

Appendix IX: SSP Manual Updates Per the Open Label Extension (OLE) in Appendix V of Version 6.0 of the Protocol

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1.1 Overview of Appendix IX

This Appendix includes specific updates, guidance, and considerations for the implementation of the Open Label Extension (OLE) in Appendix V of Version 6.0 of the Protocol. Unless instructed by the HPTN Leadership and Operations Center (LOC), if there is an inconsistency between Appendix IX of the SSP manual and the Protocol, the protocol's specifications take precedence. Please alert the HPTN LOC of any such inconsistencies.

The updates outlined in this Appendix apply to all SSP Manual sections. **That is, updates to the individual SSP sections impacted by Version 6.0 of the Protocol are not being made; rather, this SSP Appendix IX serves as the document that outlines the updates. It is important to note that the content of the current version of each section of the SSP manual still applies and includes information that is still relevant under the current version of the Protocol. This Appendix replaces or clarifies language already included in those sections accordingly.**

NOTE: To avoid confusion between the updates to the protocol per Version 5.0 and Version 6.0, we created Appendix IX. This appendix outlines the protocol's updates between Version 5.0 and Version 6.0. Sites still awaiting approval for Version 6.0 of the Protocol must follow the guidance in Appendix VIII of the SSP. Once approval for Version 6.0 of the Protocol is obtained, sites need to follow the updates outlined in this section.

The purpose of Protocol Version 6.0 amendment is:

- To add Step 7 for participants outside of the US who have not yet transitioned to locally available CAB by the time this amendment is implemented at a site.
- To provide an official end date for **all** participants in the study, which is 31 March 2024. Study participation will end for **all** participants, at **all** study sites, regardless of where they are in the study schedule of events. Participants will be transitioned to locally available CAB access programs, protocols, or other HIV prevention resources. For sites outside of the US, if a local access program or protocol is not available or available earlier than 31 March 2024, a memo from the study team will be issued describing next steps for participants impacted by that situation.

***NOTE:** The priority is to transition participants to locally available CAB as soon as possible before the end date of the study.*

Please refer to the DAIDS Site Clinical Operations and Research Essentials (SCORE) Manual for a description of operational requirements for sites implementing DAIDS-sponsored clinical research within the DAIDS Clinical Trials Networks.

1.2 Updates to SSP Manual Sections

1.2.1 Section 1: Introduction

Updates to Section 1.2 – Source of Procedural Information:

The most up-to-date contact information table is:

HPTN LOC Clinical Research Managers	Marybeth McCauley (primary contact) Tel: 301-461-7797 Email: mmcCauley@fhi360.org Kailazarid Gomez-Feliciano Tel: 919-321-3486 Email: kgomez@fhi360.org Andrea Jennings Tel. 919-321-3617 Email: ajennings@fhi360.org
HPTN LOC Clinical Trial Assistant	Maxine Awekey Tel: 1-202-884-8072 Email: mawekey@fhi360.org
HPTN LOC Community Program Managers	Jonathan Lucas Tel: 919-321-3574 Email: jlucas@fhi360.org CaTiffaney Griswold Tel: 202-884-8909 Email: cgriswold@fhi360.org
HPTN SDMC Protocol Manager	Richard Berman Tel: 206-667-4235 Email: rberman@scharp.org
HPTN Laboratory Center (LC) Representatives	Paul Richardson Tel: 443-631-4671 Email: pricha18@jhmi.edu Philip Sullivan Tel: 443-301-4682 Email: psulli22@jhmi.edu
Laboratory Data Management System (LDMS)	Tel: 716-834-0900, Ext. 7311 Email: ldmshelp@fstrf.org
DAIDS Protocol Pharmacist	Katherine Shin Tel: 240-627-3047 Email: kashin@niaid.nih.gov

Updates to Section 1.4: Investigator Responsibilities

Please refer to updates in Appendix VIII of the SSP for the most up-to-date information.

1.2.2 Section 2: Protocol

The following protocol documents were added to the table in Section 2 of the SSP (please note, the documents listed below only include those that were issued after LoA#3 to Version 3.0 of the protocol dated 23 July 2020)

Document	Date
• Clarification Memo (CM) #4 to Version 3.0 of the Protocol	05 February 2021
• Version 4.0 of the Protocol	10 February 2021
• Clarification Memo # 1, to Version 4.0	03 March 2021
• Letter of Amendment # 1 to Version 4.0 of the Protocol	25 April 2021
• Letter of Amendment # 2 to Version 4.0 of the Protocol	02 November, 2021
• Letter of Amendment # 3 to Version 4.0 of the Protocol	01 December, 2021
• Version 5.0 of the Protocol	28 April 2022
• Version 6.0 of the Protocol	24 May 2023
• Clarification Memo # 1 to Version 6.0	13 July 2023

1.2.3 Section 3: Documentation Requirements

Updates to Section 4.3: Protocol Deviations

As outlined in the HPTN Manual of Operations, reportable protocol deviations are defined by the HPTN as individual incidents, trends, or omissions that result in:

- Significant added risk to the participant
- Non-adherence to significant protocol requirements
- Significant non-adherence to GCP

Under Appendix V of the protocol, examples of reportable protocol deviations include:

- Administration of study product prior to availability and confirmation of negative/non-reactive HIV test results

- *NOTE: To ensure participant's safety, if product is administered prior to availability and confirmation of HIV test results, and results are positive/reactive, please include information as part of the deviation narrative to ensure proper participant oversight.*
- Any situation when any of the HPTN 083 HIV testing algorithms were not followed as per protocol and Section 11 of the SSP manual, including Figure 11.4 of this SSP Appendix. This is applicable even if a commercial or external laboratory made the error or omission.
- A trend showing that protocol-specified procedures are not followed by site staff. For example, if a site forgets to provide or document collection/review of locator information for multiple participants and/or multiple visits, this would be considered a reportable protocol deviation.
- Breach of participant confidentiality
- A protocol-specified laboratory assay consistently not being performed (a single missed assay during one participant visit would not be considered a reportable protocol deviation)
- A site-specific laboratory assay is deliberately added to protocol requirements by the investigator to be conducted for all participants. This does not apply to situations where the required laboratory test is part of a testing panel.
- Use of prohibited medications as specified in Section 1.2.9 below, even when medication is administered by an outside source (e.g., primary care physician, hospital).

Participant non-compliance with the study protocol, including treatment specifications (e.g., not taking daily oral products or refusing further injections), is not considered to be a reportable protocol deviation.

NOTE: Missed study visits are not considered reportable deviations. All missed visits will be documented on the Missed Visit eCRF and followed per site's SOP. Similarly, missed study procedures due to conducting remote visits are not considered reportable deviations. Any procedure conducted remotely should be documented on the participant's chart, including the date, rationale, and visit findings.

The DAIDS Critical Event (CE) policy is no longer applicable; therefore, sites will not need to report critical events to DAIDS. Investigators will report to the IRBs/ECs any changes in the study and must comply with the requirements of 45 CFR 46.108(a)(4) and 21 CFR 56.108(b) for promptly reporting the following: unanticipated problems involving risks to participants or others; serious or continuing non-compliance with applicable regulations or the requirements or determinations of their IRBs/ECs; and any suspension or termination of IRB approval.

Note: Sites WILL continue to report reportable deviations per the HPTN 083 protocol deviation instructions already in place in Section 3.4 of the SSP.

1.2.4 Section 4: Recruitment, Screening, and Enrollment

Updates to Section 4.5 – Eligibility Determination (Applicable only to sites in Peru)

Only participants who enrolled in HPTN 083 are eligible to participate in the OLE.

- Participants who previously discontinued under Step 2 or Step 3 of protocol Version 3.0, but are otherwise eligible for injectable CAB, are eligible to un-terminate and restart under Protocol Appendix V.
 - An un-termination form is available **ONLY** for participants who were terminated before 15May2020 and the termination form is now locked. Sites should email the SCHARP Data Managers (sc.083cdm@scharp.org) requesting the form to be added for the participant.
 - For participants who terminated after 15May2020, the data on the previous Termination form will need to be removed and updated on the corresponding Date of visit / Interim visit form.

The following participants will not be able to continue study participation under the OLE:

- Participants who permanently discontinued study products during the blinded portion of the study due to:
 - HIV infection
 - HBV infection
 - study product-related AE that would deem the continuation or initiation of cabotegravir unsafe

NOTE: The CMC may be contacted for questions related to study product AEs of concern for participants interested in continuing or initiating cabotegravir and whether it is safe to do so.

- Participants originally-randomized to TDF/FTC who choose to continue receiving TDF/FTC **and** have passed three years from the date of enrollment will not enter Step 5 (open-label TDF/FTC). These participants will be referred to local standard of care for HIV prevention services. However, these participants (if they can be located) need to be consented so that they may receive the new information about cabotegravir contained in the addendum informed consent form and to document that they will not take part in the OLE.
- Participants who are otherwise not eligible to join the OLE or who do not wish to participate in the OLE will be consented so that they may receive the new information about cabotegravir contained in the addendum consent form, and to document that they will not take part in the OLE.
- Participants who already left the study prior to Version 6.0 because they were ineligible to continue in the OLE, did not wish to participate in the OLE, or were lost to follow up more than six months of initial OLE implementation at their site, will not be allowed to participate under Version 6.0 of the protocol.

Updates to Section 4.5.1 – Informed Consent Process

Protocol Version 6.0 Appendix V includes an updated informed consent form. Sites will discuss with participants their options for ongoing study participation and make it clear that they study will end on 31 March 2024 (unless a different date is specified in a memo from the study team).

Participants at all sites must be reconsented using the updated ICF. For participants who are not eligible to continue to Step 7 (e.g., participants at US sites), the informed consent provides information about the study end date and updated risk information. These participants should use the first option on the signature page – I voluntarily agree to continue to take part in this portion of the study – to document their continued participation. Also, note that the IRB may request a more specific signature line to document these cases.

As a reminder, as soon as all local/national approvals of Version 6.0 of the protocol are obtained, sites must begin consenting participants to Version 6.0 at their next scheduled study visit. It is not necessary to schedule an interim (unscheduled) visit if approvals are complete between regularly scheduled study visits for a participant.

The informed consent discussion can take place in the study clinic, and by telephone or telemedicine at the IoR or designee's discretion. It is important to note that if the discussion takes place by telephone or telemedicine, the site must obtain all relevant approvals from the IRB/EC/other regulatory entities for the use of these remote or e-consent processes as required. Sites that use e-consent will need to meet DAIDS SCORE Manual requirements for e-consenting and obtain all required IRB/EC/Regulatory approvals. Participants who did not provide consent using an electronic system will need to provide written informed consent once they report to the study site to continue participation and before study product is dispensed.

Contact the CMC for guidance if there are other consent-related scenarios not outlined here or in the protocol.

For sites in Peru only, participants who are joining the OLE for the first time who have been on TDF/FTC throughout the study and choose to stay on it, or participants who have been on CAB and choose to switch to TDF/FTC, will be permitted to change their mind once up to 6 months after making their choice at their initial OLE visit and switch to CAB. **There will be no switches allowed during Step 6 or 7.**

Contact the CMC for guidance if there are other consent-related scenarios not outlined here or in the protocol.

1.2.5 Section 5: Study Procedures Overview

Refer to the Protocol, Appendix V, Tables 7-11, and 14 for procedures for Steps 4a-c, 5, 6, and 7; Table 12 for procedures for participants who are not continuing under the OLE; and Table 13 of the protocol details the procedures for participants who have a reactive or positive HIV test result for detailed information about study procedures.

Updates to Section 5.2 – Study Overview

Step 4a: Oral Cabotegravir Lead-In (Optional) for Participants Originally Randomized to TDF/FTC (This Step is ONLY open to participants who are initiating CAB for the first time during HPTN 083 upon entry into the OLE)

This Step is optional and applies only to participants originally randomized to oral TDF/FTC who choose to initiate cabotegravir for the first time. In consultation with the IoR or designee, participants will decide if they want to take daily oral cabotegravir for approximately 4 weeks before receiving injections.

Considerations for Step 4a:

This Step is not to be used for any participant who has ever received CAB LA injections in the past.

Although this is an optional step, the local IRB/EC/other review bodies may require oral lead-in participation before receiving injections. Site-specific ICF should specify if this Step is required per IRB/EC/regulatory body.

There is no required pill count in this Step, and therefore no CRF is to be completed. It is at the discretion of the site IoR or designee to determine the level of adherence to daily oral cabotegravir (if any) that is required before participants receive injections. To determine the level of adherence, sites may choose to use participant self-report adherence or perform a pill count. Whatever method the site decides to use, it should be standard for all participants at the site.

Participants in Step 4a will take a daily oral cabotegravir pill up to the day before their Step 4b Day 0 visit. The Step 4b Day 0 injection visit can occur as soon as the Step 4a Week 4 laboratory tests are resulted (including but not limited to the entire HIV testing algorithm, including viral load), and ideally should occur within one week from the Step 4a Week 4 visit. There are no safety concerns if a participant takes their daily pill on the day of their first injection.

Contact the CMC for guidance regarding cases or situations not outlined here.

Step 4b: Loading Dose Visit for Injectable Cabotegravir for Participants Initiating CAB Injections (This Step is ONLY open to participants who are initiating CAB-LA for the first time during HPTN 083, upon entry into the OLE, or after prolonged (>15 week) hiatus since last CAB-LA injection upon entry into the OLE.)

Participants in this Step will have one visit for initiating cabotegravir injections. This Step applies to:

- Participants originally-randomized to TDF/FTC who completed Step 4a
- Participants originally randomized to TDF/FTC who chose not to complete Step 4a but will initiate CAB LA for the first time

The first of these two injections is considered Step 4b. The participant will then transition to Step 4c four weeks later.

Contact the CMC for guidance regarding cases or situations not outlined here.

Step 4c: Cabotegravir Injections (Beginning the OLE at this Step will not apply to a majority of participants by the time Version 6.0 is implemented)

This Step is for participants originally-randomized to cabotegravir who choose to continue it and do not need a reloading dose or for participants transitioning from Step 4b. This Step includes cabotegravir injections every eight weeks.

Participants who complete Week 48 of Step 4c may continue to Step 6 and then Step 7 (if applicable) if they wish to continue CAB LA up until 31 March 2024, at which time they will transition to local CAB LA via an access program or another protocol if they wish to continue CAB LA.

