BRITISH COLUMBIA
CENTRE *for* EXCELLENCE
in HIV/AIDS

HIV Drug Treatment Program
Eligibility considerations for use of Cabenuva®

The purpose of this checklist is to guide applications for the antiretroviral: Cabenuva® (cabotegravir and rilpivirine) extended-release injectable suspensions. Applications for drug coverage are **assessed on a case-by-case basis** for extended therapy coverage.
Please use this as a GUIDE when completing the prescription request form and supporting documents for Cabenuva®.
Drug Treatment Program: Fax 604-806-9044. Phone 604-806-8515. www.bccfe.ca

Clinic and Client information			
Client First Name(s):	**Client Last Name:**		**Date of Birth DD-MON-YYYY:**
Client BC Personal Health Number (PHN):			
Prescriber Name:		**CLINIC Name and Address:**	
MSC#:	**CPSID#:**	**Telephone:**	**Fax:**

Eligibility Considerations For Cabenuva®	
☐	≥12 years of age and weighing ≥35 kg
☐	On stable oral antiretroviral therapy (ART). Current ART regimen:
☐	HIV plasma viral load (pVL) suppressed (<40 c/mL), ideally ≥ 6 months . **Most recent pVL and test date:** _____
☐	Client stably engaged in care, and willing and able to attend in-clinic appointments to receive injections every 4 or 8 weeks.
☐	Confirmed HIV-1 infection (not subtype A1/A6) **Clade**: _____ (HIV drug resistance report date:_____)
☐	No evidence or suspicion of HIV resistance to integrase inhibitors or NNRTIs, with the exception of efavirenz or nevirapine resistance conferred exclusively by a K103 substitution
☐	No history of treatment failure (defined as a history of detectable plasma viral load while on ARVs, or development of new drug resistance after ART initiation)
☐	BMI < 30 kg/m^2 (Caution if BMI ≥ 30) Height_____ cm Weight _____ kg **BMI:** _____ Date: _____
☐	Does not require treatment for Hepatitis B infection: HBsAg negative Most recent test date: _____
☐	No contraindications to IM injections (e.g. no anticoagulation therapy, no bleeding disorders, no needle phobia)
Reason(s) why patient is unable to continue oral ART options available in BC: e.g. ☐ diagnosed swallowing disorder ☐ malabsorption ☐ cognitive impairment requiring assistance with activities of daily living ☐ Other, please specify:	
☐	Allergy/intolerance profile reviewed; No known hypersensitivity or intolerance to rilpivirine or cabotegravir
☐	Plan to prescribe 4-week oral lead-in with cabotegravir and rilpivirine to rule out hypersensitivity or intolerance to ingredients prior to first ever doses of the long-acting injections. If no, please specify reason:
☐	Review contraindicated drug interactions: No recent (past 2 weeks), current, or anticipated use of strong hepatic-enzyme inducing medications, including: Anticonvulsants: carbamazepine, oxcarbazepine, phenobarbital, phenytoin. Antimycobacterials: rifampin, rifabutin Glucocorticoid: systemic dexamethasone (more than a single dose)
☐	For oral cabotegravir and rilpivirine lead-in therapy, Review potential drug interactions: Contraindicated: PPIs (e.g. pantoprazole) are contraindicated with oral rilpivirine. Caution: H2 blockers (e.g. famotidine), or supplements containing polyvalent cations (calcium, iron, magnesium); dose spacing may be possible.
☐	If client is of child-bearing potential, confirm NOT pregnant,or planning to become pregnant, and will NOT breastfeed while on Cabenuva®. Prescriber to ensure adequate contraception during Cabenuva® therapy.
☐	Cabenuva® patient information sheets have been reviewed with and understood by the client.
☐	If Cabenuva® injections are stopped/discontinued, aware the client should switch to and continue oral ART x 12 months to help prevent development of resistance to integrase inhibitors and non-nucleoside reverse transcriptase inhibitors.

Logistical Considerations – Confirm the following:		
☐ Clinic or delivery site has a secure medication fridge that maintains internal temperature 2-8°C	☐ Clinic is able to support Cabenuva® administration by healthcare provider (RN, NP, MD) in the clinic every 4 or 8 weeks	☐ Clinic has a private area to provide gluteal IM injections.
☐ Clinic staff are available to schedule injection appointments for clients and remind clients of appointments.	☐ Healthcare provider (MD, NP) will supply Cabenuva® prescription (injections and/or oral bridging), and clinic staff are available to arrange medication shipment from St Paul's Hospital Ambulatory Pharmacy at least 2 weeks prior to each injection.	
Other notes		