

Nevada Office of HIV Ryan White Part B and Nevada Medication Assistant Program (NMAP) Administration of Cabenuva

SCOPE OF COVERAGE

The Administration of Cabenuva policy applies to any client within Ryan White Part B and/or Nevada Medication Assistance Program (NMAP).

BACKGROUND

Cabenuva – co-packaged cabotegravir and rilpivirine extended-release injectable suspensions – was approved by the U.S. Food and Drug Administration on January 21, 2021. Cabenuva is indicated as a complete regimen for the treatment of HIV-1 infection in adults to replace the current antiretroviral regimen in those who are virologically suppressed on a stable antiretroviral regimen, with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine. Cabenuva is an extended-release antiretroviral gluteal intramuscular injectable that requires administration by a licensed healthcare professional in a licensed healthcare setting.

On October 1, 2022, Cabenuva was added to the NMAP formulary. Due to the unique administration process Cabenuva requires, NMAP has funded Community Outreach Medical Center (COMC), through a pilot project, to be the administration site for uninsured clients as well as NMAP clients whose' s insurance do not cover Cabenuva. This pilot project is only for southern Nevada clients currently.

INSTRUCTIONS

Uninsured Clients:

All southern Nevada uninsured clients considered full-pay through NMAP, are required to be referred to COMC for administration of Cabenuva.

- <u>External Referrals</u>: The COMC external referral form is required to be completed by the referring primary care physician (PCP) to start the process of Cabenuva. Once the completed form is returned to COMC, COMC will follow their Standard Operating Procedure (SOP) Cabenuva Program-External Referral, to allow the client access to Cabenuva.
- <u>Internal Referrals</u>: If the client is already a patient at COMC, the SOP Cabenuva Program-Internal Referral process should be followed to allow the client access to Cabenuva.

Insured Clients:

All southern Nevada insured clients whose insurance does not cover Cabenuva are required to be referred to COMC for administration of Cabenuva.

- <u>External Referrals</u>: The COMC external referral form will need to be completed by the referring PCP to start the process of Cabenuva. Once the completed form is returned to COMC, COMC will follow their Standard Operating Procedure (SOP) Cabenuva Program-External Referral, to allow the client access to Cabenuva.
- <u>Internal Referrals</u>: If the client is already a patient at COMC, the SOP Cabenuva Program-Internal Referral process should be followed to allow client access to Cabenuva.

Note: For northern Nevada Clients, only Northern Nevada HOPES established patients can seek assistance for access to Cabenuva at this time. As of now, only patients who are on either Nevada Medicaid, Medicare with Part D plan or on a private commercial insurance are being offered Cabenuva through Northern Nevada HOPES.

Published	October 2022	Located at endhivnevada.org
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PHYSICAL AND BEHAVIORAL HEALTHCARE SERVICES

REFERRAL FOR SPECIALIZED SERVICES

P: (702) 657-3873 - F: (702) 636.0787 1090 E. Desert Inn Road – Las Vegas, NV 89109

Date: _____

REASON FOR REFERRAL (Please check all that apply)				
PHYSICAL HEALTH SERVICES:	ADDITIONAL SERVICES:			
Primary Care	□ Ryan White Services			
🗆 Women's Health	Eligibility & Case Management			
Family Planning	Support Groups			
Prenatal Care	Educational Classes			
Physical (Work/Sport)	Community Resources			
□ STI/STD Testing and Treatment				
Prep & Pep	□ Other			
CABENUVA				

SYMPTOMS/CLINICAL HISTORY (Required):

PATIENT INFORMATION		
Last Name:	First Name:	
DOB (mm/dd/yyyy):	Age: SSN#	
Primary Insurance:		Patient does not have insurance
Primary Care Physician (PCP):		
PCP Address:		
PCP Phone No		
REFERRAL SOURCE		
Drimony Caro Dhysician	News	
 Primary Care Physician Emergency Department 		
Community Referral		
, □ Self-referral	Phone:	
□ Other	Empile	