Contact the CMC for guidance regarding cases or situations not outlined here.

Step 5: Participants Who Choose to Remain on or Switch to Oral TDF/FTC (This Step will not apply to a majority of participants by the time Version 6.0 is implemented)

This Step is for:

- Participants who have had at least one injection in Step 4b or Step 4c who then choose not to or cannot continue receiving cabotegravir injections before Week 48 of Step 4c occurs. They will complete the procedures of this Step for 48 weeks or until 31 March 2024, whichever occurs first. Step 5/Day 0 begins 8 weeks after that participant's last injection.
- Participants who were originally-randomized to oral TDF/FTC and choose to remain on oral TDF/FTC. They will complete the procedures for Step 5 until three years from the time of enrollment.
- Participants who were originally randomized to CAB LA and choose to switch to

TDF/FTC before the Step 4c/Week 48 visit. They will complete the procedures for Step 5 for 48 weeks or until 31 March 2024, whichever occurs first. Step 5/Day 0 begins 8 weeks after participant's last injection.

If a participant completed Week 48 of Step 4c AND started Step 5 under Version 6.0, and then does not want to or cannot continue CAB injections in Step 6 or when consenting to Version 6.0, they will complete the remaining visits of Step 5 under Version 6.0 until they reach 48 weeks or until 31 March 2024, whichever occurs first.

If a participant completes Week 48 of Step 4c and does not want to or cannot continue CAB injections in Step 6, they will NOT enter Step 5 and will instead be terminated from the study and referred to local PrEP services.

Contact the CMC for guidance regarding cases in which Day 0 of Step 5 will occur beyond 48 weeks from the time the participant received their last injection or for other cases or situations not outlined here.

Step 6: Participants Requiring Ongoing Access to CAB LA (Week 56 up to Week 96 or 31 March 2024, whichever occurs first)

Step 6 is for participants who complete follow-up in Step 4c and who wish to continue CAB LA. The provision of CAB LA in Step 6 is for up to an additional 48 weeks (Weeks 56 – 96 or 31 March 2024, whichever occurs first).

Participants on Step 6 who no longer want to receive injections or who can no longer receive injections due to an AE will be terminated from the study and referred to local prevention services. That is, these participants will not transition to Step 5 (TDF/FTC tail coverage).

Participants on Step 6 who become infected with HIV will complete the HIV confirmation visit as per Table 13 of the protocol and the visit checklist, then be terminated from the study and referred to HIV treatment services.

Step 7: Participants at non-US sites requiring ongoing access to CAB-LA (Weeks 104 and every 8 weeks thereafter, up to 31 March 2024)

Step 7 visits are identical to Step 6 visits and are considered an extension of Step 6. The same stipulations as outlined for Step 6 above apply to Step 7.

See Table 14 of the Protocol and Study Visit checklist below for the schedule of procedures and evaluations for Step 7.

Updates to Section 5.1 – Study Visits

Target and allowable windows for all visits are outlined in Section 1.2.13 below. Below are some considerations for visit windows:

- If injections that are scheduled or intended to be 4 weeks apart take place 12 or more weeks since the last injection, a 4-week interval should be used for the next injection after returning, followed by 8-week intervals.
- If injections that are scheduled or intended to be 8 weeks apart take place 16 or more weeks since the last injection, a 4-week interval should be used for the next injection after returning, followed by 8-week intervals.

It is no longer required to contact the CMC regarding late injections.

NOTE: All safety laboratory assessments should be completed, and results confirmed to be within the protocol-allowable parameters before proceeding with an injection visit.

Visits are considered contiguous and therefore all visits are allowable; that is, a visit conducted outside of a target or allowable window is not considered a protocol deviation.

Updates to Section 5.3.1 – Follow-up Visit Procedures

Some important general considerations for study visits include:

- While it is not required, for participants in Step 4a or Step 5, it is recommended that sites dispense an additional bottle of study product (CAB or TDF/FTC) to ensure an extra month supply between visits. Participants should be advised to bring open bottles to appointments, finish an open bottle before opening a new one, and should not combine or transfer pills between open bottles. Also, although it's not required in the OLE, sites may choose to perform a formal pill count. If sites perform a pill count, the information should be documented in the participant's file; there is no CRF for this purpose.
- Participants in Step 4a of the study who are unable to transition to Steps 4b and 4c for any reason – including HIV infection - will be referred to local care and terminated from the study.
- Participants who complete Step 4c but do not want to or cannot continue CAB in Step 6 or 7 are not eligible to enter Step 5 and will be terminated from the study and referred to local PrEP services.
- Considerations for participants who have a positive or reactive HIV test result during follow-up:
 - Participants who became infected with HIV under Version 3.0 or Version 4.0 of the protocol and are being followed on the HIV infection quarterly visit

schedule when Version 6.0 is implemented will complete their visits under Version 6.0. For example, if they completed the HIV confirmation visit, Weeks 12, and 24 under Version 4.0 or Version 5.0 and Version 6.0 is now approved at the site, the participant will complete Weeks 36 and 48 under Appendix V of Version 6.0 and then be terminated from the study.

- Participants that received only oral TDF/FTC and/or oral CAB but never CAB LA who have a positive or reactive HIV test result at Step 4a, Step 5, or at their final visit, and are not continuing in the OLE will be referred to local care.
- Participants in Step 6 or 7 will only undergo the procedures in the HIV Confirmation Visit. Participants with confirmed HIV infection will be terminated from the study and referred to local care.
- The procedures listed in Table 13 for the HIV Confirmation Visit apply to all participants that have a reactive or positive HIV test during Steps 4-7, or at their final study visit if not continuing participation under the OLE.
- Participants who have a positive or reactive HIV test during Steps 4b and 4c, Step 5, or at their final visit if not continuing in the OLE and received CAB LA at any time during the study, will be followed according to Table 13.
- The procedures listed in Table 13 for Weeks 12, 24, 36, and 48 apply to participants with confirmed HIV infection during Steps 4b and 4c of the study. Participants with confirmed HIV infection in Step 5 of the study may undergo similar procedures as listed in Weeks 12, 24, 36, and 48, and will be determined by the members of 083CMC@hptn.org.
- Sites will continue to contact the 083HIV@hptn.org email alias any time a participant has a reactive HIV test result for guidance regarding clinical management or other questions.

1.2.6 Section 6: Visit Checklists

The visit checklists are templates based on procedures outline in Appendix V of the Protocol. Sites should modify, as needed, to reflect site-specific study operations.

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4a: (Daily Oral Cabotegravir – OPTIONAL for participants initiating CAB injections)			
Day 0			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Confirm participant identity and PTID per site SOPs.	
_____	<input type="checkbox"/>	Discuss with participants the options for ongoing study participation and the Steps under the OLE	
_____	<input type="checkbox"/>	Obtain written informed consent for Version 6.0 of the Protocol. <i>Note: Participants should be followed under the appropriate Steps contained in Appendix V of the Protocol</i>	
_____	<input type="checkbox"/>	Administer Product Choice Assessment Questionnaire (Interviewer Administered)	
_____	<input type="checkbox"/>	Review/update locator information	
_____	<input type="checkbox"/>	Complete Interviewer-administered assessment (SMSQ) <i>Refer to instructions in the interviewer-administered assessments as well as the Schedule of Forms for whom and when these assessments should be administered</i>	
_____	<input type="checkbox"/>	Administer CASI (behavioral assessment) <i>Refer to instructions in the CASI assessments as well as the Schedule of Forms for whom and when these assessments should be administered</i>	
_____	<input type="checkbox"/>	Collect directed medical history (including concomitant medications)	
_____	<input type="checkbox"/>	Perform directed physical exam	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4a: (Daily Oral Cabotegravir – OPTIONAL for participants initiating CAB injections)			
Day 0			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Provide HIV counseling	
_____	<input type="checkbox"/>	Offer condoms and lubricant	
_____	<input type="checkbox"/>	Collect blood for: <ul style="list-style-type: none"> <input type="checkbox"/> HIV Testing (please refer to the HIV testing algorithm found in Figure 11-4 of Appendix IX of the SSP for detailed information) <ul style="list-style-type: none"> ○ HIV Rapid test ○ Laboratory-based HIV immunoassay ○ HIV viral load (LoD <50 copies/mL) <input type="checkbox"/> Creatinine <p><i>NOTE: If testing was performed within the last month prior to Day 0, testing may be deferred at the discretion of the site investigator.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> LFTs (AST, ALT, total bilirubin, alkaline phosphatase) <p><i>NOTE: If testing was performed within the last month prior to Day 0, testing may be deferred at the discretion of the site investigator</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Plasma storage <input type="checkbox"/> Syphilis serologic testing <p><i>NOTE: Perform testing at Day 0 if not done within the last 6 months</i></p>	
_____	<input type="checkbox"/>	Collect urine for GC/CT testing	
_____	<input type="checkbox"/>	Collect rectal swab for GC/CT testing	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4a: (Daily Oral Cabotegravir – OPTIONAL for participants initiating CAB injections)			
Day 0			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Dispense sufficient pills to last until the next follow-up visit plus approximately one-month buffer supply)	
_____	<input type="checkbox"/>	Provide adherence counseling	
		Provide site contact information and instructions to report symptoms and/or clarify any questions	
_____	<input type="checkbox"/>	Schedule next appointment, if applicable	
_____	<input type="checkbox"/>	Provide reimbursement, if applicable	

Notes for Step 4a: Please refer to Table 7 of the Protocol for further guidance.

Comments: _____

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4a: Daily Oral Cabotegravir – OPTIONAL for participants initiating CAB injections Week 4			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Confirm participant identity and PTID per site SOPs.	
_____	<input type="checkbox"/>	If not done at Day 0: Obtain written informed consent for Version 6.0 of the Protocol <i>Note: Participants should be followed under the appropriate Steps contained in Appendix V of the Protocol</i>	
_____	<input type="checkbox"/>	Review/update locator information	
_____	<input type="checkbox"/>	Obtain self-reported pill adherence	
_____	<input type="checkbox"/>	Pill count and document in the participant chart (optional procedure)	
_____	<input type="checkbox"/>	Collect directed medical history (including concomitant medications)	
_____	<input type="checkbox"/>	Perform directed physical exam	
_____	<input type="checkbox"/>	Provide HIV counseling	
_____	<input type="checkbox"/>	Offer condoms and lubricant	
_____	<input type="checkbox"/>	Collect blood for: <input type="checkbox"/> HIV Testing (please refer to the HIV testing algorithm found in Figure 11-4 of Appendix IX of the SSP for detailed information) <ul style="list-style-type: none"> ○ HIV Rapid test ○ Laboratory-based HIV immunoassay ○ HIV viral load (LoD <50 copies/mL) 	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4a: Daily Oral Cabotegravir – OPTIONAL for participants initiating CAB injections Week 4			
Initial/date	Completed	Procedures	Comments
		<input type="checkbox"/> Creatinine <i>NOTE: If testing was performed within the last month prior to Day 0, testing may be deferred at the discretion of the site investigator</i> <input type="checkbox"/> LFTs (AST, ALT, total bilirubin, alkaline phosphatase) <i>NOTE: If testing was performed within the last month prior to Day 0, testing may be deferred at the discretion of the site investigator</i> <input type="checkbox"/> Plasma storage (Must be collected prior to injection)	
_____	<input type="checkbox"/>	Provide adherence counseling regarding attending first CAB injection visit	
_____	<input type="checkbox"/>	Provide site contact information and instructions to report symptoms and/or clarify any questions	
_____	<input type="checkbox"/>	Schedule next study visit, if applicable	
_____	<input type="checkbox"/>	Provide participant reimbursement, if applicable	

Notes for Step 4a: Please refer to Table 7 of the Protocol for further guidance.

Comments:

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4b: Loading Dose Cabotegravir Injection – for participants initiating or restarting CAB injections Day 0			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Confirm participant identity and PTID	
_____	<input type="checkbox"/>	Obtain written informed consent for Version 6.0 of the Protocol ONLY if not obtained at a previous study visit. <i>Note: Participants should be followed under the appropriate Steps contained in Appendix V of the Protocol.</i>	
_____	<input type="checkbox"/>	Applicable only to participants who did <u>not</u> complete Step 4a: <input type="checkbox"/> Discuss with participants the options for ongoing study participation and the Steps under OLE) <input type="checkbox"/> Administer Product Choice Assessment Questionnaire (Interviewer Administered)	
_____	<input type="checkbox"/>	Review/update locator information	
_____	<input type="checkbox"/>	Interviewer-Administered, SMSQ <i>Note: Refer to form instructions and the Schedule of Forms for whom and when these assessments should be administered</i>	
_____	<input type="checkbox"/>	Administer CASI <i>Note: Refer to instructions in the CASI assessments and the Schedule of Forms for whom and when these assessments should be administered</i>	
_____	<input type="checkbox"/>	Collect directed medical history (including concomitant medications)	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4b: Loading Dose Cabotegravir Injection – for participants initiating or restarting CAB injections Day 0			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Perform directed physical exam	
_____	<input type="checkbox"/>	Provide HIV counseling	
_____	<input type="checkbox"/>	Offer condoms and lubricant	
_____	<input type="checkbox"/>	Collect blood for: <ul style="list-style-type: none"> <input type="checkbox"/> HIV Testing (please refer to the HIV testing algorithm found in Figure 11-4 of Appendix IX of the SSP for detailed information) <ul style="list-style-type: none"> ○ HIV Rapid test ○ Laboratory-based HIV immunoassay ○ HIV viral load (LoD <50 copies/mL) <input type="checkbox"/> Creatinine <i>NOTE: Do not perform if it was done during Step 4a</i> <input type="checkbox"/> LFTs (AST, ALT, total bilirubin, alkaline phosphatase) <input type="checkbox"/> Plasma Storage (must be collected prior to the loading dose) <input type="checkbox"/> Syphilis serologic testing <i>NOTE: Perform if not done within the last 6 months</i> 	
_____	<input type="checkbox"/>	Collect urine for GC/CT testing <i>NOTE: Perform testing at Day 0 if not done within the last 6 months</i>	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4b: Loading Dose Cabotegravir Injection – for participants initiating or restarting CAB injections Day 0			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Collect rectal swab for GC/CT testing <i>NOTE: Perform testing at Day 0 if not done within the last 6 months</i> <i>NOTE: If testing cannot be done locally, it may be done at another laboratory. Consult the LC for guidance.</i>	
_____	<input type="checkbox"/>	Collect unused product	
_____	<input type="checkbox"/>	Administer CAB injection	
_____	<input type="checkbox"/>	ISR Evaluation <i>NOTE: Do not actively solicit this information from participants.</i> <i>NOTE: If an ISR is reported, document on the ISR eCRF.</i> <i>NOTE: Symptoms experienced immediately at the time of an injection are NOT considered ISRs. No ISR assessment is required at the visit at which the injection is provided.</i>	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4b: Loading Dose Cabotegravir Injection – for participants initiating or restarting CAB injections			
Day 0			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Provide adherence counseling regarding attending CAB injection visits	
_____	<input type="checkbox"/>	Offer condoms and lubricant	
_____	<input type="checkbox"/>	Provide site contact information and instructions to report symptoms and/or clarify any questions	
_____	<input type="checkbox"/>	Schedule next study visit, if applicable	
_____	<input type="checkbox"/>	Provide participant reimbursement, if applicable	

Notes for Step 4b: Please refer to Table 8 of the Protocol for further guidance.

