

# MEDICAL REVIEW GUIDELINE

Cabenuva Diagnosis Specific Criteria



## Cabenuva<sup>®</sup> (cabotegravir and rilpivirine)

Effective Date: 5/1/2024

Medical Care Management Committee Approval: 2/15/2024

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### Coverage Policy

This Medical Review Guideline (Guideline) is provided for informational purposes only and does not constitute medical advice. It is intended solely for the use of Community Health Choice, Inc. (Community) clinical staff as a guideline for use in determining medical necessity of requested procedures, medications and therapy. This Guideline does not address eligibility or benefit coverage. Other Policies and Coverage Determination Guidelines may apply. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Medical Review Guideline. If there is a discrepancy between this Guideline and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern. Community reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

This policy applies to the following Cabenuva<sup>®</sup> (cabotegravir and rilpivirine) product:

HCPCS Code	Description	Maximum Dosage per Administration
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	Cabotegravir 600mg and rilpivirine 900mg

### Diagnosis Specific Criteria

Cabenuva<sup>®</sup> (cabotegravir and rilpivirine) will be considered medically necessary for members meeting ALL of the following criteria:

1. Patient is  $\geq 12$  years of age; AND
2. Patient weight is  $\geq 35$ kg; AND
3. Diagnosis of Human Immunodeficiency Virus (HIV) infection; AND
4. Evidence of virological suppression (HIV-1 RNA  $< 50$  copies/mL) for at least 6 months, requires documentation; AND
5. Patient has no history of treatment failure and no known substitutions associated with resistance to cabotegravir and rilpivirine; AND
6. Prescribed by, or in consultation with, a physician who specializes in the treatment of HIV infection; AND
7. Provider attestation with evidence that individual meets ONE of the following:
  - a. Difficulty maintaining compliance with a daily antiretroviral regimen for HIV

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- b. Severe gastrointestinal issues that may limit absorption or tolerance of oral medications
- 8. AND Cabenuva will not be co-administered with other HIV-antiretroviral medications

### Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive.

HCPCS Code	Description
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg

Diagnosis Code	Description
B20	Human Immunodeficiency virus (HIV) disease
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status

### Policy Revision History

Status	Effective Date	Description
Baseline	TBD	Initial version of Cabenuva (cabotegravir and rilpivirine) Diagnosis Specific Criteria