



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

LEAD-IN PERIOD

Will this patient receive oral lead-in for Cabenuva (cabotegravir + rilpivirine)?

Yes No

Vocabria (cabotegravir) 30mg in combination with Edurant (rilpivirine) 25mg

Duration: 30 days Other _____

CABENUVA DOSING

Choose Cabenuva Injection Regimen Frequency - Cabenuva (cabotegravir and rilpivirine)

<input type="checkbox"/> Monthly	<p>Injection Loading Dose (Given on last day of optional oral therapy): Cabenuva 600-mg/900-mg Kit:</p> <ul style="list-style-type: none"> • single-dose vial of 600 mg/3 mL (200 mg/mL) cabotegravir • single-dose vial of 900 mg/3 mL (300 mg/mL) rilpivirine <p>Maintenance dose (starting one month after loading dose): Cabenuva 400-mg/600-mg Kit:</p> <ul style="list-style-type: none"> • single-dose vial of 400 mg/2 mL (200 mg/mL) cabotegravir • single-dose vial of 600 mg/2 mL (300 mg/mL) rilpivirine
<input type="checkbox"/> Every 2 months	<p>Injection Loading Dose #1 (Given on last day of optional oral therapy): Cabenuva 600-mg/900-mg Kit:</p> <ul style="list-style-type: none"> • single-dose vial of 600 mg/3 mL (200 mg/mL) cabotegravir • single-dose vial of 900 mg/3 mL (300 mg/mL) rilpivirine <p>Injection Loading Dose #2 (Given one month after loading dose #1): Cabenuva 600-mg/900-mg Kit:</p> <ul style="list-style-type: none"> • single-dose vial of 600 mg/3 mL (200 mg/mL) cabotegravir • single-dose vial of 900 mg/3 mL (300 mg/mL) rilpivirine <p>Maintenance dose (starting two months after loading dose #2): Cabenuva 600-mg/900-mg Kit:</p> <ul style="list-style-type: none"> • single-dose vial of 600 mg/3 mL (200 mg/mL) cabotegravir • single-dose vial of 900 mg/3 mL (300 mg/mL) rilpivirine

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 May 2026