



RX.PA.058.CCH APRETUDE (CABOTEGRAVIR)

The purpose of this policy is to define the prior authorization process for Apretude (cabotegravir) for at-risk adults and adolescents weighing at least 35kg for PrEP to reduce the risk of sexually acquired HIV-1 infection.

DEFINITIONS

HIV-1 = human immunodeficiency virus 1

PrEP = pre-exposure prophylaxis

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Medical Policy Committee.

The drug, Apretude (cabotegravir), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all the criteria listed below:

*****NOTE: Apretude is available on the pharmacy benefit without Prior Authorization.*****

- Must be used for PrEP of HIV-1 infection
- Must have documentation of a negative HIV-1 test within 7 days of initiation
- Member must weigh ≥ 35 kg
- Member must be at least 12 years old
- Prescriber attests to the member being counseled on adherence to the every-2-month injection schedule and testing appointments

Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon documentation of a negative HIV-1 test (within the last 2 months)

to support continuation of therapy.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review, if required for the plan and level of request.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes		
Code	Brand	Description
J0739	Apretude	Injection, cabotegravir, 1 mg

References:

1. Apretude® injection [prescribing information]. Research Triangle Park, NJ: ViiV Healthcare/GlaxoSmithKline; December 2021.

Revision History

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
New Policy	05/2023

Record Retention

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

Disclaimer

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory

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agencies.

CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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