

**CABENUVA**  
**(cabotegravir/rilpivirine)**

## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

**Age** 12 years of age or older

### **Diagnosis**

Patient must have the following:

1. HIV-1 infection
  - a. Age 12-17 **only**: weight  $\geq$  35 kg
  - b. Patient is virologically suppressed (HIV-1 RNA less than 50 copies/mL)
  - c. Cabenuva will replace the current antiretroviral regimen
  - d. **NO** history of treatment failure
  - e. **NO** known or suspected resistance to either cabotegravir or rilpivirine
  - f. Cabenuva will be administered by a healthcare professional
  - g. Prescriber has counseled the patient regarding the required injection dosing schedule and the importance of adherence to scheduled dosing visits
  - h. Prescriber agrees to monitor for hypersensitivity reactions, including Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)
  - i. Prescriber agrees to monitor LFTs for hepatotoxicity

## **Prior - Approval Limits**

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 12 years of age or older

### **Diagnosis**

Patient must have the following:

1. HIV-1 infection
  - a. Age 12-17 **only**: weight  $\geq$  35 kg
  - b. HIV-1 RNA remains at less than 50 copies/mL



**BlueCross  
BlueShield**

Federal Employee Program.

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- c. Cabenuva will be administered by a healthcare professional
- d. Prescriber agrees to monitor for hypersensitivity reactions, including Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)
- e. Prescriber agrees to monitor LFTs for hepatotoxicity

**Prior - Approval *Renewal* Limits**

Same as above