Comments: _____

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4c: Cabotegravir Injections Day 0, Weeks 8, 16, 24, 32, 40, and 48 <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Confirm participant identity and PTID	
_____	<input type="checkbox"/>	Obtain written informed consent for Version 6.0 of the Protocol ONLY if not obtained at a previous study visit. (Day 0) <i>Note: Participants should be followed under the appropriate Steps contained in Appendix V of the Protocol.</i>	
_____	<input type="checkbox"/>	Applicable only to participants who did <u>not</u> complete Step 4b (Day 0): <input type="checkbox"/> Discuss with participants the options for ongoing study participation and the Steps under OLE) <input type="checkbox"/> Administer Product Choice Assessment Questionnaire (Interviewer Administered) <i>NOTE: Do not repeat for participants who transition from Step 4b or Step 5 and completed these procedures in Steps 4a, 4b, or 5</i>	
_____	<input type="checkbox"/>	Review/update locator information	
_____	<input type="checkbox"/>	Interviewer-Administered, SMSQ (Day 0, Weeks 16 and 48) <i>Refer to instructions in the interviewer-administered assessments as well as the Schedule of Forms for whom and when these assessments should be administered</i>	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4c: Cabotegravir Injections Day 0, Weeks 8, 16, 24, 32, 40, and 48 <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Administer CASI (Day 0, Weeks 16 and 48) <i>Refer to instructions in the CASI assessments as well as the Schedule of Forms for whom and when these assessments should be administered</i>	
_____	<input type="checkbox"/>	Provide HIV counseling	
		Offer condoms and lubricant	
_____	<input type="checkbox"/>	Collect directed medical history (including concomitant medications)	
_____	<input type="checkbox"/>	Perform directed physical exam	
_____	<input type="checkbox"/>	Enter weight data to applicable CRF (Weeks 16 and 48)	

Participant ID

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Visit Date

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NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4c: Cabotegravir Injections Day 0, Weeks 8, 16, 24, 32, 40, and 48 <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Collect blood for: <u>At all visits:</u> <ul style="list-style-type: none"> <input type="checkbox"/> HIV Testing (please refer to the HIV testing algorithm found in Figure 11-4 of Appendix IX of the SSP for detailed information) <ul style="list-style-type: none"> ○ HIV Rapid test ○ Laboratory-based HIV immunoassay ○ HIV viral load (LoD <50 copies/mL) <input type="checkbox"/> Plasma storage (Must be collected prior to injection) <u>At Day 0, Weeks 24 and 48 visits</u> <ul style="list-style-type: none"> <input type="checkbox"/> Creatinine <i>Note: If it was performed during Step 4a or 4b, do not perform at Day 0 of Step 4c.</i> <input type="checkbox"/> LFTs (AST, ALT, total bilirubin, alkaline phosphatase) <input type="checkbox"/> Syphilis serology <i>Note: Perform testing at Day 0 if not done within the last 6 months; perform testing at all other visits as per Table 9 of the protocol</i> <u>At Week 48 visit:</u> <ul style="list-style-type: none"> <input type="checkbox"/> HCV Ab Testing <i>Note: Do not to be repeat if infection was documented at a prior visit.</i> 	
_____	<input type="checkbox"/>	Collect urine for GC/CT testing (Day 0, Weeks 24 and 48) NOTE: Perform testing at Day 0 if not done within the last 6 months	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4c: Cabotegravir Injections Day 0, Weeks 8, 16, 24, 32, 40, and 48 <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Collect rectal swab for GC/CT testing (Day 0, Weeks 24 and 48) <i>NOTE: Perform testing at Day 0 if not done within the last 6 months</i> <i>NOTE: If testing cannot be done locally, it may be done at another laboratory. Consult the LC for guidance.</i>	
_____	<input type="checkbox"/>	Administer CAB injections	
_____	<input type="checkbox"/>	Adherence counseling regarding attending CAB injection visits <i>NOTE: At Week 48 adherence counseling should be tailored to each participant. For example:</i> <ul style="list-style-type: none"> • A participant who wants to continue CAB injections either in Step 6 or through local PrEP services should be reminded of the importance of receiving their next injection within 8 weeks of Week 48. • A participant who does not want to continue CAB injections should be told where they can go locally for other PrEP services and reminded of the importance of continuous PrEP coverage. 	
_____	<input type="checkbox"/>	ISR Evaluation and reporting <i>NOTE: Do not actively solicit this information from participants.</i> <i>NOTE: If an ISR is reported, document on the ISR eCRF.</i> <i>NOTE: Symptoms experienced immediately at the time of an injection are NOT considered ISRs. No ISR assessment is required at the visit at which the injection is provided.</i>	

Participant ID

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Visit Date

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NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 4c: Cabotegravir Injections			
Day 0, Weeks 8, 16, 24, 32, 40, and 48			
<i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Provide site contact information and instructions to report symptoms and/or clarify any questions	
_____	<input type="checkbox"/>	Schedule next study visit, if applicable	
_____	<input type="checkbox"/>	Provide participant reimbursement, if applicable	

Note for Step 4c: Please refer to Table 9 of the Protocol for further guidance.

Comments:

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Schedule of Forms found in Appendix IX of the SSP

Step 5: (Open Label Daily Oral TDF/FTC) Day 0, Week 12, 24, 36, 48 (Weeks 60, 72, 84, 96, 108, 120, 132, 144 if required) <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Confirm participant identity and PTID	
_____	<input type="checkbox"/>	Obtain written informed consent for Version 6.0 of the Protocol ONLY if not obtained at a previous study visit. <i>Note: Participants should be followed under the appropriate Steps contained in Appendix V of the Protocol.</i>	
_____	<input type="checkbox"/>	Applicable only to participants who did <u>not</u> complete Steps 4a – 4c: <input type="checkbox"/> Discuss with participants the options for ongoing study participation and the Steps under OLE) <input type="checkbox"/> Administer Product Choice Assessment Questionnaire (Interviewer Administered)	
_____	<input type="checkbox"/>	Review/update locator information	
_____	<input type="checkbox"/>	Interviewer-Administered, SMSQ (Day 0, Weeks 24 and 48 (72, 96, 120, 144, if required)) <i>Refer to instructions in the interviewer-administered assessments as well as the Schedule of Forms for whom and when these assessments should be administered</i>	
_____	<input type="checkbox"/>	Administer CASI (Day 0, Weeks 24 and 48 (72, 96, 120, 144, if required)) <i>Refer to instructions in the CASI assessments as well as the Schedule of Forms for whom and when these assessments should be administered</i>	
_____	<input type="checkbox"/>	Collect directed medical history (including concomitant medications)	
_____	<input type="checkbox"/>	Perform directed physical exam	
_____	<input type="checkbox"/>	Enter weight data to applicable CRF	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 5: (Open Label Daily Oral TDF/FTC) Day 0, Week 12, 24, 36, 48 (Weeks 60, 72, 84, 96, 108, 120, 132, 144 if required) <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Provide HIV counseling	
_____	<input type="checkbox"/>	Offer condoms and lubricant	
_____	<input type="checkbox"/>	Collect blood for: <u>At all visits:</u> <input type="checkbox"/> HIV Testing (please refer to the HIV testing algorithm found in Figure 11-4 of Appendix IX of the SSP for detailed information) <ul style="list-style-type: none"> ○ HIV Rapid test ○ Laboratory-based HIV immunoassay ○ HIV viral load (LoD <50 copies/mL) <input type="checkbox"/> Plasma storage <input type="checkbox"/> DBS storage <u>At Day 0, Weeks 24 and 48 visits (72, 96, 120, 144, if required)</u> <input type="checkbox"/> Creatinine <i>NOTE: Defer testing at the discretion of the investigator if it was done within the last month prior to Day 0</i> <input type="checkbox"/> LFTs (AST, ALT, total bilirubin, alkaline phosphatase) <i>NOTE: If testing was performed within the last month prior to Day 0, testing may be deferred at the discretion of the site investigator.</i> <input type="checkbox"/> Syphilis serology <i>NOTE: Perform testing at Day 0 if it was not done within the last 6 months: perform testing at all other visits required.</i> <u>At Weeks 24 and 48 (72, 96, 120, 144, if required)</u> <input type="checkbox"/> HCV Ab Testing <i>NOTE: Do not repeat if infection was documented at a prior visit</i>	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 5: (Open Label Daily Oral TDF/FTC) Day 0, Week 12, 24, 36, 48 (Weeks 60, 72, 84, 96, 108, 120, 132, 144 if required) <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Collect urine for GC/CT testing and urinalysis (Day 0, Weeks 24 and 48 (72, 96, 120, 144, if required)) <i>NOTE: Perform STI testing at Day 0 if not done within the last 6 months: perform testing at all other visits required.</i>	
_____	<input type="checkbox"/>	Collect rectal swab for GC/CT testing (Day 0, Weeks 24 and 48) (72, 96, 120, 144, if required) <i>NOTE: Perform testing at Day 0 if not done within the last 6 months; perform testing at all other visits as noted</i>	
_____	<input type="checkbox"/>	Dispense pills	
_____	<input type="checkbox"/>	Provide adherence counseling <i>Adherence counseling at participant's last Step 5 study visit:</i> <ul style="list-style-type: none"> • <i>Participants ending study participation: counseling should include information about locally available PrEP services and a reminder of the importance of continuous PrEP coverage.</i> • <i>Participants moving to Step 6: these participants should receive adherence counseling as per site's SOP.</i> 	
_____	<input type="checkbox"/>	Provide site contact information and instructions to report symptoms and/or clarify any questions	
_____	<input type="checkbox"/>	Schedule next study visit, if applicable	
_____	<input type="checkbox"/>	Provide participant reimbursement, if applicable	

Notes for Step 5: Please refer to Table 10 of the Protocol for further guidance.

Comments: _____

Participant ID

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Visit Date

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NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 6: Cabotegravir Injections Weeks 56, 64, 72, 80, 88, 96 <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Confirm participant identity and PTID	
_____	<input type="checkbox"/>	Obtain written informed consent for Version 6.0 of the Protocol ONLY if not obtained at a previous study visit. <i>Note: Participants should be followed under the appropriate Steps contained in Appendix V of the Protocol.</i>	
_____	<input type="checkbox"/>	Review/update locator information	
_____	<input type="checkbox"/>	Provide HIV counseling	
_____	<input type="checkbox"/>	Offer condoms and lubricant	
_____	<input type="checkbox"/>	Collect directed medical history (including concomitant medications)	
_____	<input type="checkbox"/>	Perform directed physical exam	
_____	<input type="checkbox"/>	Enter weight data to applicable CRF (Weeks 72 and 96)	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 6: Cabotegravir Injections Weeks 56, 64, 72, 80, 88, 96 <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Collect blood for: <u>At all visits:</u> <ul style="list-style-type: none"> <input type="checkbox"/> HIV Testing (please refer to the HIV testing algorithm found in Figure 10 of the Protocol and figure 11-4 of Appendix IX of the SSP for detailed information) <ul style="list-style-type: none"> ○ HIV Rapid test ○ Laboratory-based HIV immunoassay ○ HIV viral load (LoD <50 copies/mL) <input type="checkbox"/> Plasma storage (Must be collected prior to injection) <u>At Weeks 72 and 96 visits</u> <ul style="list-style-type: none"> <input type="checkbox"/> LFTs (AST, ALT, total bilirubin, alkaline phosphatase) <u>At Weeks 56, 72, and 96 visits</u> <ul style="list-style-type: none"> <input type="checkbox"/> Syphilis serology <i>NOTE: Perform testing at Week 56 if not done within the last 6 months; perform testing at all other visits as noted</i> <u>At Week 96 visit:</u> <ul style="list-style-type: none"> <input type="checkbox"/> Creatinine <input type="checkbox"/> HCV Testing <i>NOTE: Testing does not need to be repeated if infection was documented at a prior visit. HCV Ab testing is required.</i>	
_____	<input type="checkbox"/>	Collect urine for GC/CT testing (Weeks 56, 72, and 96) <i>NOTE: Perform testing at Week 56 if not done within the last 6 months; perform testing at all other visits as noted</i>	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 6: Cabotegravir Injections Weeks 56, 64, 72, 80, 88, 96 <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Collect rectal swab for GC/CT testing (<u>Weeks 56, 72, and 96</u>) <i>NOTE: Perform testing at Week 56 if not done within the last 6 months; perform testing at all other visits as noted</i>	
_____	<input type="checkbox"/>	Administer CAB injections (Note for US sites: An injection can be provided at the last visit of Step 6 per the decision of the IoR. The participant should be linked to local CAB or best prevention services.)	
_____	<input type="checkbox"/>	Provide adherence counseling <i>NOTE #1: Adherence counseling at Week 96 should be tailored to each participant and include a reminder of the importance of receiving their next CAB injection or other PrEP through local services within 8 weeks of last injection.</i> <i>NOTE #2: A participant's final visit in Step 6 may occur before Week 96 if CAB is approved and available locally, or if a participant does not want to or cannot continue receiving CAB injections</i>	
_____	<input type="checkbox"/>	ISR Evaluation and reporting <i>NOTE #1: Only report on an eCRF an ISR that meets the definition of an SAE (others ISR should be documented in source documents). An ISR typically begins 24-48 hours after an injection.</i> <i>NOTE #2: Do not actively ask participants about IRS sign and symptoms; these should be reported by the participant and documented for the visit at which that injection occurred.</i> <i>REMINDER: symptoms experienced immediately at the time of an injection are NOT considered ISRs.</i>	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 6: Cabotegravir Injections Weeks 56, 64, 72, 80, 88, 96 <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Provide site contact information and instructions to report symptoms and/or clarify any questions	
_____	<input type="checkbox"/>	Schedule next study visit, if applicable	
_____	<input type="checkbox"/>	Provide participant reimbursement, if applicable	

Notes for Step 6: Please refer to Table 11 of the Protocol for further guidance.

