

For patients receiving CABENUVA

To enroll a patient receiving CABENUVA

Patient Enrollment: Select Enrollment Form

Please select the enrollment form you want to submit for this patient.

Selected Service: CABENUVA ViiVConnect Enrollment Form

Selected Service: CABENUVA ViiVConnect PAP Enrollment Form

Select the **CABENUVA ViiVConnect Enrollment Form** for patients with insurance. Select the **CABENUVA ViiVConnect PAP Enrollment Form** for patients who want to apply for no-cost medication. If you selected **Patient Assistance Program** from the list of services on the prior step of the process, you will be brought directly to the PAP Enrollment Form and will not see this page.

Patient Enrollment: Complete Form

Patient Information

Patient Details

First Name: [Field] Last Name: [Field] Date of Birth: [Field] Gender: [Field]

Address Line 1: [Field] Address Line 2: [Field] City: [Field] State: [Field] ZIP: [Field]

Patient Contact

Home Phone: [Field] Cell Phone: [Field] Email: [Field]

Oral Shipment Information – Ship oral medications to:

Address of Business Name: [Field] Street Address: [Field]

The **CABENUVA ViiVConnect Enrollment Form** contains 7 sections. In order to properly enroll your patient, all the required fields must be completed:

- Patient Information
- Insurance Information
- Office Information
- Patient Medical Information
- File Attachments
- Attestation
- Patient Signature

Be sure the patient's insurance information is completed in full. It's best to also attach a scan of both sides of the patient's insurance card.

Include shipping information

You must fill out the shipping information for the patient's initial supply. This can be found in the Patient Information section.

To apply for the CABENUVA Patient Assistance Program

The screenshot shows two sections of the PAP Enrollment Form. The first section, 'Patient Financial Information', includes a dropdown for 'Annual/Gross Income' and a text field for 'Household Size'. The second section, 'Patient Eligibility Criteria', contains three questions: 1. ADAP status (with a dropdown), 2. Is the Patient enrolled in a Medicare plan... (with Yes/No buttons), and 3. Is the patient eligible for any state or Federal prescription drug... (with Yes/No buttons).

Enrolling in the PAP is similar to the regular enrollment process. However, the PAP Enrollment Form contains 2 additional sections: **Patient Financial Information** and **Patient Eligibility Criteria**. These sections must be fully complete for a patient to apply for the PAP.

Patient allergy and prescription information

The screenshot shows the 'Patient Allergy and Prescription Information' section. It includes a 'Add Allergy' button, a search box, and a list of allergies. Below this is a section for 'Prescription Information' with fields for 'Drug Name', 'Strength', 'Frequency', and 'Quantity'. There is also a section for 'Where do you currently receive medical care?' with a dropdown for 'Current Institution'.

To add a medication allergy, click on **Add Allergy**, and use the search box. If the allergy is not listed, you can add it in the **Other Allergy** box.

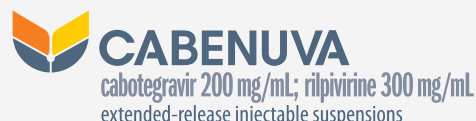
This section is where you will add prescription and acquisition information for CABENUVA. Take care to select all 3 forms of CABENUVA, but you will only need to fill out the acquisition information once.

For patients who will receive CABENUVA at another facility

The screenshot shows the 'Office Information' section. It includes a dropdown for 'Where will injections be administered?' with options 'At the facility' and 'At another facility'. Below this is a section for 'At another facility' with a dropdown for 'Facility Name' and a search box.

If you prefer that CABENUVA injections be administered outside of your office setting, check **Unknown** for help finding an alternative site of administration (ASA). You can also use the search box to find a particular facility or visit [ViiVConnect.com/ASALocator](https://viiVconnect.com/ASALocator) to find a site.

If you have questions about any step of the enrollment process, reach out to your Field Reimbursement Manager.



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