

Cabenuva Barriers Discussion

Items identified at the July meeting:

- Issues with pharmacy authorizations
- Medication not being approved yet on the Jackson formulary
- Misperceptions that any pharmacy can fill the Cabenuva prescriptions
- Issues with insurance plans (some bill medication as a pharmacy benefit others bill under medical services e.g., Medicare, private insurance)
- Patients are being denied because they were receiving the medication originally via a study.

Query Results

A query with three questions was sent to a contact at provider agencies in August, the results of replies are below. Additional discussion from September has been included in this section.

1. How many clients have you transitioned to Cabenuva?

- 1) 11
- 2) 9, these nine clients have either started an oral lead in or received a subsequent injection. Seven clients are in the process of enrolling in Cabenuva.
- 3) 23 currently

2. Have you faced any barriers? If so, were these related to any of the following reasons:

a. Enrollment process.

- 1) Coordinating the completion of the enrollment with a provider and patient signature: The nurse is messaged stating the patient is interested in Cabenuva.
- 2) For tele health visits, the nurse must contact patient to answer any questions and explain how the enrollment process works for Cabenuva.
- 3) Once a patient leaves an in-office visit, or disconnects from a tele health visit, it becomes more challenging to contact a patient and coordinate the completion of the enrollment form.
- 4) The patient can present to clinic to sign the form or do so electronically. When completed electronically, there is usually a processing time of 3-5 business days before receiving a summary of benefits.
- 5) We are currently collecting provider signatures for enrollment forms of Cabenuva to decrease delays in the patient receiving their medication.
- 6) Yes, enrollment with ViiV can cause delays.

b. Ordering the medication.

- 1) Several calls to ViiV connect are required to order and schedule deliveries of the oral leading dose.
- 2) We need to remind providers not to place oral leads of Cabenuva or injections themselves. Doing so bypasses the enrollment process to determine if the medication is covered by insurance and the need to determine the payor.

- 3) We are also not able to send prescriptions electronically under a pharmacy benefit. Ticket has been placed, but no solution to date.
- 4) Yes, ordering with specialty pharmacies has caused delays.

c. Delays in receiving the medication.

- 1) Yes, the oral leading dose.
- 2) Delays have occurred in shipment of the medication.
- 3) Delays in receiving medication at doctor's office.
- 4) Clinical trial client told to call 10 days in advance of need, but medication was not delivered (medications don't ship Friday for Monday).
- 5) Issue with getting orders on time either through FL Blue or ADAP (CVS Specialty).

d. Issues with authorizations, if so, for pharmacy or medical office?

- 1) One Pharmacy denial from private insurance stated that there was no indication that patient had difficulty maintaining compliance with daily antiretroviral therapy". However, federally approved medical practice guidelines for HIV/AIDS recommend these therapies for populations consistently engaged in care, similar to the ones enrolled in clinical trials.
- 2) Prior authorizations pending by the medical and or pharmacy office for approval of Cabenuva. The time commitment it takes to complete the required prior authorizations and the length of time it takes before the patient receives the oral lead in is often significant. By the time the PA is completed, we often check in with patient to determine if they still have interest in transitioning to Cabenuva.
- 3) Medical authorizations have been very challenging as Medical Prior Authorizations is not typical for them. Also, we have had two denials on a prior authorization for a new start from the pharmacy side.

e. Billing the medication.

- 1) Meetings and trainings held to discuss properly billing for the medication. Initial issues with J codes and training staff on using the correct code under buy and bill acquisition and or not properly billing for each injection since Cabenuva consists of two injections per visit – Rilpivirine and Cabotegravir.
- 2) Billing Medical Insurance has been an issue as it may take a month or longer to know if there will be reimbursement.
- 3) Billing through buy and bill process offers poor reimbursement, this maybe issue with either the insurance or health center.

f. Providing the injection at the office.

The only known issue is correctly billing for the injection at the clinic, see above.

g. Compliance with appointments by clients.

Patients have been compliant. If any appointments have been missed, patients have come in appropriately the following day.

h. Other, please detail.

- 1) Issues with applications process, applications are incomplete.
- 2) Communication with CVS specialty is unreliable close to 2 hours to review 3 patients.
- 3) Some clients signed up but are not aware the medication is injectable or that would require regimen change.
- 4) Some clients still picked up medications from ADAP while taking Cabenuva. It was suggested that the pharmacy calls ADAP to ensure they discontinue dispensing other medications since ViiV is not contacting ADAP.
- 5) New J-code (J0741) should go into effect after October 1 which may improve billing reimbursement.
- 6) CVS canceled delivery because appointment at healthcare center could not be confirmed
- 7) Issues regarding confirmation of lead in medication from other pharmacy

3. **Any other issues you wish to share regarding accessing Cabenuva?** No replies