Comments: _____

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 7: Cabotegravir Injections (For non-US sites ONLY)

Weeks 104, 112, 120, 128, 136, 144

Circle applicable visit week

NOTE: Study visits in Step 7 are all conducted if needed. Participants will end study participation on 31 March 2024 independently at what point they are in the study. Priority will be given to transitioning participants to local CAB or the ViiV access protocol if either becomes available before 31 March 2024. A memo will be provided with instructions to sites regarding the official end date in the participating country.

Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Confirm participant identity and PTID	
_____	<input type="checkbox"/>	Obtain written informed consent for Version 6.0 of the Protocol ONLY if not obtained at a previous study visit. <i>Note: Participants should be followed under the appropriate Steps contained in Appendix V of the Protocol.</i>	
_____	<input type="checkbox"/>	Review/update locator information	
_____	<input type="checkbox"/>	Provide HIV counseling	
_____	<input type="checkbox"/>	Offer condoms and lubricant	
_____	<input type="checkbox"/>	Collect directed medical history (including concomitant medications)	
_____	<input type="checkbox"/>	Perform directed physical exam	
_____	<input type="checkbox"/>	Enter weight data to applicable CRF (Weeks 120 and 144)	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 7: Cabotegravir Injections (For non-US sites ONLY)

Weeks 104, 112, 120, 128, 136, 144

Circle applicable visit week

NOTE: Study visits in Step 7 are all conducted if needed. Participants will end study participation on 31 March 2024 independently at what point they are in the study. Priority will be given to transitioning participants to local CAB or the ViiV access protocol if either becomes available before 31 March 2024. A memo will be provided with instructions to sites regarding the official end date in the participating country.

Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	<p>Collect blood for:</p> <p><u>At all visits:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> HIV Testing (please refer to the HIV testing algorithm found in Figure 10 of the Protocol and figure 11-4 of Appendix IX of the SSP for detailed information) <ul style="list-style-type: none"> ○ HIV Rapid test ○ Laboratory-based HIV immunoassay ○ HIV viral load (LoD <50 copies/mL) <input type="checkbox"/> Plasma storage (Must be collected prior to injection) <p><u>At Weeks 120 and 144 visits</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> LFTs (AST, ALT, total bilirubin, alkaline phosphatase) <p><u>At Weeks 104, 120, and 144 visits</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Syphilis serology <p><i>NOTE: Perform testing at Week 104 if not done within the last 6 months; perform testing at all other visits as noted</i></p> <p><u>At Week 144 visit:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Creatinine <input type="checkbox"/> HCV Testing <p><i>NOTE: Testing does not need to be repeated if infection was documented at a prior visit. HCV Ab testing is required.</i></p>	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 7: Cabotegravir Injections (For non-US sites ONLY)

Weeks 104, 112, 120, 128, 136, 144

Circle applicable visit week

NOTE: Study visits in Step 7 are all conducted if needed. Participants will end study participation on 31 March 2024 independently at what point they are in the study. Priority will be given to transitioning participants to local CAB or the ViiV access protocol if either becomes available before 31 March 2024. A memo will be provided with instructions to sites regarding the official end date in the participating country.

Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Collect urine for GC/CT testing (<u>Weeks 104, 120, and 144</u>) <i>NOTE: Perform testing at Week 104 if not done within the last 6 months; perform testing at all other visits as noted</i>	
_____	<input type="checkbox"/>	Collect rectal swab for GC/CT testing (<u>Weeks 104, 120, and 144</u>) <i>NOTE: Perform testing at Week 104 if not done within the last 6 months; perform testing at all other visits as noted</i>	
_____	<input type="checkbox"/>	Administer CAB injections	
_____	<input type="checkbox"/>	Provide adherence counseling <i>NOTE #1: Adherence counseling at the last Step 7 visit should be tailored to each participant and include a reminder of the importance of receiving their next CAB injection or other PrEP through local services within 8 weeks of last injection.</i> <i>NOTE #2: A participant's final visit in Step 7 may occur before Week 144 if CAB is approved and available locally, there is a ViiV access protocol, the study end date of 31 March 2024, or if a participant does not want to or cannot continue receiving CAB injections.</i>	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Step 7: Cabotegravir Injections (For non-US sites ONLY)

Weeks 104, 112, 120, 128, 136, 144

Circle applicable visit week

NOTE: Study visits in Step 7 are all conducted if needed. Participants will end study participation on 31 March 2024 independently at what point they are in the study. Priority will be given to transitioning participants to local CAB or the ViiV access protocol if either becomes available before 31 March 2024. A memo will be provided with instructions to sites regarding the official end date in the participating country.

Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	ISR Evaluation and reporting <i>NOTE #1: Do not actively ask participants about IRS signs and symptoms; these should be reported by the participant and documented for the visit at which that injection occurred.</i> <i>NOTE #2: Only report on an eCRF an ISR that meets the definition of an SAE (others ISR should be documented in source documents). An ISR typically begins 24-48 hours after an injection.</i> <i>REMINDER: symptoms experienced immediately at the time of an injection are NOT considered ISRs.</i>	
_____	<input type="checkbox"/>	Provide site contact information and instructions to report symptoms and/or clarify any questions	
_____	<input type="checkbox"/>	Schedule next study visit, if applicable	
_____	<input type="checkbox"/>	Provide participant reimbursement, if applicable	

Notes for Step 7: Please refer to Table 14 of the Protocol for further guidance.

Comments: _____

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Procedures and Evaluations – For Participants Who Are Not Continuing Under the OLE			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Confirm participant identity and PTID	
_____	<input type="checkbox"/>	Discuss with participants the new information per Version 6.0 of the Protocol	
_____	<input type="checkbox"/>	Obtain written informed consent for Version 6.0 of the Protocol ONLY if not obtained at a previous study visit.	
_____	<input type="checkbox"/>	Review/update locator information	
_____	<input type="checkbox"/>	Provide HIV counseling	
_____	<input type="checkbox"/>	Offer condoms and lubricant	
_____	<input type="checkbox"/>	Collect blood for: <ul style="list-style-type: none"> <input type="checkbox"/> HIV Testing (please refer to the HIV testing algorithm found in Figure 10 of the Protocol and Figure 11-4 of Appendix IX of the SSP for detailed information) <ul style="list-style-type: none"> ○ HIV Rapid test ○ Laboratory-based HIV immunoassay ○ HIV viral load (LoD <50 copies/mL) <input type="checkbox"/> Plasma storage <input type="checkbox"/> DBS storage <input type="checkbox"/> Syphilis serology* 	
_____	<input type="checkbox"/>	Collect urine for GC/CT* testing	
_____	<input type="checkbox"/>	Collect rectal swab for GC/CT* testing <i>NOTE: If testing cannot be performed at the local laboratory, testing at another laboratory will be considered</i>	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Procedures and Evaluations – For Participants Who Are Not Continuing Under the OLE			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Schedule next study visit, if applicable	
_____	<input type="checkbox"/>	Provide participant reimbursement, if applicable	

Notes: Please refer to Table 12 of the Protocol for further guidance.

**Perform testing only if not done within the last 6 months*

Comments: _____

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Procedures for Enrolled Participants who have a Reactive or Positive HIV Test Result* (HIV confirmation visit, Week 12, 24, 36, 48) <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Confirm participant identity and PTID	
_____	<input type="checkbox"/>	Review/update locator information	
_____	<input type="checkbox"/>	Collect directed medical history (including concomitant medications)	
_____	<input type="checkbox"/>	Perform directed physical exam	
_____	<input type="checkbox"/>	Provide HIV counseling (HIV confirmation visit only)	
_____	<input type="checkbox"/>	Collect blood for: <u>At all visits:</u> <input type="checkbox"/> Plasma storage <u>At HIV Confirmation visit</u> <input type="checkbox"/> HIV Testing (please refer to the HIV testing algorithm found in Figure 11-4 of Appendix IX of the SSP for detailed information) <ul style="list-style-type: none"> <input type="checkbox"/> HIV Rapid test <input type="checkbox"/> Laboratory-based HIV immunoassay <input type="checkbox"/> HIV viral load (LoD <50 copies/mL) <input type="checkbox"/> HIV resistance testing <input type="checkbox"/> DBS storage <u>At Confirmation Visit, Weeks 24 and 48 visits</u> <input type="checkbox"/> CD4 cell count <input type="checkbox"/> HIV viral load <u>At Weeks 24 and visits</u> <input type="checkbox"/> Creatinine <input type="checkbox"/> LFTs (AST, ALT, total bilirubin, alkaline phosphatase)	

Participant ID

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Visit Date

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INSTRUCTIONS: Enter staff initials next to each procedure completed. Do not initial procedures another staff member completed. If other staff members are not available to initial next to the procedure they completed, add a note on the checklist documenting who completed the procedure. If all procedures listed on a checklist are performed on the date entered in the top section of the checklist, it is not necessary to enter the date beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item. Bracketing procedures which are consecutive, and all done on the same date is also acceptable. If a procedure listed on the checklist is not performed, enter "ND" for "not done" or "NA" for "not applicable" beside the item and record the reason why (if not self-explanatory), initial and date this entry.

NOTE: Please refer to Protocol Appendix V for specific details.

For a listing of forms required at each visit, please refer to the updated Scheduled of Forms found in Appendix IX of the SSP

Procedures for Enrolled Participants who have a Reactive or Positive HIV Test Result* (HIV confirmation visit, Week 12, 24, 36, 48) <i>Circle applicable visit week</i>			
Initial/date	Completed	Procedures	Comments
_____	<input type="checkbox"/>	Offer condoms and lubricant	
_____	<input type="checkbox"/>	Provide site contact information and instructions to report symptoms and/or clarify any questions	
_____	<input type="checkbox"/>	Schedule next study visit, if applicable	
_____	<input type="checkbox"/>	Provide participant reimbursement, if applicable <i>NOTE: The Week 48 visit should be timed as closely as possible to 52 weeks after the participant received their last injection.</i>	

Note for Reactive or Positive HIV Test Results: Please refer to Table 12 of the Protocol for further guidance.

**HIV Confirmation Visit procedures apply to participants with a reactive or positive HIV test during Steps 4 a-c and 5, or at their final study visit (if not continuing under the OLE). Participants with a positive or reactive HIV test during the OLE or at their final study visit (if not continuing under the OLE) and have ever received an active CAB injection at any time during previous study conduct, will be followed according to Table 13 of the Protocol. Participants who have a positive or reactive HIV test during the OLE or at their final study visit (if not continuing under the OLE) and have only ever received oral TDF/FTC and/or oral CAB will be referred to local care. Procedures listed for Weeks 12, 24, 36, and 48 apply only to participants with confirmed HIV infection during Steps 4b and 4c of the study. Participants with confirmed HIV infection in Step 5 may undergo similar procedures as determined by the members of 083CMC@hptn.org. Participants with confirmed HIV infection in Step 4a will be terminated from the study and referred to local care.*

Comments: _____

1.2.7 Section 7: Participant Retention

Updates to Section 7.8: Participant Withdrawal

Sites will continue to implement existing retention strategies as per site's SOP; however, priority must be given to transitioning participants to local CAB LA.

Participants may voluntarily withdraw from the study for any reason at any time. Participants also may be withdrawn if the study sponsor, government or regulatory authorities (including Office for Human Research Protections [OHRP] and the FDA), or site IRBs terminate the study before its planned end date. Sites should make every reasonable effort to complete a final evaluation of participants who terminate from the study before the final protocol-dictated study week. Study staff will record the reason(s) for all withdrawals from the study in participants' study records.

In general, for participants who withdraw consent from the study prematurely during a study visit, all the study procedures required for that visit should be completed to the extent possible, except for the provision of study product, and will be considered their final visit. When possible, a plan should be made with the participant about how they'll receive laboratory test results from the final visit. For participants on oral TDF/FTC who withdraw consent from the study, every effort should be made to collect any unused study product.

Sites must terminate participants who have been lost to follow-up for 6 months or more. The timeline for the 6 months lost to follow-up begins at the participant's first missed visit.

1.2.8 Section 8: Study product considerations

Updates to Section 8.4: Dispensing, Labeling, and Study Product Return

The CAB study product (oral and LA injectable) being tested in this study has been approved by the US FDA and regulatory agencies in other countries, for the prevention of HIV-1 infection. Further information on the study product is available in the current prescribing information. The DAIDS Regulatory Support Center issues updated Investigator's Brochure (IB) typically on an annual basis, for sites that require it for submission to IRBs/ECs/other regulatory entities.

Participants in Step 4

Step 4a (Oral CAB Lead-In)

CAB 30 mg tablet, one tablet orally once daily for approximately 4 weeks prior to initiating CAB-LA injection. This is an optional oral CAB lead-in prior to receiving CAB-LA injection for participants originally randomized to TDF/FTC.

- When the participant in the TDF/FTC arm wishes to switch to CAB, a new prescription for unblinded oral active CAB signed by an authorized prescriber must be provided to the site pharmacist if the prescriber wishes to start the participant on oral CAB.
- The pharmacist will take the following steps to prepare and dispense unblinded active oral CAB to the participant:
 - Retrieve oral active CAB bottle with two part-label from Step 1 supply.
 - Retain both the un-blinded part and the blinded part of the two-part label on the CAB bottle. Do not tear off the un-blinded part of the two-part label from the bottle.
 - Place pharmacist-prepared participant- specific un-blinded label in such a way that the blinded part of the two-part label on the bottle is covered.
- The pharmacist prepared, participant-specific, un-blinded oral active CAB bottle will have the manufacturer's unblinded part of the two-part label and site pharmacist generated participant specific un-blinded label visible on the prepared bottle before dispensation.

