideline

- **Initial requests for Cabenuva may be authorized when the following criteria are met:**
 - The request is for treatment of human immunodeficiency virus type 1 (HIV-1) infection
 - Member is 12 years of age and older and weighs at least 35kg
 - Cabenuva is to replace the current antiretroviral regimen in those members who are virologically suppressed (HIV-1 RNA <50 copies per mL)
 - Member is stable on the antiretroviral regimen
 - Member has no history of treatment failure
 - Member has no known or suspected resistance to either cabotegravir or rilpivirine

Initial Approval:

12 months

- **Continuation of therapy requests for Cabenuva may be authorized when the following criteria are met:**
 - Request is for treatment of human immunodeficiency virus type 1 (HIV-1) infection
 - Member has not experienced a virologic failure while on the requested drug
 - Defined as 2 consecutive plasma HIV-1 RNA levels ≥ 200 copies per mL

Renewal Approval:

12 months

References:

1. Cabenuva [package insert]. Research Triangle Park, NC: ViiV Healthcare; April 2022.
2. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf>. Accessed November 4, 2021.