

# Long-Acting HIV Antiretroviral Therapy (ART): Cabotegravir/Rilpivirine (CAB/RPV)



## Clinic Implementation Checklist for HIV Care Teams

1	Clinic Planning and Workflow Development
	Identify a clinic champion to coordinate long-acting CAB/RPV implementation.
	Develop clinic workflows with staff input, considering role expectations and workload capacities.
	Coordinate introductory meetings with all staff involved in long-acting CAB/RPV implementation.
	Train all staff on relevant long-acting CAB/RPV topics based on roles and educational needs.
	Schedule regular team check-ins to review and address implementation challenges.
	Determine IT needs to integrate implementation processes within existing workflows.
	Determine need for a new refrigerator or designated space in an existing refrigerator to store medicines.
	Determine need for dedicated on-site and alternative off-site injection administration locations.
	Establish partnerships with pharmacies that can assist with billing and shipping of medicines.
	Determine clinic capacity to engage clients using various methods of communication (for example, text, email, and phone) that are sensitive to clients' needs and account for their preferences.

	Determine clinic capacity to support clients' ongoing engagement in care through client empowerment (for example, encouraging clients to communicate regularly to share updated medicine lists, client contact and emergency contact information, travel plans, barriers to attendance, need for supportive services, and any concerns).
	Determine who can serve as internal resource(s) for ad hoc support for clinical and nonclinical needs related to long-acting CAB/RPV.
<b>2</b>	<b>Engaging and Identifying Eligible Clients</b>
	Establish processes to identify and refer eligible clients for long-acting CAB/RPV (for example, integration with electronic health record and referral to clinical pharmacists or specific clinicians).
	Identify educational materials that can help with client engagement (for example, client eligibility criteria, a priority population list, and client-centered educational materials).
<b>3</b>	<b>Shared Decision-Making and Prescribing</b>
	Establish processes to coordinate team members that may be involved with shared decision-making with the client (for example, discussing clinical criteria and prescribing medicines when appropriate, assessing potential barriers to attendance and making referrals, counseling on medicine management and side effects, and discussing financial costs).
	Determine who will manage the long-acting CAB/RPV prescription statuses for clients, including identifying where prescriptions will be sent and collaborating with clinic staff if changes to the long-acting CAB/RPV regimen or oral HIV medicines are needed.
	Determine how clients and the internal team can communicate with the HIV care provider, as needed.
<b>4</b>	<b>Navigating Coverage and Procurement</b>
	Establish processes for navigating medical and pharmacy benefits with common payers, such as Medicare, Medicaid, AIDS Drug Assistance Program (ADAP), and commercial insurances.

	Establish processes to support clients who are uninsured or underinsured (for example, access or referral to services for health benefits screening and enrollment and copay and patient assistance programs).
	Establish processes for insurance follow-up for prior authorization requests and appeals.
	Establish processes to track procurement and manage billing of medicines, when applicable (for example, coordinate delivery of medicines from pharmacies [new starts and refills] and from medicine distributors and ensuring medicines are delivered prior to client appointments).
<b>5</b>	<b>Storage and Administration</b>
	Establish processes to ensure medicines are maintained at the appropriate temperature (2 to 8 degrees Celsius, or 36 to 46 degrees Fahrenheit) from delivery to storage.
	Establish processes for injection appointments and administration (for example, the client checking in and answering prescreen questions, syringe preparation, medicine administration, client counseling, post-administration monitoring, communication to the HIV care provider when warranted, appointment scheduling for the next visit, and referral to supportive services if needed).
<b>6</b>	<b>Appointment Scheduling and Supporting Ongoing Engagement in Care</b>
	Establish a process to track client appointments (for example, integration into electronic health record).
	Establish processes to support the client's ongoing engagement in care and ensuring there are no missed injection appointments (for example, the team can schedule and reschedule within the seven-day time window, send appointment reminders, follow up with clients on missed appointments, proactively evaluate and address barriers to attendance, refer to supportive services when necessary, and establish a method where the client is able to contact the clinical team in a timely manner).