Step 4b (CAB-LA Loading Dose)

CAB-LA600 mg administered as one 3 mL (600 mg) IM at the Step 4b visit. The participant will then transition to Step 4c four weeks later. This is for participants who are initiating CAB for the first time with or without oral CAB (Step 4a) or for participants who have been on cabotegravir during the study but have had a long absence of visits and require a reload of cabotegravir injection. See “Updates to Section 5.1- Study Visits” of Appendix IX of the SSP for further details on dosing frequency.

- A new prescription for unblinded injectable CAB-LA signed by an authorized prescriber must be provided to the site pharmacist.
- The pharmacist will take the following steps to prepare and dispense unblinded active injectable CAB-LA to the participant:
 - Retrieve injectable CAB-LA vial(s) from storage.
 - Prepare the injectable CAB dose in a syringe per Protocol. The overlay tape that covers the syringe barrel of the prepared unblinded, injectable CAB-LA in a syringe is not required.

- Place pharmacist-prepared participant-specific un-blinded label on the prepared syringe.

Step 4c (CAB-LA Maintenance Dose)

CAB-LA 600 mg administered as one 3 mL (600 mg) IM every 8 weeks for approximately one year. This is for participants transitioning from Step 4b, or for participants originally randomized to cabotegravir who choose to continue it and do not need reloading dose. See “Updates to Section 5.1- Study Visits” of Appendix IX of the SSP for further details on dosing frequency.

- A new prescription for unblinded injectable CAB-LA signed by an authorized prescriber must be provided to the site pharmacist.
- The pharmacist will take the following steps to prepare and dispense unblinded active injectable CAB-LA to the participant:
 - Retrieve injectable CAB-LA vial(s) from storage.
 - Prepare the injectable CAB dose in a syringe per Protocol. The overlay tape that covers the syringe barrel of the prepared unblinded, injectable CAB-LA in a syringe is not required.
 - Place pharmacist-prepared participant-specific un-blinded label on the prepared syringe.

Participants in Step 5:

TDF/FTC, one tablet orally once daily. This Step is for participants who choose to remain on or switch to oral TDF/FTC.

Participants who were originally randomized to oral TDF/FTC and choose to remain on oral TDF/FTC will be on TDF/FTC for three years from the time of enrollment.

Participants who were originally randomized to cabotegravir who choose to switch to TDF/FTC will be on TDF/FTC for 48 weeks from the last CAB-LA injection starting on Day 0 in Step 5 which begins 8 weeks after that participant's last injection, or for three years from the time of enrollment, whichever is longer.

Participants in Step 5 can change their mind and switch back from TDF/FTC to CAB once at any time during the remainder of the study.

- When the participant has been informed of their randomized assignment to the TDF/FTC arm and the participant wishes to continue TDF/FTC or participant in CAB arm wishes to switch to TDF/FTC, a new prescription for un-blinded oral active TDF/FTC signed by an authorized prescriber must be provided to the site pharmacist.

- The pharmacist will take the following steps to prepare and dispense un-blinded active oral TDF/FTC to the participant:
 - Retrieve open-label oral active TDF/FTC bottle from Step 3 supply.
 - Place pharmacist prepared participant-specific un-blinded label on the bottle and dispense.

Participants in Step 6 and 7:

CAB-LA 600 mg administered as one 3 mL (600 mg) IM every 8 weeks until participant study termination. This is for participants who complete follow-up in Step 4c and who wish to continue CAB LA while awaiting transition to local commercial CAB LA, ViiV access protocol, or the study end date on 31 March 2024. See “Updates to Section 5.1- Study Visits” of Appendix IX of the SSP for further details on dosing frequency.

- A new prescription for unblinded injectable CAB-LA signed by an authorized prescriber must be provided to the site pharmacist.
- The pharmacist will take the following steps to prepare and dispense unblinded active injectable CAB-LA to the participant:
 - Retrieve injectable CAB-LA vial(s) from storage.
 - Prepare the injectable CAB dose in a syringe per Protocol. The overlay tape that covers the syringe barrel of the prepared unblinded, injectable CAB-LA in a syringe is not required.
 - Place pharmacist-prepared participant-specific un-blinded label on the prepared syringe.

Prescriptions

A prescription for unblinded study product (oral active CAB, oral active TDF/FTC or injectable CAB-LA) signed by an authorized prescriber must be provided to the site pharmacist prior to preparation of study product. The prescription must include the Step number (4a, 4b, 4c, 5, 6, or 7), study product name, dose, strength, formulation, route, and volume (if applicable). For participants making their choice and initiating the OLE for the first time, the prescription should include a notation if the participant is switching between their original CAB arm or original TDF/FTC arm. For participants who wish to switch study product regimen after initiating the OLE, then the prescription should include a notation accordingly. See further details on prescription requirements in the *Pharmacy Guidelines and Instructions for DAIDS Clinical Trial Networks*.

Study Product Labeling

The site pharmacist must place a participant-specific label on the prepared study product in accordance with the local regulations and by following instructions provided in the *Pharmacy Guidelines and Instructions for DAIDS Clinical Trials Networks*.

1.2.9 Section 9: Clinical Considerations

Updates to Section 9.3.5.3: Neurologic Symptoms

It is not required to actively assess neurologic symptoms (seizure, trouble sleeping, vivid/strange dreams, dizziness, problems concentrating, lightheaded, tremor, vision changes, weakness, numbness/tingling, fainting). However, these symptoms will be assessed as part of the targeted physical exam as needed.

Updates to Section 9.4: Concomitant medications

The precautionary and prohibited medications are:

Cabotegravir:

- Not to be administered concurrently:
 - Cytotoxic chemotherapy or radiation therapy
 - carbamazepine
 - phenytoin
 - rifabutin
 - rifapentine
 - barbiturates
 - oxcarbazepine
 - phenobarbital
 - rifampin
 - St. John's wort

NOTE: Systemically administered immunomodulators is removed as a prohibited medication; that is, they can be administered to a participant on CAB.

- Prohibited within seven days before and seven days after an injection

- | | |
|---------------------------------------|----------------|
| ○ high dose aspirin (>325 mg per day) | ○ anagrelide |
| ○ apixaban | ○ argatroban |
| ○ bivalirudin | ○ clopidogrel |
| ○ dabigatran | ○ dalteparin |
| ○ enoxaparin | ○ fondaparinux |
| ○ heparin | ○ lepirudin |
| ○ prasugrel | ○ rivaroxaban |
| ○ ticagrelor | ○ ticlopidine |
| ○ warfarin | |

- Oral formulation precautions:
 - Antacid products containing divalent cations (e.g., aluminum, calcium, and magnesium) must be taken at least 2 hours before or at least 4-6 hours after the oral CAB administration.

Truvada®:

- Medications containing the following ingredients should not be administered concurrently:
 - emtricitabine or tenofovir disoproxil fumarate (e.g., ATRIPLA®, COMPLERA®, EMTRIVA, GENVOYA®, ODEFSEY®, STRIBILD®, or VIREAD, Descovy).
 - lamivudine (e.g. Combivir, Dutrebis, Epivir, Epivir-HBV, Epivir A/F, Epzicom, Triumeq, or Trizivir)
 - adefovir (e.g., HEPSERA®)
 - tenofovir alafenamide (e.g. Vemlidy)
 - didanosine (e.g., Videx EC)
 - atazanavir (e.g. Reyataz, Evotaz (atazanari/cobicistat))
 - ledipasvir/sofosbuvir (e.g. HARVONI®)
 - darunavir (e.g., Prezista)
 - lopinavir/ritonavir (e.g. Kaletra)
 - orlistat (e.g., Alli, Xenical)

Additional information regarding recommended, prohibited, and precautionary concomitant medications can be found in the cabotegravir IB and the Truvada® PI.

Site staff will document all concomitant medications/preparations (prescription and non-prescription), including alternative/complementary medications/preparations (e.g., herbs, vitamins, etc.) in the study participant's chart and on relevant CRFs. Alcohol and

recreational or street drug use reported by a participant during the study will be documented in the participant's chart only. Do not document it on the concomitant medication log.

Updates to Section 9.4.2: Considerations for Co-administration of Precautionary and Prohibited Medications

- Site clinician should clinically monitor co-administration of precautionary and prohibited medications, as per considerations below:
 - Drugs that are eliminated by active tubular secretion (e.g., acyclovir, cidofovir, ganciclovir, valacyclovir, valganciclovir, aminoglycosides (e.g., gentamicin), and high-dose (please refer to Table 9-1 below) or multiple NSAIDs), as these may increase concentrations of emtricitabine, tenofovir, and/or the co-administered drug.
 - Please report to the CMC if a participant takes a total daily dose of NSAIDs that meets or exceeds high dose, as designated in the Table 9-1 below, for MORE than 72 consecutive hours.
 - Acyclovir and valacyclovir may be used when indicated. If needed for treatment – sites do NOT need CMC permission for the use of these products, but sites should counsel the participant to increase hydration to avoid additive nephrotoxicity; no additional laboratory monitoring is required per protocol.
 - Drugs that decrease renal function (e.g., cause nephrotoxicity) as these may increase concentrations of emtricitabine and/or tenofovir.

Table 9-1: Comparable NSAID Dose Levels*

Nonselective NSAIDs	Low Dose	Medium Dose	High or Max Dose
Diclofenac potassium	50mg bid	50mg tid	50mg qid (in OA/RA only)
Diclofenac sodium	50mg bid	75mg bid	50mg qid or 100mg SR bid (in RA only)
Fenoprofen	200-300mg qid	600mg tid-qid	800mg qid
Flurbiprofen	50mg bid	50mg tid-qid	100mg tid
Ibuprofen	400mg tid	600mg tid-qid	800mg qid
Ketoprofen	25–50mg tid	75mg tid	IR =300mg/day (divide), SR =200mg/day
Naproxen	250mg tid	500mg bid	1250mg/day (divided)
Naproxen sodium	275mg tid	550mg bid	1375mg/day (divided)
Oxaprozin	600mg qd	1,200mg qd	1,200mg qd
Sulindac	150mg bid	200mg bid	200g bid
Piroxicam	10mg qd	20mg qd	40mg per day (not indicated for OA or RA)
Partially-selective NSAIDs	Low Dose	Medium Dose	High or Max Dose
Etodolac	200mg tid	400mg bid	1,200mg max (IR or SR divided doses)
Meloxicam/Mobic	7.5mg qd	7.5mg qd	15mg qd
Nabumetone	1,000mg qd	1,000mg bid	2,000mg/day (qd or divided bid)
Cox-2 inhibitors	Low Dose	Medium Dose	High or Max Dose
Celecoxib/Celebrex	200mg qd	200mg bid	200mg bid

COX = cyclo-oxygenase; IR = immediate release; NSAID = nonsteroidal antiinflammatory drug; OA = osteoarthritis; RA = rheumatoid arthritis; SR = sustained release

*This table does not represent exact or equivalent dosing conversions. It is based on U.S. Food and Drug Administration approved dosing ranges and comparative doses from clinical trials.

Source: www.ashp.org/empharmacy/NSAIDsConversiontools.pdf

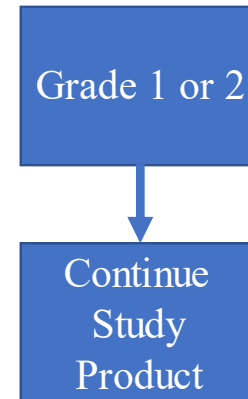
- Consult the CMC for guidance when a participant or provider decides it is in the participant's best interest to initiate PEP or if use of a prohibited medication is needed for treatment of a condition, including but not limited to TB or LTBI.

Updates to Section 9.8: Toxicity Management

Sites should regularly consult the HPTN 083 protocol Appendix V and the Toxicity Management Diagrams in this section for guidance related to toxicities. It should be noted that the Toxicity Management Guidance in Appendix V of the Protocol refers to several instances where the CMC must be contacted in the case of AE management and grading. AEs that require CMC consultation, the CMC should be notified as soon as possible, ideally within 72 hours of site's awareness.

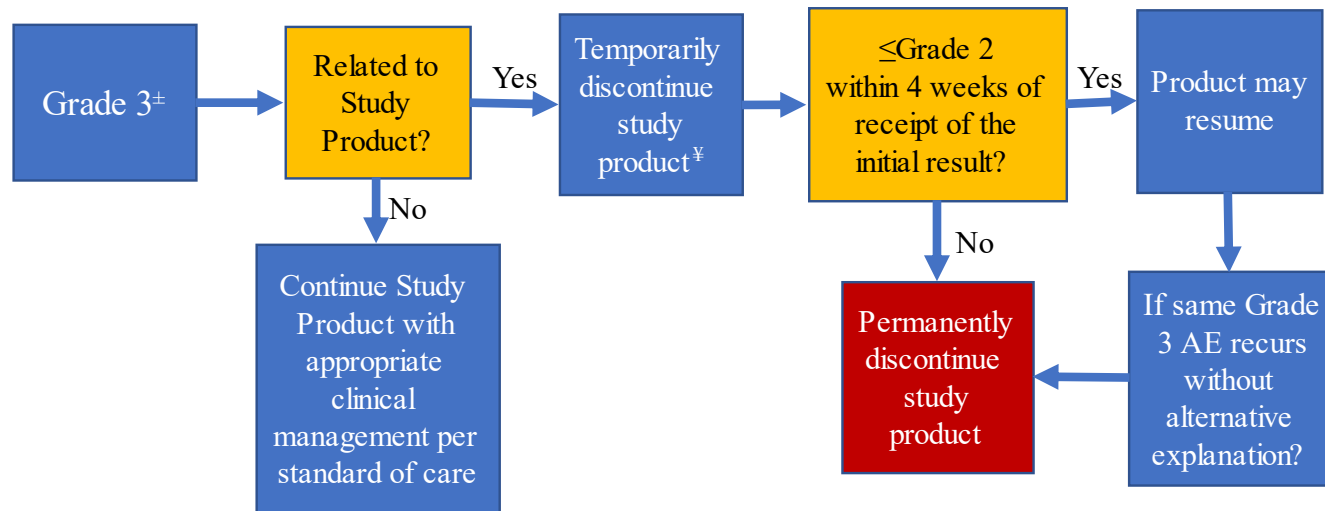
All toxicity management must be fully documented in participant study records. When the CMC is consulted in relation to toxicity management, all communication should be filed in participant study records.

