Mass General Brigham
Health Plan

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

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Apretude (cabotegravir) is FDA approved for preexposure prophylaxis (PrEP) in at-risk adults and adolescents weighing ≥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.