

Implementing CABENUVA in your practice

Every practice is unique, so we have resources available that may assist any practice in using CABENUVA.



CABENUVA Enrollment*

Three pathways to help patients access the oral lead-in and coverage for their prescribed CABENUVA

- Enroll patients in ViiVConnect. ViiVConnect conducts benefits verification and communicates the Summary of Benefits to your practice
- Enroll patients in ViiVConnect Lite if your practice prefers to conduct benefits verification
- Send the prescription directly to TheraCom if your practice prefers to handle prescribing without any assistance from ViiVConnect



Product Acquisition

Determine the practice's preferred acquisition method

- Specialty pharmacy
- Prescription is filled by specialty pharmacies in the limited CABENUVA network and patient pays co-pay/coinsurance directly to the specialty pharmacy
- The practice stores and administers **CABENUVA**
- Buv & Bill
 - Practice orders CABENUVA from a distributor
 - Practice stores, administers, and submits claims

Note: Acquisition method may be determined based on patient's insurance coverage



CABENUVA Dosing and Administration

Dosing and administration considerations

- Designate a refrigerator to use as a medical storage area for CABENUVA[†]
- Review CABENUVA dosing and administration information and Instructions for Use
- Schedule first injection appointment 1 month (at least 28 days) after start of oral lead-in

*Enrollment in ViiVConnect is optional and not required for patients to access their prescribed CABENUVA. †Please see Storage and Handling Information in the Prescribing Information for CABENUVA.

INDICATION

CABENUVA is indicated as a complete regimen for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- Do not use CABENUVA in patients with previous hypersensitivity reaction to cabotegravir or rilpivirine
- Do not use CABENUVA in patients receiving carbamazepine, oxcarbazepine, phenobarbital, phenytoin, rifabutin, rifampin, rifapentine, systemic dexamethasone (>1 dose), and St John's wort

Please see additional Important Safety Information for CABENUVA on the following page. Please see full Prescribing Information for CABENUVA.



IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions:

- Hypersensitivity reactions, including cases of Drug Reaction
 with Eosinophilia and Systemic Symptoms (DRESS), have
 been reported during postmarketing experience with
 rilpivirine-containing regimens. While some skin reactions
 were accompanied by constitutional symptoms such as fever,
 other skin reactions were associated with organ dysfunctions,
 including elevations in hepatic serum biochemistries
- Serious or severe hypersensitivity reactions have been reported in association with other integrase inhibitors and could occur with CABENUVA
- Discontinue CABENUVA immediately if signs or symptoms of hypersensitivity reactions develop.
 Clinical status, including liver transaminases, should be monitored and appropriate therapy initiated. Prescribe the oral lead-in prior to administration of CABENUVA to help identify patients who may be at risk of a hypersensitivity reaction

Post-Injection Reactions:

- Serious post-injection reactions (reported in less than 1% of subjects) were reported within minutes after the injection of rilpivirine, including dyspnea, agitation, abdominal cramping, flushing, sweating, oral numbness, and changes in blood pressure. These events may have been associated with inadvertent (partial) intravenous administration and began to resolve within a few minutes after the injection
- Carefully follow the Instructions for Use when preparing and administering CABENUVA to avoid accidental intravenous administration. Observe patients briefly (approximately 10 minutes) after the injection. If a post-injection reaction occurs, monitor and treat as clinically indicated

Hepatotoxicity:

 Hepatotoxicity has been reported in patients receiving cabotegravir or rilpivirine with or without known pre-existing hepatic disease or identifiable risk factors

Hepatotoxicity (cont'd):

- Patients with underlying liver disease or marked elevations in transaminases prior to treatment may be at increased risk for worsening or development of transaminase elevations
- Monitoring of liver chemistries is recommended and treatment with CABENUVA should be discontinued if hepatotoxicity is suspected

Depressive Disorders:

- Depressive disorders (including depressed mood, depression, major depression, mood altered, mood swings, dysphoria, negative thoughts, suicidal ideation or attempt) have been reported with CABENUVA or the individual products
- Promptly evaluate patients with depressive symptoms

Risk of Adverse Reactions or Loss of Virologic Response Due to Drug Interactions:

- The concomitant use of CABENUVA and other drugs may result in known or potentially significant drug interactions (see Contraindications and Drug Interactions)
- Rilpivirine doses 3 and 12 times higher than the recommended oral dosage can prolong the QTc interval. CABENUVA should be used with caution in combination with drugs with a known risk of Torsade de Pointes

Long-Acting Properties and Potential Associated Risks with CABENUVA:

- Residual concentrations of cabotegravir and rilpivirine may remain in the systemic circulation of patients for prolonged periods (up to 12 months or longer). Select appropriate patients who agree to the required monthly injection dosing schedule because non-adherence to monthly injections or missed doses could lead to loss of virologic response and development of resistance
- To minimize the potential risk of developing viral resistance, it is essential to initiate an alternative, fully suppressive antiretroviral regimen no later than 1 month after the final injection doses of CABENUVA. If virologic failure is suspected, switch the patient to an alternative regimen as soon as possible

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥2%, all grades) with CABENUVA were injection site reactions, pyrexia, fatigue, headache, musculoskeletal pain, nausea, sleep disorders, dizziness, and rash.

DRUG INTERACTIONS

- Refer to the applicable full Prescribing Information for important drug interactions with CABENUVA, VOCABRIA, or EDURANT
- Because CABENUVA is a complete regimen, coadministration with other antiretroviral medications for the treatment of HIV-1 infection is not recommended
- Drugs that are strong inducers of UGT1A1 or 1A9 are expected to decrease the plasma concentrations of cabotegravir. Drugs that induce or inhibit CYP3A may affect the plasma concentrations of rilpivirine
- CABENUVA should be used with caution in combination with drugs with a known risk of Torsade de Pointes

USE IN SPECIFIC POPULATIONS

- Pregnancy: There are insufficient human data on the
 use of CABENUVA during pregnancy to adequately
 assess a drug-associated risk for birth defects and
 miscarriage. Discuss the benefit-risk of using CABENUVA
 during pregnancy and conception and consider that
 cabotegravir and rilpivirine are detected in systemic
 circulation for up to 12 months or longer after
 discontinuing injections of CABENUVA. An Antiretroviral
 Pregnancy Registry has been established
- Lactation: The CDC recommends that HIV-1—infected mothers in the United States not breastfeed their infants to avoid risking postnatal transmission of HIV-1 infection. Breastfeeding is also not recommended due to the potential for developing viral resistance in HIV-positive infants, adverse reactions in a breastfed infant, and detectable cabotegravir and rilpivirine concentrations in systemic circulation for up to 12 months or longer after discontinuing injections of CABENUVA

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