



SPECIAL AUTHORIZATION REQUEST FORM
The Newfoundland and Labrador Prescription Drug Program (NLPDP)
Request for Coverage of
VOCABRIA and CABENUVA

Pharmaceutical Services

Department of Health and Community Services
P.O. Box 8700, Confederation Bldg.
St. John's, NL A1B 4J6

Phone: (709) 729-6507
Toll Free Line: 1-888-222-0533
Fax: (709) 729-2851

Patient Information

Patient Name

Date of Birth

NLPDP Drug Card/MCP Number

Address

VOCABRIA and CABENUVA

Drug product being requested:

<input type="checkbox"/>	Vocabria (cabotegravir) 30mg in combination with Edurant (rilpivirine) 25mg
<input type="checkbox"/>	Cabenuva (Cabotegravir and rilpivirine)

DOSING

Vocabria 30mg (with Edurant 25mg):

<input type="checkbox"/>	Oral lead-in with cabotegravir (Vocabria) and rilpivirine (Edurant) for at least 28 days prior to the initiation of Cabenuva to assess the tolerability of cabotegravir and rilpivirine.
<input type="checkbox"/>	Other: please specify: _____

Cabenuva (cabotegravir and rilpivirine)

<input type="checkbox"/>	Cabenuva 400-mg/600-mg Kit: <ul style="list-style-type: none">single-dose vial of 400 mg/2 mL (200 mg/mL) cabotegravirsingle-dose vial of 600 mg/2 mL (300 mg/mL) rilpivirine
<input type="checkbox"/>	Cabenuva 600-mg/900-mg Kit: <ul style="list-style-type: none">single-dose vial of 600 mg/3 mL (200 mg/mL) cabotegravirsingle-dose vial of 900 mg/3 mL (300 mg/mL) rilpivirine
<input type="checkbox"/>	Every 2 Month Dosing: Cabenuva 600-mg/900-mg Kit: <ul style="list-style-type: none">single-dose vial of 600 mg/3 mL (200 mg/mL) cabotegravirsingle-dose vial of 900 mg/3 mL (300 mg/mL) rilpivirine

Prior to initiating treatment with Cabenuva, oral lead-in dosing should be used for approximately 1 month to assess the tolerability of cabotegravir and rilpivirine.

Recommended Dosing Schedule (Adults): Initiate injections of Cabenuva (600mg of cabotegravir and 900mg of rilpivirine) on the last day of oral lead-in and continue with injections of Cabenuva (400mg of cabotegravir and 600mg of rilpivirine) every month thereafter.

Every-2-Month Injection Dosing Schedule: Initiation and Continuation Injections 600 mg of cabotegravir /900 mg rilpivirine Monthly for two consecutive months after oral treatment, then every two months onward.

Prescriber Information / Requested By: Physician Other Health Professional

Address: _____ License Number: _____

Signature: _____ Phone Number: _____ Fax Number: _____

Date: _____

Please note that Special Authorization Requests normally take approximately 10 working days to be processed.

Version November 2024