

**Apretude (cabotegravir) intramuscular injection**  
**Effective 07/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Apretude (cabotegravir) is FDA approved for preexposure prophylaxis (PrEP) in at-risk adults and adolescents weighing  $\geq 35$  kg to reduce the risk of sexually acquired HIV-1 infection. Individuals must have a negative HIV-1 test prior to initiating cabotegravir (with or without an oral lead-in with oral cabotegravir) for HIV-1 PrEP.

### Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment and is stable with Apretude, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted when ALL of the following criteria is met:

1. Member is using Apretude for preexposure prophylaxis (PrEP)
2. Member has had intolerance, adverse events or contraindication to ALL oral alternatives (emtricitabine/tenofovir disoproxil fumarate [Truvada], Descovy)

### Continuation of Therapy

Reauthorization of may be granted for all members who meet all initial authorization criteria and achieve or maintain positive clinical response.

### Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 12 months

### References

1. Apretude (cabotegravir) [prescribing information]. Research Triangle Park, NC: ViiV Healthcare; December 2021.

**Review History**

05/18/2022 – Created and Reviewed for May P&T. Effective 07/01/22.

