JOINT STATEMENT

Testimony in support of adding Cabenuva to the drug formulary under the Texas AIDS Drug Assistance Program

July 9, 2024

Testimony: ADAP Advocacy and the Community Access National Network (CANN) hereby submits the following written testimony to the Texas HIV Medication Advisory Committee in support of expanding the Texas AIDS Drug Assistance Program formulary to include Cabenuva (cabotegravir/rilpivirine). We support this action on multiple fronts:

Issue #1 – Uptake of Cabenuva by ADAP Clients is Unlikely to Represent More than 10-15% of Texas' ADAP Clients

One of the primary concerns about adding Cabenuva to formularies raised by state AIDS Drug Assistance Programs (ADAPs) is that, once added, significant numbers of ADAP clients will switch from existing daily pill-based therapies to bi-monthly Cabenuva injections that would significantly impact state ADAP budgets. These concerns have largely proven unwarranted.

According to Dr. José Zuniga (PhD., MPH), President of the International Association of Providers of AIDS Care, in the majority states whose ADAPs have expanded their formularies to include Cabenuva, less than 10% of clients are currently utilizing the drug (Murphy, 2024). Indeed, Deborah Waterhouse, Chief Executive Officer of ViiV Healthcare—makers of Cabenuva—has openly stated that, in its current formulation, Cabenuva is likely to garner just 15% of the HIV drug market share (Liu, 2023). This is because both the primary medical requirements and delivery method put the drug out of reach for many people living with HIV/AIDS (PLWHA).

The primary medical requirements to be eligible for treatment with Cabenuva are: (i) a proven history of virologic suppression of HIV-1 RNA (<50 copies/mL); (ii) a proven history of successful HIV treatment adherence with no history of treatment failure, and; (iii) no known or suspected resistance to either cabotegravir or rilpivirine. In addition to meeting these medical requirements, patients must be able to attend bi-monthly (every two months) in-person injections at an authorized location for which the medication's half-life provides a very strict window with no room for missed doses.

These requirements essentially mean that relatively few patients in the United States, in general, and in Texas specifically will qualify for treatment with Cabenuva.

According to the 2024 Ryan White HIV/AIDS Program Part B ADAP Monitoring Report, Texas' ADAP served 16,868 clients in 2022, of whom 15,034 (89.1%) received full-pay medication services, 14,220 (84.3%) were otherwise uninsured, and just 12,314 (73%) had viral loads lower than 200 copies/mL.

Using conservatives estimates based upon national and state-level trends, roughly 1,230 clients (10% of those ADAP clients with viral loads below 200 copies) would utilize Cabenuva for HIV treatment.

If we consider race and ethnicity, Black and Latine patients—who respectively made up 38% and 42% of Texas' ADAP client rolls—are less likely than White patients to utilize Cabenuva due to several issues, including mistrust of medical professionals, the fact that Black and Latine patients are less likely to achieve viral suppression than their White peers, and existing income- and transportation-related barriers to treatment. This will likely translate to even less than 10% of Texas' ADAP clients being eligible, able, or willing to switch to Cabenuva from an existing regimen.

Issue #2 – Cabenuva Pricing Per Patient is Lower Than the Most Regularly Used Pill-Based Regimen

Concerns related to the cost of Cabenuva have also proven largely unwarranted. When evaluating the Wholesale Acquisition Costs (WACs) of Cabenuva ($6,088.50 per dosing kit) and the most regularly used pill-based regimen, Biktarvy ($3866.72 per package), Cabenuva is less expensive per patient, at a total of $36,531 per year (for six injections over twelve months), compared to $46,400.64 per year for Biktarvy (for twelve bottles over twelve months)—a savings of $9,869.64 over Biktarvy.

WAC prices are, however, the costs of the drugs prior to any rebates or negotiated pricing agreements, meaning that these costs would be significantly lower for Texas' ADAP.

In addition to the potential cost savings per patient, 99% of patients who were being treated with Cabenuva achieved viral suppression with 90% of doses being delivered on time, making the drug both highly effective and more likely to be adhered to than pill-based regimens given that the prerequisite for treatment includes a history of existing treatment adherence. This will have the potential downstream impact of increase viral suppression and decrease transmission between serodiscordant partners.

Closing – Adding Cabenuva to Texas' ADAP Formulary is Cost-Effective and Leads to Better Results

In closing, using existing national and state-level uptake data, combined with the available respective WAC data, ADAP Advocacy and CANN believe that expanding Texas' ADAP Formulary to include Cabenuva as an available treatment option will be a win for both patients and the program, itself. We anticipate that, given the existing financial, social, and structural barriers that exist between patients and receiving Cabenuva injections, just 5-10% of Texas' potentially eligible ADAP clients will transition to Cabenuva from pill-based regimens.

Thank you for your consideration.

Respectfully submitted by,

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Sources:
Murphy, T. (2024, May 10). *Some state ADAP programs are not covering long-acting injectable HIV medications like Cabenuva*. Arlington, VA: HealthCentral Corp.: TheBody. https://www.thebody.com/article/viral-reservoir-why-does-it-matter

Liu, A. (2023, February 22). *In heavyweight clash, GSK's long-acting HIV injectable matches Gilead's top drug Biktarvy*. Washington, DC: FiercePharma: Marketing. https://www.fiercepharma.com/marketing/cabenuva-vs-biktarvy-gsk-long-acting-injectable-matches-gilead-most-popular-hiv-med

National Alliance of State and Territorial AIDS Directors. (2024). *National RWHAP Part B ADAP Monitoring Project Annual* Report. Washington, DC: National Alliance of State and Territorial AIDS Directors. https://nastad.org/2024-rwhap-part-b-adap-monitoring-report

Sension, M. G., Brunet, L., Hsu, R. K., Fusco, J. S., Cochran, Q., Uranaka, C., Sridhar, G., Vannappagari, V., Van Wyk, J., McCurdy, L., Wohlfeiler, M. B., & Fusco, G. P. (2023). Cabotegravir + Rilpivirine Long-Acting Injections for HIV Treatment in the US: Real World Data from the OPERA Cohort. *Infectious diseases and therapy*, *12*(12), 2807–2817. https://doi.org/10.1007/s40121-023-00890-2