



Coverage Policy Number NPF657

Prior Authorization Human Immunodeficiency Virus – Vocabria® (cabotegravir tablets)

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

NPF Medical Necessity

Cigna covers cabotegravir (Vocabria®) as medically necessary when the following criteria are met for FDA Indications or Other Uses with Supportive Evidence:

Prior Authorization is recommended for prescription benefit coverage of Vocabria. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of individuals treated with Vocabria as well as the monitoring required for adverse events and long-term efficacy, approval requires Vocabria to be prescribed by or in consultation with a physician who specializes in the condition being treated.

FDA Indication(s)

1. Human Immunodeficiency Virus (HIV), Oral Lead-In to Assess the Tolerability of cabotegravir.

Approve for 1 month if the individual meets the following criteria (A, B, C, D, E, F, and G):

- A)** Individual is ≥ 18 years of age; AND
- B)** Individual has HIV type-1 (HIV-1) infection; AND
- C)** Individual has HIV-1 RNA < 50 copies/mL (viral suppression); AND

- D) Individual is currently receiving antiretrovirals for the treatment of HIV-1 with a stable regimen (≥ 4 months); AND
- E) The medication will be prescribed in combination with Edurant (rilpivirine tablets); AND
- F) If tolerated, Cabenuva (cabotegravir extended-release injectable suspension; rilpivirine extended-release injectable suspension, co-packaged) will be started upon completion of approximately 1 month of therapy with Vocabria + Edurant; AND
- G) The medication is prescribed by or in consultation with a physician who specializes in the treatment of HIV infection.

2. Human Immunodeficiency Virus (HIV), Oral Therapy for Planned Missed Doses of Cabenuva.

Approve for up to 2 months if the individual meets the following criteria (A, B, C, D, E, F, and G):

- A) Individual is ≥ 18 years of age; AND
- B) Individual has HIV type 1 (HIV-1) infection; AND
- C) Individual has HIV-1 RNA < 50 copies/mL (viral suppression); AND
- D) Individual has received ≥ 1 maintenance dose of Cabenuva (400 mg/600 mg); AND
- E) Individual plans to miss up to two scheduled doses of Cabenuva by > 7 days, according to the prescriber; AND
- F) The medication will be prescribed in combination with Edurant (rilpivirine tablets); AND
- G) The medication is prescribed by or in consultation with a physician who specializes in the treatment of HIV infection.

Conditions Not Covered

Cabotegravir (Vocabria) is considered experimental, investigational or unproven for ANY other use including the following (this list may not be all inclusive):

1. **Pre-exposure Prophylaxis (PrEP).** Vocabria is not currently indicated for the prevention of human immunodeficiency virus (HIV) in individuals who are uninfected, but at risk of acquisition of HIV. Data from two unpublished trials have demonstrated the superiority of cabotegravir extended-release injectable suspension to Truvada® (tenofovir disoproxil fumarate/emtricitabine tablets, generics) in cisgender men and transgender men who have sex with men as well as in cisgender women.⁵ IAS-USA guidelines recommend cabotegravir extended-release injectable suspension in cisgender men and transgender women who have sex with men; every 8 week maintenance dosing is recommended and oral lead-in with Vocabria is optional.⁴ The other recommended regimens for PrEP are daily Truvada (all at-risk populations) or Descovy® (tenofovir alafenamide/emtricitabine tablets) [MSM with/at risk for kidney dysfunction, osteopenia, or osteoporosis]. Truvada and Descovy are FDA-approved for PrEP; neither Vocabria nor Cabenuva are FDA-approved for PrEP.
2. **Human Immunodeficiency Virus, Antiretroviral Treatment-Naïve Individuals.** Vocabria is indicated in combination with Edurant (rilpivirine tablets) for the short-term treatment of HIV-1 infection in adults who are virologically suppressed (HIV-1 RNA < 50 copies/mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.¹ In two pivotal trials, individuals were either previously treated for 4 months (20 weeks) with Triumeq® (abacavir/dolutegravir/lamivudine tablets) or were on a stable antiretroviral regimen for ≥ 6 months.^{2,3}
3. **Duration of Use for > 2 Consecutive Months.** The recommended duration of Vocabria therapy is 1 month for oral lead-in.¹ Vocabria is also indicated as a daily regimen to replace up to two planned missed injections of Cabenuva (administered once monthly) for up to two consecutive months.
4. **Co-administration with Antiretrovirals for Human Immunodeficiency Virus other than Edurant.** Because Vocabria in combination with Edurant (rilpivirine tablets) is a complete regimen, co-administration with other antiretroviral medications for the treatment of HIV-1 infection is not recommended.¹

Background

Overview

Vocabria, a human immunodeficiency virus type-1 (HIV-1) integrase strand-transfer inhibitor, is indicated in combination with Edurant® (rilpivirine tablets) for the short-term treatment of HIV-1 infection in adults who are virologically suppressed (HIV-1 RNA < 50 copies/mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine, for use as:¹

- **Oral lead-in** to assess the tolerability of cabotegravir prior to administration of Cabenuva® (cabotegravir extended-release injectable suspension; rilpivirine extended-release injectable suspension, co-packaged).
- **Oral therapy for patients who will miss planned injection dosing with Cabenuva.**

For oral lead-in, the recommended dose is Vocabria 30 mg QD + Edurant 25 mg QD at approximately the same time each day with a meal for approximately 1 month (28 days).¹ The last oral dose should be taken on the same day monthly injections with Cabenuva injections are started.

