



## Cabenuva

### Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-249-6155.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_  
**Request Initiated For:** \_\_\_\_\_

1. What is the patient's diagnosis?  
 Human immunodeficiency virus type 1 (HIV-1) infection  
 Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_
3. Is the patient currently receiving treatment with the requested medication?  Yes  No *If No, skip to #5*
4. Has the patient experienced a virologic failure while on the requested drug, defined as two consecutive plasma HIV-1 RNA levels greater than or equal to 200 copies per mL?  Yes  No *No further questions*
5. Is the patient currently receiving a stable antiretroviral regimen?  Yes  No
6. Is the patient virologically suppressed on the current antiretroviral regimen with HIV-1 RNA less than 50 copies per mL? **ACTION REQUIRED: If 'Yes', attach current plasma HIV-1 RNA level (viral load)?**  
 Yes  No  Unknown
7. Does the patient have a history of HIV treatment failure?  Yes  No
8. Does the patient have a known or suspected resistance to either cabotegravir or rilpivirine?  Yes  No
9. Will the patient receive (or has received) oral lead-in with cabotegravir (Vocabria) and rilpivirine (Edurant) for at least 28 days prior to the initiation of the requested medication to assess the tolerability of cabotegravir and rilpivirine?  Yes  No

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

**X** \_\_\_\_\_  
**Prescriber or Authorized Signature** **Date (mm/dd/yy)**

**Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155**

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**CVS Caremark Prior Authorization • 1300 E. Campbell Road • Richardson, TX 75081  
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