



Antivirals: HIV –Cabotegravir/rilpivirine (Cabenuva)

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Please FAX responses to: (800) 869-7791. Phone: (855) 322-4082, Options 0,1,2,3.**

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

Rifampin Rifapentine St. John's Wort

TheraCom Pharmacy contact information:

TheraCom VIIV Specific Team numbers

TheraCom Mailing Address to locate pharmacy in e-Prescribing systems

Phone: 1-844-276-6299

Theracom

Fax: 1-833-904-1881

345 International Blvd Ste 200

Brooks, KY 40109

CHART NOTES AND LABS ARE REQUIRED WITH THIS REQUEST

Prescriber signature

Prescriber specialty

Date