If a patient plans to miss scheduled monthly injections of Cabenuva by > 7 days, daily oral therapy is taken to replace up to two consecutive monthly injection visits.¹ The first dose of Vocabria 30 mg + Edurant 25 mg should be taken approximately 1 month after the last maintenance injection dose of Cabenuva and continued until the day injection dosing is restarted.^{1,6}

Clinical Efficacy

The use of Vocabria + Edurant as an oral lead-in and Cabenuva once monthly for maintenance therapy in adults with HIV-1 was evaluated in two published, Phase III, randomized, multicenter, active-controlled, parallel-arm, open-label, non-inferiority pivotal trials (FLAIR and ATLAS).^{3,4} In FLAIR, patients were naïve to antiretroviral therapy and started on Triumeq® (abacavir/dolutegravir/lamivudine tablets) for 20 weeks then continued on Triumeq or were switched to the long-acting regimen of Vocabria/Cabenuva in accordance with the FDA-approved dosing regimen.³ In ATLAS, patients who were virally suppressed on an oral antiretroviral regimen (excluding Triumeq) continued on their antiretroviral regimen or were switched to the long-acting regimen of Vocabria/Cabenuva in accordance with the FDA-approved dosing regimen.⁴ In FLAIR (n = 566), at Week 48, the long-acting regimen was non-inferior to Triumeq; 2.1% and 2.5% of patients, respectively, did not maintain viral suppression (adjusted difference -0.4%; 95% confidence interval [CI]: -2.8, 2.1).³ In ATLAS (n = 618), at Week 48, the long-acting regimen was non-inferior to patients existing oral antiretrovirals: 1.6% and 1.0% of patients, respectively, did not maintain viral suppression (adjusted difference 0.6%; 95% CI: -1.2, 2.5).⁴

Guidelines

Cabenuva is addressed as an unapproved product in the International Antiviral Society-USA (IAS-USA) Panel Recommendations for Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults (2020); Cabenuva and Vocabria have not been addressed in the Department of Health and Human Services (DHHS) Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV (last updated December 18, 2019).^{4,5}

According to the IAS-USA, in the setting of viral suppression, switching from a three-drug regimen to a two-drug regimen is an appropriate strategy to manage toxic side effects, intolerance, adherence, or patient preference provided that both agents are fully active.⁴ Recommended regimens include: dolutegravir/lamivudine (available as Dovato® [dolutegravir/lamivudine tablets] or Tivicay® [dolutegravir tablets] + lamivudine [Epivir®, generics]), dolutegravir/rilpivirine (available as Juluca® [dolutegravir/rilpivirine tablets] or Tivicay + Edurant), a boosted protease inhibitor (lopinavir, atazanavir [Reyataz®, generics], or darunavir [Prezista®, generics]) + lamivudine, or a long-acting injectable two-drug regimen of Cabenuva pending approval by regulatory bodies and availability. The DHHS guidelines provide identical examples of successful strategies for switching from three-drug to two-drug regimens in individuals with suppressed HIV (with the noted absence of Cabenuva likely due the timing of the last update).⁵

References

1. Vocabria® tablets [prescribing information]. Research Triangle Park, NJ: ViiV Healthcare/GlaxoSmithKline; January 2021.
2. Orkin C, Arasteh K, Hernandez-Mora G, et al. Long-acting cabotegravir and rilpivirine after oral induction for HIV-1 infection. *N Engl J Med*. 2020;382:1124-1135.
3. Swindells S, Andrade-Villaneuva JF, Richmond GJ, et al. Long-acting cabotegravir and rilpivirine for maintenance of HIV-1 suppression. *N Engl J Med*. 2020; 382;12:1112-1123.
4. Saag MS, Gandhi RT, Hoy JF, et al. Antiretroviral drugs for treatment and prevention of HIV infection in adults. 2020 recommendations of the International Antiviral Society-USA Panel. *JAMA*. 2020;324(16):1651-1669.
5. 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 <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Updated December 18, 2019. Accessed January 27, 2021.
6. Personal communication. ViiV Healthcare. January 28, 2021.

Revision History

Type of Revision	Summary of Changes	Review Date
New Policy	--	02/03/2021

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