General Guidance*



*General Guidance applies only to toxicities not addressed under *Guidance on Toxicity Management for Specified Toxicities*

General Guidance*

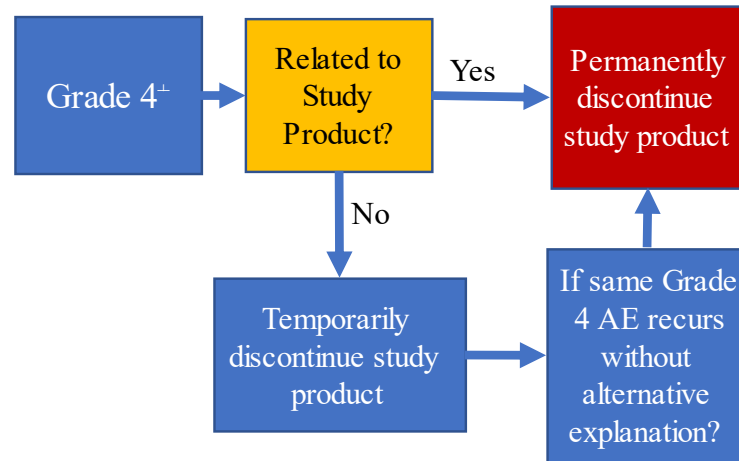


* General Guidance applies only to toxicities not addressed under *Guidance on Toxicity Management for Specified Toxicities*

[±] Any grade 3 or higher clinical or laboratory AE observed prior to their first injection of active CAB (i.e. in STEP 4a) will prompt consultation with the CMC prior to any injectable dosing

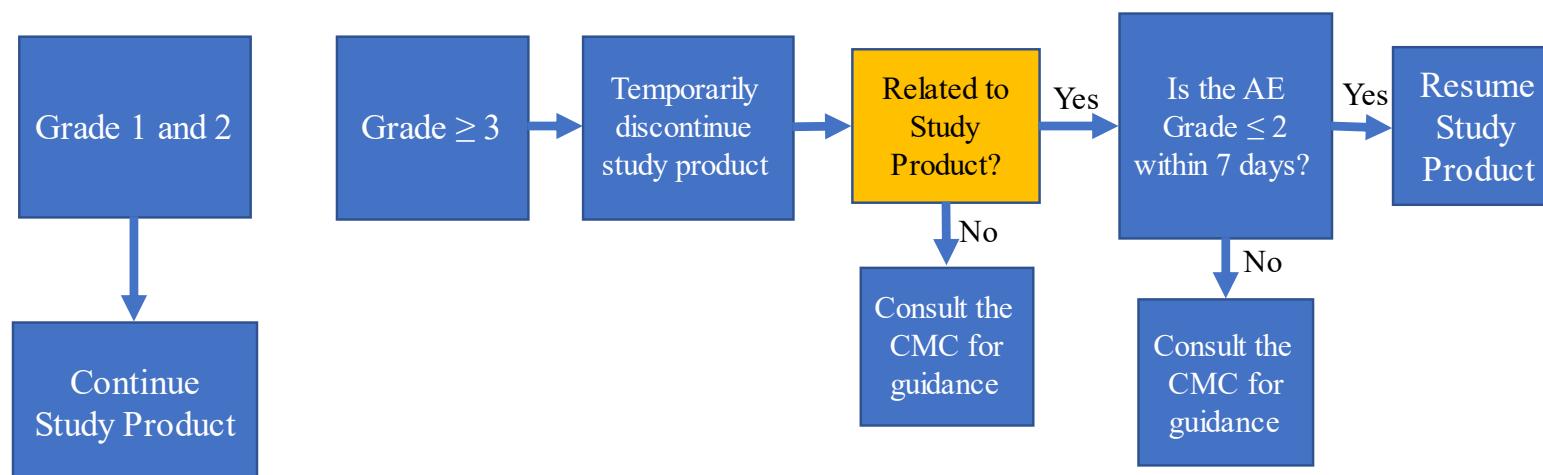
[¥] Investigator should re-evaluate the participant until resolution of the toxicity.

General Guidance*



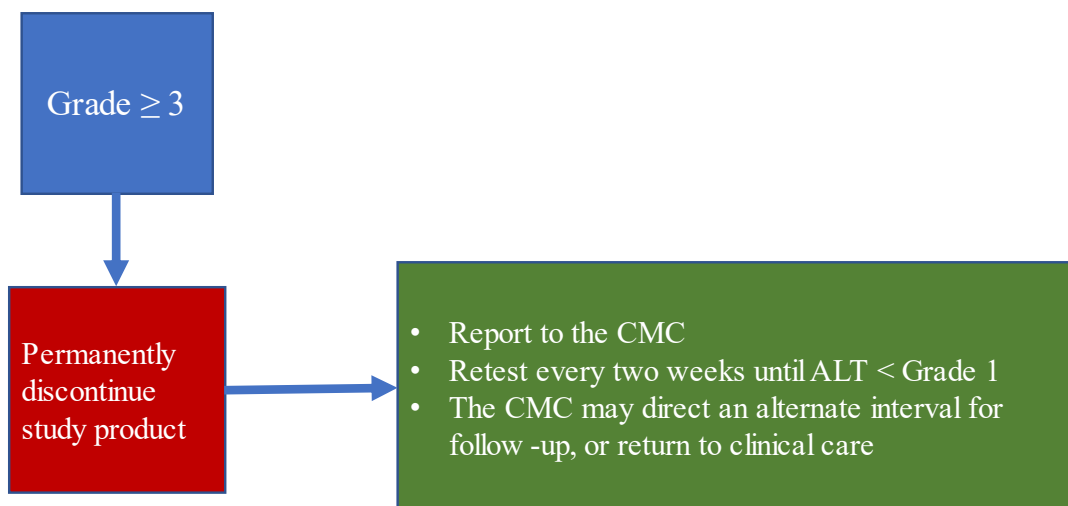
*General Guidance applies only to toxicities not addressed under *Guidance on Toxicity Management for Specified Toxicities*
±Any grade 4 or higher clinical or laboratory AE observed prior to their first injection of active CAB (i.e. in STEP 4a) will prompt permanent study product discontinuation.

Guidance on Toxicity Management for Specified Toxicities Nausea, Vomiting, and Diarrhea*

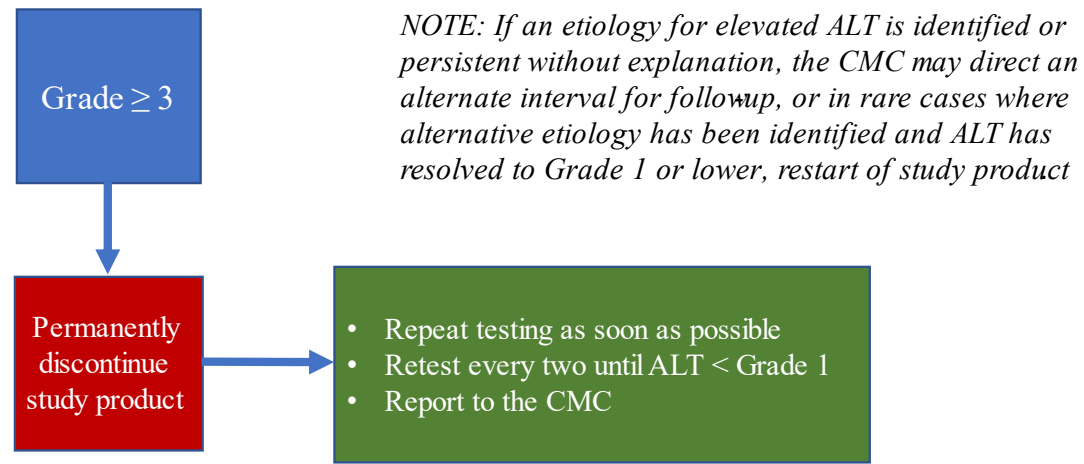


*For all grade levels, treat symptomatically

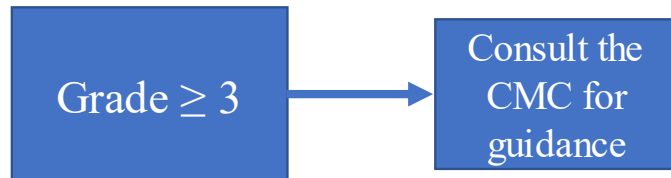
Guidance on Toxicity Management for Specified Toxicities
ALT Elevations
Oral CAB (Step 4a)



Guidance on Toxicity Management for Specified Toxicities
ALT Elevations
Injectable CAB (Steps 4b, 4c, and 6)



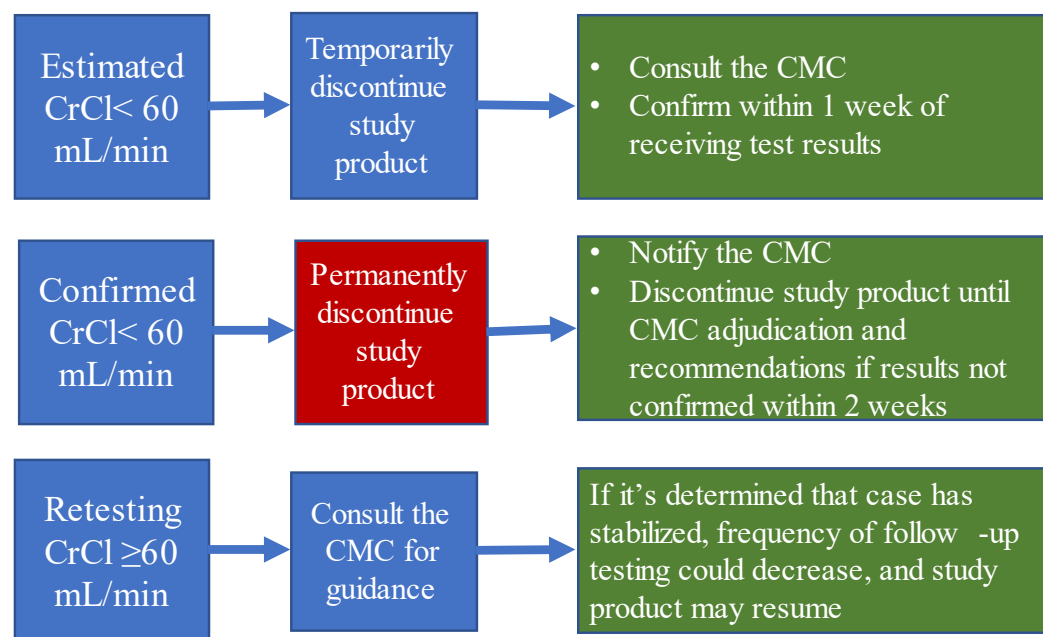
Guidance on Toxicity Management for Specified Toxicities
ALT Elevations
Oral label TDF/FTC (Step 5)



Guidance on Toxicity Management for Specified Toxicities

Creatinine Clearance

Oral label TDF/FTC (Step 5)

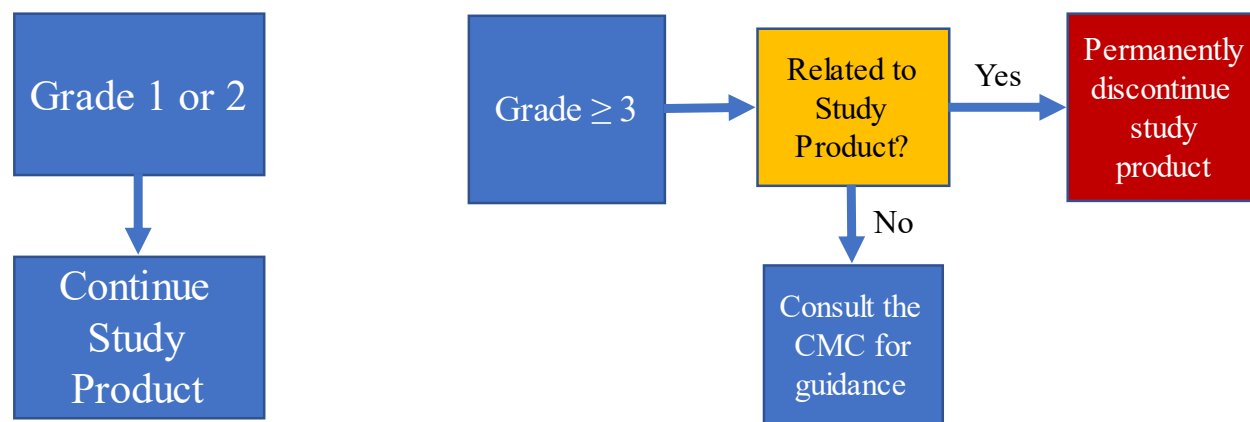


Adverse events related to creatinine clearance should be based on examination of BOTH the absolute creatinine clearance AND the change in creatinine clearance from baseline (Enrollment/ Visit 2.0).

Guidance on Toxicity Management for Specified Toxicities Injection Site Reactions (ISRs)

- Manage ISR discomfort symptomatically (e.g. cold/warm compress, acetaminophen, ibuprofen) Recommended interventions include:
 - Pre-treatment (prior to injection administration) warm compresses
 - Topical or oral pre-treatment with NSAID preparations, unless contraindicated
 - Immediate post-injection massage to injection location
 - Post-treatment warm or cold compresses
 - Post-treatment NSAID or other analgesic preparations, topically or orally
- Notify the CMC of extreme circumstance of an ISR that warrant premature transition from Step 4c to Step 5.
- During Step 6, only ISRs meeting the definition of an SAE or leading to discontinuation of study product will be entered into the database and such participants should be discontinued from the study. No need to contact the CMC in these cases. ISRs that are Grade 3 or higher that do not meet the above criteria do not need to be entered into the database.

Guidance on Toxicity Management for Specified Toxicities Allergic Reactions



Updates to Section 9.10: Sexually Transmitted Infections (STIs)

Testing for GC/CT and syphilis will continue under the OLE. Participants who test positive will be referred for treatment of STIs as per local guidelines. Symptomatic screening for STIs beyond what is required by the Protocol will be performed at a site's discretion. The costs associated may come out of each site's respective per participant study reimbursements.

