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Subsection:	Anti-Infective Agents	Original Policy Date:	January 21, 2022
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Last Review Date: June 16, 2022

Apretude

Description

Apretude (cabotegravir extended-release injectable suspension)

Background

Apretude is a long-acting injectable medication containing cabotegravir, a human immunodeficiency virus type-1 (HIV-1) integrase strand transfer inhibitor (INSTI). Cabotegravir inhibits HIV integrase by binding to the integrase active site and blocking the strand transfer step of retroviral deoxyribonucleic acid (DNA) integration that is essential for the HIV replication cycle (1).

Regulatory Status

FDA-approved indication: Apretude is an HIV-1 integrase strand transfer inhibitor (INSTI) indicated in at-risk adults and adolescents weighing at least 35 kg for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection. Individuals must have a negative HIV-1 test prior to initiating Apretude (with or without an oral lead-in with oral cabotegravir) for HIV-1 PrEP (1).

Apretude has a boxed warning advising that individuals must be tested before initiation of Apretude and at each subsequent injection, using a test cleared by the FDA for the diagnosis of acute or primary HIV-1 infection. Apretude should only be initiated on individuals with a negative infection status for HIV-1 PrEP. Individuals who become infected with HIV-1 while on treatment with Apretude must transition to a complete HIV-1 treatment regimen (1).

Apretude is contraindicated in patients that are HIV-1 infection status positive. Apretude is also contraindicated in coadministration with drugs that can decrease cabotegravir plasma

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concentrations significantly. Cabotegravir is primarily metabolized by UGT1A1 and drugs that induce UGT1A1 are contraindicated due to the expectation that they may decrease Apretude concentration (1).

Hypersensitivity reactions have been reported in association with other integrase inhibitors. Apretude should be discontinued immediately if signs or symptoms of hypersensitivity reactions develop (1).

Hepatotoxicity has been reported in patients receiving cabotegravir with or without known pre-existing hepatic disease or identifiable risk factors. Patients should have their liver function monitored and treatment with Apretude should be discontinued if hepatotoxicity is suspected (1).

The healthcare provider and individual may decide to use an oral lead-in with oral cabotegravir prior to the initiation of Apretude to assess the tolerability of cabotegravir, or the healthcare provider and individual may proceed directly to injection of Apretude without the use of an oral lead-in. While no safety and efficacy data are available without an oral lead-in, clinical trials demonstrate that effective serum levels of cabotegravir are achieved without an oral lead-in (1).

Healthcare providers should carefully select individuals who agree to the required injection dosing and testing schedule and counsel individuals about the importance of adherence to scheduled dosing visits to help reduce the risk of acquiring HIV-1 infection and development of resistance (1).

Apretude must be administered by a healthcare provider by gluteal intramuscular injection (1).

The safety and effectiveness of Apretude in patients less than 12 years of age or weighing less than 35 kg have not been established (1).

Related policies

Cabenuva

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

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Apretude may be considered **medically necessary** for patients 12 years of age or older and weighing 35 kg or more for PrEP to reduce the risk of sexually acquired HIV-1 infection and if the conditions indicated below are met.

Apretude may be considered **investigational** in patients less than 12 years of age or weighing less than 35 kg and for all other indications.

Prior-Approval Requirements

Age 12 years of age or older

Diagnosis

Patient must have the following:

1. Used for pre-exposure prophylaxis (PrEP) of HIV-1 infection
 - a. Weight \geq 35kg
 - b. Patient is at risk for sexually acquired HIV-1 infection
 - c. Patient is confirmed HIV-1 infection status negative using a test cleared by the FDA for the diagnosis of acute or primary HIV-1 infection
 - d. Apretude will be administered by a healthcare professional
 - e. Prescriber agrees to confirm the patient is HIV-1 infection status negative before each injection
 - f. Prescriber agrees to transition patient to a complete HIV-1 treatment regimen if the patient acquires HIV-1 infection during treatment with Apretude
 - 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
 - i. Prescriber agrees to monitor liver function tests (LFTs) for hepatotoxicity

Prior-Approval *Renewal* Requirements

Same as above

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Policy Guidelines

Pre-PA Allowance

None

Prior-Approval Limits

Duration 12 months

Prior-Approval *Renewal* Limits

Same as above

Rationale

Summary

Apretude is a long-acting injectable medication containing cabotegravir, indicated for the prevention of HIV-1 infection in at-risk adult and adolescent patients weighing 35 kg or more. Patients must be confirmed HIV-1 negative infection status before initiation of Apretude and at each subsequent injection. Apretude can cause hepatotoxicity and hypersensitivity reactions. Individuals to receive Apretude should be carefully selected and advised of the adherence requirements and injection schedule to reduce the risk of infection with HIV-1. The safety and effectiveness of Apretude in patients less than 12 years of age or weighing less than 35 kg have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate and cost-effective use of Apretude while maintaining optimal therapeutic outcomes.

References

1. Apretude [package insert]. Research Triangle Park, NC: ViiV Healthcare; December 2021.

Policy History

Date	Action
January 2022	Addition to PA
March 2022	Annual review

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June 2022 Annual review

Keywords

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