



**Drug Name:** Apretude (cabotegravir) intramuscular injection

**Effective date:** 11/01/2022

**Reviewed:** 8/2022, 4/2023, 01/2024

<b>Required Medical Information:</b>	The member has trialed and experienced an inadequate treatment response or intolerance to emtricitabine/tenofovir disoproxil fumarate (Truvada)
<b>Quantity Limit</b>	Loading dose: 3ml on day 1, followed by 3ml one month later Maintenance dose: 3ml every 2 months (Daily dose of 0.11ml)
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	Apretude (cabotegravir) intramuscular injection will pay if there is at least one paid claim within the last 365 days of emtricitabine/tenofovir disoproxil fumarate (Truvada) 200-300mg or Apretude (cabotegravir) intramuscular injection.

**Investigational use:** Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.