Sites will determine if syphilis testing meets the criteria for incident infection and will document on the relevant eCRF. Sites no longer need to consult the CMC regarding syphilis testing results. Syphilis infections deemed incident by the site IoR should continue to be documented on the STI and AE eCRFs.

Upon initial entry into the OLE, any participant who has not had asymptomatic STI screening in the previous 6 months should have STI testing performed at that OLE initial visit.

Sites will document all STIs on the Adverse Event e-CRF and the STI e-CRF (See Version 6.0 Clarification Memo #1).

Updates to Section 9.10.1: Hepatitis B and Hepatitis C

Participants on Step 4c and Step 6 will have HCV antibody testing performed approximately annually (per Tables 9 and 11 of the Protocol). During follow-up, HCV infection will not require discontinuation of study product unless otherwise indicated per the Toxicity Management Guidance in Appendix V of the Protocol.

1.2.10 Section 10: Adverse Event Reporting and Safety Monitoring

Updates to Section 10.3: Documenting Adverse Events

Study site staff will document all AEs reported or observed in study participants, regardless of presumed attribution, seriousness, or severity, in the study source documentation.

Updates to Section 10.6: Reporting Adverse Events to the HPTN SDMC

Site staff will document in source documents and the appropriate e-CRF AEs all Grade 2 and higher clinical and laboratory AEs, and all AE (clinical or laboratory) that leads to a study product hold (temporary or permanent) regardless of severity and presumed relationship to study product. AE severity will be graded per the DAIDS Table for

Grading Adult and Pediatric Adverse Events, Version 2.1 corrected, July 2017. STIs will be dually reported on the AE e-CRF as well as the STI e-CRF.

For participants in Step 6 or 7: Grade 3 and higher study drug related clinical and laboratory AEs, any AE related to study drug discontinuation (temporary or permanent), and any SAE will be captured on the AE e-CRFs. These include AEs reported by or observed in enrolled (defined as after randomization has occurred) study participants. AE severity will be graded per the DAIDS Table for Grading Adult and Pediatric Adverse Events, Version 2.1 corrected, July 2017. STIs will be dually reported on the AE e-CRF as well as the STI e-CRF.

Updates to Section 10.10: Social Impact Reporting

Sites will continue to document on the applicable CRF any social impact reported by the participant in Steps 4a-c and 5 only. “Social Impact” reporting will not take place for participants in Step 6 or 7. It is possible that participants' involvement in the study could become known to others and that a social impact may result (i.e., because participants could be perceived as being HIV-infected or at risk or "high risk" for HIV infection). For example, participants could be treated unfairly or have problems being accepted by their families and/or communities. A social impact reported by the participant and judged by the IoR/designee to be serious or unexpected will be reported to the responsible site's IRBs annually or per IRB/EC requirements. Sites will provide appropriate care, counseling, and appropriate referral to any participant that reports a social impact. All actions taken by the site to address social impacts must be documented in the participants' study chart. While maintaining participant confidentiality, study sites may engage their CAB in exploring the social context surrounding instances of social impacts to minimize the potential occurrence of such an impact.

Updates to Section 10.11: AE Reporting

HIV acquisition (seroconversion) is the primary study endpoint and is thus not considered an AE for data collection or reporting purposes. “HIV infection” should not be reported as an AE or written anywhere on an AE Log CRF.

However, primary HIV infection is often symptomatic, and a constellation of symptoms may best be summarized as primary HIV infection illness. In this case, as in other cases when symptoms are best expressed as a unifying diagnosis, it is important to use that summary diagnosis. Thus, if a participant seroconverts and develops one or more signs or symptoms of acute HIV-infection, it is appropriate to report these sign(s)/symptom(s) as a single AE using ONLY the term “viral infection” for Item 1 within the AE Log CRF. Use the alternative etiology section of the AE Log CRF to describe each HIV-related sign/symptom (e.g., fatigue, pharyngitis, etc.).

Complete the other items on the AE Log CRF per the general form instructions. The onset date should be completed using the date on which the participant first reported experiencing the first sign/symptom of acute HIV-infection. If there is more than one HIV-related sign/symptom, record the highest severity grade. A viral infection AE is considered ‘resolved’ when all the associated signs/symptoms have resolved or returned to baseline per participant report, and medications for the symptoms are no longer indicated. Mark any medications indicated and taken for the associated symptoms, if applicable.

If one or more signs/symptoms reported on separate AE Log entries are later attributed to acute HIV-infection, change the earliest reported sign/symptom page to the “viral infection” diagnosis and list any other signs or symptoms in the alternative etiology section of the AE Log page. Inactivate the applicable AE log line within Medidata Rave.

1.2.11 Section 11: Lab Considerations

The following schedules will be followed for participants in the OLE:

Table 11-6: Schedule of Study Visits and Specimen Collection – Step 4a

Step 4a		
	Day 0	Week 4
HIV testing ¹	X	X
Chemistry testing (creatinine only) ²	X	X
LFT ² (AST, ALT, total bilirubin, alkaline phosphatase)	X	X
Plasma Storage ³	X	X
Syphilis serologic testing ⁴	X	
Urine GC/CT testing ⁴	X	
Rectal swab GC/CT testing ⁴	X	

¹ Following the HIV algorithms described in SSP figure 11-4. HIV testing does not need to be performed after confirmation of HIV infection (based on results from samples collected on two separate dates).

² If testing was performed within the last month prior to Day 0, testing may be deferred at the discretion of the site investigator.

³ See section 11.4 for plasma processing and storage instructions.

Table 11-7: Schedule of Study Visits and Specimen Collection – Step 4b

Step 4b	
	Day 0
HIV testing ¹	X
Chemistry testing (creatinine only) ²	X
LFT (AST, ALT, total bilirubin, alkaline phosphatase)	X
Plasma Storage ³	X
Syphilis serologic testing ⁴	X
Urine GC/CT testing ⁴	X
Rectal swab GC/CT testing ⁴	X

⁴ Perform testing at Day 0 only if not done within the last 6 months

¹ Following the HIV algorithms described in SSP figure 11-4. HIV testing does not need to be performed after confirmation of HIV infection (based on results from samples collected on two separate dates).

² If testing was performed during step 4a, do not perform at Day 0 of step 4b.

³ See section 11.4 for plasma processing and storage instructions. Blood must be collected prior to the loading dose.

⁴ Perform testing at Day 0 only if not done within the last 6 months

Table 11-8: Schedule of Study Visits and Specimen Collection – Step 4c

Step 4c							
	Day 0	Week 8	Week 16	Week 24	Week 32	Week 40	Week 48
HIV testing ¹	X	X	X	X	X	X	X
HCV antibody testing ²							X
Chemistry testing (creatinine only) ³	X			X			X
LFT (AST, ALT, total bilirubin, alkaline phosphatase)	X			X			X
Syphilis serological testing	X ⁵			X			X
Urine GC/CT testing	X ⁵			X			X
Rectal swab GC/CT testing	X ⁵			X			X
Plasma Storage ⁴	X	X	X	X	X	X	X

¹ Following the HIV algorithms described in SSP figure 11-4. HIV testing does not need to be performed after confirmation of HIV infection (based on results from samples collected on two separate dates).

² Testing does not need to be repeated if infection was documented at a prior visit.

³ If creatinine test was performed during Step 4a or 4b, do not perform at Day 0 of Step 4c.

⁴ See section 11.4 for plasma processing and storage instructions. Must be collected prior to injection.

⁵ Perform testing at Day 0 only if not done within the last 6 months

Table 11-9: Schedule of Study Visits and Specimen Collection – Step 5

Step 5			
	Day 0	Weeks 12, 36, (60, 84, 108, 132, if required)	Week 24, 48 (72, 96, 120, 144, if required)
HIV testing ¹	X	X	X
HCV antibody testing ²			X
Chemistry testing (creatinine only) ³	X		X
LFT ⁴ (AST, ALT, total bilirubin, alkaline phosphatase)	X		X
Syphilis serological testing	X ⁵		X
Urine GC/CT testing	X ⁶		X
Rectal swab GC/CT testing	X ⁷		X
Urinalysis (protein and glucose)	X		X
Plasma Storage ⁸	X	X	X
DBS storage ⁹	X	X	X

¹ Following the HIV algorithms described in SSP figure 11-4. HIV testing does not need to be performed after confirmation of HIV infection (based on results from samples collected on two separate dates).

² Testing does not need to be repeated if infection was documented at a prior visit.

³ If testing was performed within the last month prior to Day 0, testing may be deferred at the discretion of the site investigator.

⁴ If testing was performed within the last month prior to Day 0, testing may be deferred at the discretion of the site investigator.

⁵ Perform testing at Day 0 only if not done within the last 6 months.

⁶ Perform testing at Day 0 only if not done within the last 6 months

⁷ Perform testing at Day 0 only if not done within the last 6 months

⁸ See section 11.4 for plasma processing and storage instructions.

⁹ See section 11.5 for DBS processing and storage instructions.

Table 11-10: Schedule of Study Visits and Specimen Collection – Step 6

Step 6						
	Week 56	Week 64	Week 72	Week 80	Week 88	Week 96
HIV testing ¹	X	X	X	X	X	X
HCV antibody testing ²						X
Chemistry testing (creatinine only)						X
LFT (AST, ALT, total bilirubin, alkaline phosphatase)			X			X
Syphilis serological testing	X ³		X			X
Urine GC/CT testing	X ³		X			X
Rectal swab GC/CT testing	X ³		X			X
Plasma Storage ⁴	X	X	X	X	X	X

¹ Following the HIV algorithms described in SSP figure 11-4. HIV testing does not need to be performed after confirmation of HIV infection (based on results from samples collected on two separate dates).

² Testing does not need to be repeated if infection was documented at a prior visit.

³ Perform testing at Week 56 if not done within the last 6 months

⁴ See section 11.4 for plasma processing and storage instructions. Must be collected prior to injection.

Table 11-11: Schedule of Study Visits and Specimen Collection – Step 7 (Non-US sites only)

Step 6						
	Week 104	Week 112	Week 120	Week 128	Week 136	Week 144
HIV testing ¹	X	X	X	X	X	X
HCV antibody testing ²						X
Chemistry testing (creatinine only)						X
LFT (AST, ALT, total bilirubin, alkaline phosphatase)			X			X
Syphilis serological testing	X ³		X			X
Urine GC/CT testing	X ³		X			X
Rectal swab GC/CT testing	X ³		X			X
Plasma Storage ⁴	X	X	X	X	X	X

¹ Following the HIV algorithms described in SSP figure 11-4. HIV testing does not need to be performed after confirmation of HIV infection (based on results from samples collected on two separate dates).

² Testing does not need to be repeated if infection was documented at a prior visit.

³ Perform testing at Week 104 if not done within the last 6 months

⁴ See section 11.4 for plasma processing and storage instructions. Must be collected prior to injection.

Table 11-12: Schedule of Specimen Collection – Participants Who Are Not Continuing Under the OLE

	Day 0
HIV testing ¹	X
Syphilis serological testing	X ²
Urine GC/CT testing	X ³
Rectal swab GC/CT testing	X ⁴
Plasma Storage ⁵	X
DBS storage ⁶	X

¹ Following the HIV algorithms described in SSP figure 11-4. HIV testing does not need to be performed after confirmation of HIV infection (based on results from samples collected on two separate dates).

² Perform testing if not done within the last 6 months.

³ Perform testing if not done within the last 6 months.

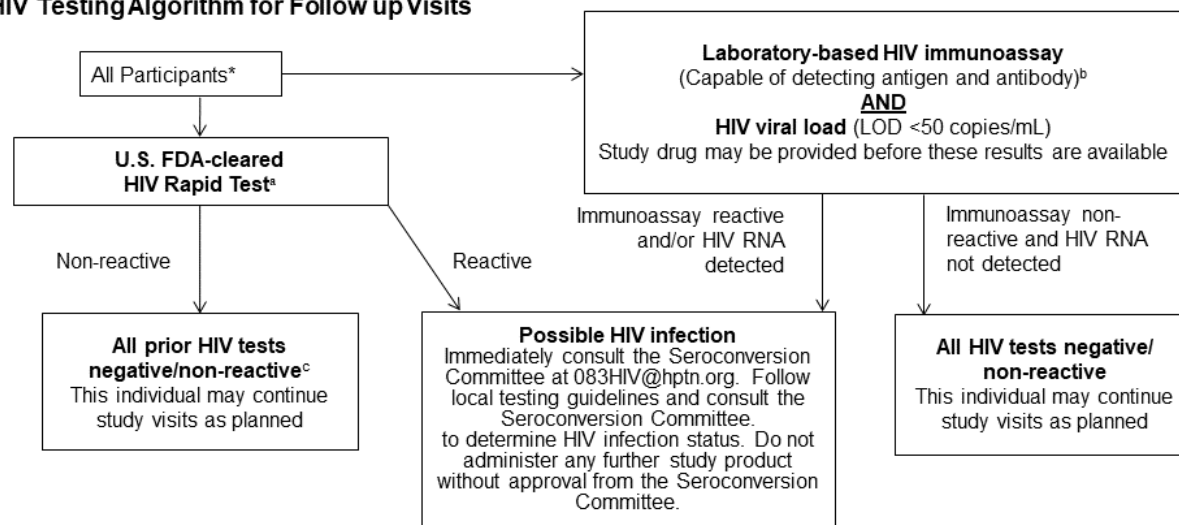
⁴ Perform testing if not done within the last 6 months.

⁵ See section 11.4 for plasma processing and storage instructions.

⁶ See section 11.5 for DBS processing and storage instructions.

Figure 11.4 HIV Testing Algorithm for Follow up Visits:

HIV Testing Algorithm for Follow up Visits



NOTES:

^a If acute HIV infection is suspected, do not administer any further study product. Immediately consult the Seroconversion Committee. In addition to following the algorithm above, the site should send a sample for an RNA test that, in the opinion of the site investigator, is able to detect early HIV infection. If possible, the site should use an assay that is FDA-cleared for early HIV diagnosis, such as the APTIMA HIV-1 RNA Qualitative Assay. The site should contact the Seroconversion Committee (083HIV@hptn.org) for additional guidance once all of the test results from this visit (including the HIV RNA test) are available.

