coordinated care

envolve Pharmacy Solutions

# Antivirals: HIV– Cabotegravir/rilpivirine (Cabenuva)

Please fax this completed form to (866) 399-0929 OR mail to: Envolve Pharmacy Solutions PA Department | 5 River Park Place East, Suite 210 | Fresno, CA 93720.

| Date of request: | Reference #: | MAS: | |
|---|---|---|---|
| Patient | Date of birth | ProviderOne ID or Coordinated Care ID | |
| Pharmacy name | Pharmacy NPI | Telephone number | Fax number |
| Prescriber | Prescriber NPI | Telephone number | Fax number |
| Medication and strength | Directions for use | Qty/Days supply | |

1. Is this request for a continuation of existing therapy? ☐ Yes ☐ No
2. What is patient's diagnosis?
   ☐ HIV-1
   ☐ Other. Specify:
3. Is the patient treatment naïve? ☐ Yes ☐ No
4. Does the patient have a history of any of the following (check all that apply):
   ☐ A history of treatment failure
   ☐ Resistance to cabotegravir and rilpivirine
   ☐ None of the above
5. Does patient have any of the following (check all that apply)?
   ☐ Neurodiversity or a behavioral health condition which impairs the patient's ability to manage multiple medications
   ☐ Severe substance use disorder
   ☐ Diagnosed swallowing disorder
   ☐ Cognitive impairment requiring assistance with activities of daily living
   ☐ None
6. Will Cabenuva be used in combination with other ART medications?
   ☐ Yes. Specify:
   ☐ No
7. Will the patient be using any of the following medications (check all that apply)?
   ☐ Carbamazepine ☐ Dexamethasone (more than single dose treatment)
   ☐ Oxcarbazepine ☐ Phenobarbital ☐ Phenytoin ☐ Rifabutin
   ☐ Rifampin ☐ Rifapentine ☐ St. John's Wort

**CHART NOTES AND LABS ARE REQUIRED WITH THIS REQUEST**

| Prescriber signature | Prescriber specialty | Date |
|---|---|---|
| | | |

Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of the request. Requests for prior authorization must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)