



**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: _____<br>_____  |

**Cabenuva (cabotegravir and rilpivirine)**

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

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**