

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Apretude is indicated for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection in adults and adolescents weighing at least 35 kg who are at risk for HIV-1 acquisition.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting a negative HIV-1 test prior to initiating therapy.						
Other Criteria	Drug coverage is determined under Medicare NCD: Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Prevention (210.15), which covers drugs used for HIV PrEP under Part B. Refer to the Medicare Coverage Database for the full NCD and/or LCD/LCA at https://www.cms.gov/medicare-coverage-database/search.aspx .						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	In accordance with the FDA-approved labeling or accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="500 1024 1513 1171"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0739</td> <td>Apretude (cabotegravir)</td> <td>Billing unit: 1 mg 600mg/3ml kit</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0739	Apretude (cabotegravir)	Billing unit: 1 mg 600mg/3ml kit
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025