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SEPTEMBER 21, 2023

CABOTEGRAVIR EXTENDED RELEASE (APRETUDE) WILL REQUIRE PRIOR AUTHORIZATION APPROVAL

Dear Provider,

Effective December 1, 2023, Cabotegravir Extended Release (Apretude) will be added to the **non-Medicare** list of office administered drugs requiring prior authorization. **This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication under the medical benefit.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington, Options, Inc. (Kaiser Permanente) require prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

Prior Authorization Criteria for Cabotegravir Extended Release (Apretude):

DRUG NAME	COVERAGE CRITERIA
CABOTEGRAVIR EXTENDED RELEASE	• Patient is 13 years of age or older and weighs ≥ 35 kg AND • Use is for pre-exposure prophylaxis (PrEP) to reduce the risk of HIV-1 infection AND 1 of the following: • Patient has an allergy or intolerance***** to oral PrEP treatment (emtricitabine/tenofovir disoproxil fumarate [generic Truvada] AND emtricitabine/tenofovir alafenamide [Descovy]) after an adequate trial**^.** **Note:** * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation. **^** Adequate trial is defined as 21-day treatment duration • Patient is unable to use generic Truvada and Descovy due to moderate or severe renal impairment (CrCl <30 mL/min). • Patients with persistent increased serum creatinine from baseline defined as 2 or more labs with an increase of 0.4 mg/dL change or sustained proteinuria/glycosuria while using generic Truvada and Descovy • Patients who have needed more than 2 nPEP (non-occupational post-exposure prophylaxis) courses over 12 months due to poor adherence to oral PrEP treatment

DRUG NAME	COVERAGE CRITERIA
	• Patients experiencing structural or individual level barriers to oral PrEP use • Patients who have evidence of malabsorption from GI conditions (e.g., sleeve gastrectomy, gastric bypass, terminal ileitis, celiac disease, severe chronic diarrhea)

Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject.

To request prior authorization review, please use the Referral Request online form located on the Kaiser Permanente provider website at https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,

Gurpreet Rawat, MD, Chair
Pharmacy & Therapeutics Committee