^a Sites that are not able to obtain HIV rapid test kits that are cleared by the US FDA may seek approval from the HPTN LC to use an alternate kit.

^b This testing must be performed using a laboratory based, non-rapid HIV immunoassay that detects both HIV antigen and HIV antibody (either a 4th generation or 5th generation assay).

^c At any visit where study product will be given, the site must ensure that the HIV rapid test from this visit, and all HIV results from prior study visits are negative or non-reactive.

Site laboratories should aim to have **HIV Viral Load** results back to the clinical team within approximately 5 working days.

Table 11-6: Schedule for Additional Procedures for Enrolled Participants who have a Reactive or Positive HIV Test Result (including HIV confirmatory visit)

The procedures listed for the HIV Confirmation Visit apply to participants who have a reactive or positive HIV test during Steps 4 a-c and 5, or at their final study visit if not continuing participation under the OLE. Participants who have a positive or reactive HIV test during the OLE or at their final study visit (if not continuing under the OLE) and have ever received an active CAB injection at any time during previous study conduct, will be followed according to Table 12. Participants who have a positive or reactive HIV test during the OLE or at their final study visit (if not continuing under the OLE) and have only ever received oral TDF/FTC and/or oral CAB but never an active CAB injection will be referred to local care. The procedures listed for Weeks 12, 24, 36, and 48 apply only to participants with confirmed HIV infection during Steps 4b and 4c of the study. Participants with confirmed HIV infection in Step 5 of the study may undergo similar procedures as listed in Weeks 12, 24, 36, and 48, and will be determined by the members of 083HIV@hptn.org. Participants with confirmed HIV infection in Step 4a will be terminated from the study and referred to local care.

	HIV Confirmation visit	Week 12	Week 24	Week 36	Week 48¹
HIV testing ²	X				
CD4 cell count.	X		X		X
HIV Viral Load Testing	X		X		X
HIV resistance testing ³	X				
Chemistry Testing (creatinine only)			X		X
LFT (AST, ALT, total bilirubin, alkaline phosphatase)			X		X
Plasma Storage ⁴	X	X	X	X	X
DBS storage ⁵	X				

¹ The Week 48 visit should be timed as closely as possible to 52 weeks after the participant received their last injection.

² The HIV confirmation visit procedures, sample collection, and testing are to be performed on a different day from day of sample collection where the participant had an initial reactive/positive HIV test result. Procedures for the HIV Confirmation Visit are provided in the SSP Manual. If HIV rapid testing is included in the HIV testing algorithm, this testing may be performed in the clinic or the laboratory.

³ Sites will collect specimens for resistance testing at a local laboratory to assist with clinical management; results from resistance testing performed at local laboratories will not be reported to the SDMC. Stored plasma cannot be used for real-time/local resistance testing.

⁴ See section 11.4 for plasma processing and storage instructions.

⁵ See section 11.5 for DBS processing and storage instructions.

Shipping of Samples to the HPTN Laboratory Center

Quarterly shipments of plasma and dried blood spots (DBS) will not take place for specimens collected in the OLE.

Samples for shipment will be specifically requested by the HPTN LC or the SDMC.

Sites may continue to store specimens as requested in Version 3.0 of the SSP or may adopt a storage system that is suitable to the individual site needs and meets study requirements.

1.2.12 Section 12: Counseling Considerations

Sites should continue to provide HIV pre- and post-testing counseling per site SOPs, as well as the appropriate adherence counseling based on the participant's choice under the OLE (initiate or continue on CAB or TDF/FTC), also per site SOPs. Additionally, the relevant information from the HPTN 083 Adherence Counseling Manual may be utilized and can be found in the Microsoft Teams site here: HPTN Study Documents - HPTN 083\Trainings\Version 1.0. Note that some elements of the manual are geared toward the blinded, randomized portion of the study; however, there are several elements that remain relevant and useful.

1.2.13 Section 13: Data Management

Open-label Extension (OLE) Visit Scheduling: Target Days and Visit Windows

Whenever possible, visits should be completed on the target day, which is based on Day 0 of the Step chosen for the participant, or within the target visit window. Allowable visit windows are an extension of the target windows and are contiguous; therefore, any visit is allowable. When necessary, visits may be completed inside the allowable window.

The following tables list the HPTN 083 visit codes, target days and visit windows for each study visit in the OLE for scheduling guidance. All windows are listed in days.

Participants originally randomized to oral TDF/FTC who choose to continue on TDF/FTC will be followed until three years from the date of enrollment. Participants originally randomized to CAB who choose to initiate TDF/FTC, as well as participants who transition from Step 4b or Step 4c (after completion or prematurely) to Step 5 will be followed for 48 weeks (until Visit 105 or Visit 125) or for three years from enrollment, whichever is longer. The timeline for Day 0 begins 8 weeks after participant's last injection, even if the participant does not report to the Day 0 visit (or the Week 12 visit, etc.). The timeline for Step 5 continues whether a participant attends visits or not.

Whenever possible, visits should be completed on the target day, which is based on the Day 0, or within the target visit window. Visits conducted outside of the target visit windows are allowable without restriction. Allowable visit windows are an extension of the target windows and are contiguous. When necessary, visits may be completed inside the allowable window.

Week	Visit Code	Target day	Target visit window (±varies days)	Allowable visit window (± varies days)	Allowable visit window
Step 4a					
Step 4a - Day 0	61	0	(0, 3)	+13	(0, 13)
Step 4a - Week 4	62	28	(25, 31)	-14 / +3	(14, 31)
Step 4b - Day 0*	63	35**	(32, 38)	-3/ +13	(32, 48)

* Once this visit is completed, please refer to the visit windows table for Step 4b.

** The participant can be scheduled as soon as the test results are back from Step 4a - Week 4.

Week	Visit Code	Target day	Target visit window (±varies days)	Allowable visit window (± varies days)	Allowable visit window
Step 4b					
Step 4b - Day 0	63	0	(0, 3)	+13	(0, 13)
Step 4c - Day 0*	64	28	(25, 31)	-14/+27	(14, 55)

* Once this visit is completed, please refer to the visit windows table for Step 4c.

Week	Visit Code	Target day	Target visit window (±varies days)	Allowable visit window (± varies days)	Allowable visit window
Step 4c					
Step 4c - Day 0	64	0	(0, 3)	+27	(0, 27)
Step 4c - Week 8	65	56	(49, 63)	-28 / +27	(28, 83)
Step 4c - Week 16	66	112	(105, 119)	-28 / +27	(84, 139)
Step 4c - Week 24	67	168	(161, 175)	-28 / +27	(140, 195)
Step 4c - Week 32	68	224	(217, 231)	-28 / +27	(196, 251)
Step 4c - Week 40	69	280	(273, 287)	-28 / +27	(252, 307)
Step 4c - Week 48	70	336	(329, 343)	-28 / +27	(308, 363)
Step 6 - Week 56*	71	392	(385, 399)	-28 / +27	(364, 419)
Step 5 – Day 0**	101	<8 weeks from the last injection	(0, 14)	+42	(0, 42)

* If site has Protocol Version 6.0 approval, continue from Step 4c - Week 48 to Step 6 – Week 56.

** If site does not have Protocol Version 6.0 approval, continue from Step 4c - Week 48 to Step 5 – Day 0.

Week	Visit Code	Target day	Target visit window (±varies days)	Allowable visit window (± varies days)	Allowable visit window
Step 5					
Step 5 - Day 0	101	0	(0, 14)	+42	(0, 42)
Step 5 - Week 12	102	84	(70, 98)	-41 / +42	(43, 126)
Step 5 - Week 24	103	168	(154, 182)	-41 / +42	(127, 210)
Step 5 - Week 36	104	252	(238, 266)	-41 / +42	(211, 294)
Step 5 - Week 48	105	336	(322, 350)	-41 / +42	(295, 378)
Step 5 - Week 60	106	420	(406, 434)	-41 / +42	(379, 462)
Step 5 - Week 72	107	504	(490, 518)	-41 / +42	(463, 546)
Step 5 - Week 84	108	588	(574, 602)	-41 / +42	(547, 630)
Step 5 - Week 96	109	672	(658, 686)	-41 / +42	(631, 713)

NOTE: If participant moved from Step 4c - week 48 to Step 5 before Version 6.0 approval, continue from Step 5 to Step 6 - Week 56 at first visit after IRB approval.

Week	Visit Code	Target day	Target visit window (±varies days)	Allowable visit window (± varies days)	Allowable visit window
Step 6					
Step 6 - Week 56*	71	0	(0, 33)	+27	(0, 27)
Step 6 - Week 64	72	56	(49, 63)	-28 / +27	(28, 83)
Step 6 - Week 72	73	112	(105, 119)	-28 / +27	(84, 139)
Step 6 - Week 80	74	168	(161, 175)	-28 / +27	(140, 195)
Step 6 - Week 88	75	224	(217, 231)	-28 / +27	(196, 251)
Step 6 - Week 96	76	280	(273, 287)	-28 / +27	(252, 307)

*If participant moves to Step 6 from a Step 5 visit, Step 6 – Week 56 functions as the Day 0 visit for calculating Step 6 windows. Otherwise, continue to calculate targets based on the Step 4c schedule.

Week	Visit Code	Target day	Target visit window (±varies days)	Allowable visit window (± varies days)	Allowable visit window
Step 7					
Step 7 - Week 104	131	0	(0 , 7)	+27	(0 , 27)
Step 7 - Week 112	132	56	(49 , 63)	-28 / +27	(28 , 83)
Step 7 - Week 120	133	112	(105 , 119)	-28 / +27	(84 , 139)
Step 7 - Week 128	134	168	(161 , 175)	-28 / +27	(140 , 195)
Step 7 - Week 136	135	224	(217 , 231)	-28 / +27	(196 , 251)
Step 7 - Week 144	136	280	(273 , 287)	-28 / +27	(252 , 307)

Open-label Extension (OLE): Step Transitions

At a participant's first visit under protocol Appendix V, the participant chooses whether to continue in the OLE. If the participant opts to continue, record the choice by marking either TDF/FTC or CAB-LA on the Product Choice form. A Product Hold/Discontinuation form should NOT be completed when a participant moves to the OLE.

It is mandatory to complete the Product Choice form for any participant who has not terminated when the OLE is approved for the site.

If the participant does not opt to move to the OLE, they should be terminated. An interim visit should be completed based on the last visit that was recorded in Rave (either attended or missed) and the Termination form completed in that interim visit folder.

If CAB-LA is selected, the applicable Step should be selected in the next response:

Oral CAB (Step 4a)

Loading Dose (4-week interval CAB-LA (Step 4b)

Standard Dose (8-week interval CAB-LA (Step 4c)

Oral CAB (Step 4a) is an optional Step. Please refer to the Protocol Appendix V Part A Section 3a for details on the requirements for this step. If the participant's decision is to start Step 4a, please complete the Product Choice form to record this decision. Once this form is saved the first visit for Step 4a, V61 - Step 4a - Day 0 is populated.

Loading Dose (Step 4b) consists of only one visit. Please refer to the Protocol Appendix V Part A Section 3b for details on the requirements for this step. If the participant's decision is to start Step 4b, please complete the Product Choice form to record this decision. Once this form is saved, the first visit for Step 4b, V63 - Step 4b - Day 0 is populated.

Standard Dose (Step 4c): Please refer to the Protocol Appendix V Part A Section 3c for details on the requirements for this step. If the participant's decision is to start Step 4c, please complete the Product Choice form to record this decision. Once this form is saved the first visit for Step 4c, V64 - Step 4c - Day 0 is populated.

TDF/FTC (Step 5): Please refer to the Protocol Appendix V Part A Section 3d for details on the requirements for this step. If the participant's decision is to start Step 5, please complete the Product Choice form to record this decision. Once this form is saved the first visit for Step 5, V101 - Step 5 - Day 0 is populated.

Participants who start at either Step 4a or Step 4b will automatically move onto the next Step after the last visit in that cycle has been completed. This would not be considered a change in Step and should not be marked as such on the Date of visit or Interim visit form.

Step 4a → Step 4b → Step 4c → Step 5

Open-label Extension: Switching Steps

Once OLE visits have been initiated, participants can choose to switch regimens one time. This change is documented on the Date of Visit - OLE or Interim visit – OLE form. Mark “Yes” for “Is the participant moving to a new step or visit schedule?”, then select the applicable Step on the next question.

If Yes, please indicate which Step or visit schedule?	Oral CAB (Step 4a)	<input type="checkbox"/>
	Loading Dose (4-week interval)	<input type="checkbox"/>
	CAB-LA (Step 4b)	<input type="checkbox"/>
	TDF/FTC (Step 5)	<input type="checkbox"/>
	Seroconverter Schedule	<input type="checkbox"/>

Selecting the next Step will populate the first visit in the new regimen. Future visits in the original Step will no longer be populated.

Note that a participant cannot move directly from TDF/FTC (Step 5) to Step 4c. Based on the site's requirement, the participant should first have either oral CAB visits or a loading dose visit before progressing to Step 4c.

Once a participant moves from CAB (Step 4a, 4b or 4c) to TDF/FTC (Step 5), they cannot move back to CAB. If the participant started on CAB, they should complete 48 weeks of TDF/FTC (Visit 105) unless there is an early termination. Once the participant has completed Visit 105, the Termination form should be recorded.

If a participant starts on TDF/FTC (Step 5) and switches to CAB-LA, they still have the option of switching back to TDF/FTC before all the CAB-LA visits are completed. In this scenario, “TDF/FTC Step 5” should be selected on the Date of Visit-OLE or Interim visit-OLE form. Once this form is saved the first visit for Step 5b, V121 - Step 5b - Day 0 is populated.

Open-label Extension (OLE II): Switching Steps

If a participant signs a Version 5.0 consent by the time they complete the Step 4c -Week 48 visit (v70), they move to Step 6 by changing Steps at that visit. Mark “Yes” for “Is the participant moving to a new step or visit schedule?”, then select “Standard Dose CAB-LA (Step 6)” in the next response. This will populate the first Step 6 visit (v71/Step 6-week 56).

To add the first Step 7 visit in the database, mark the change in Steps at the last Step 6 visit (v76/week 96). Even if a Version 6.0 consent was signed at an interim visit after v76, the first Step 7 visit folder can only be added by revising the Date of Visit-OLE form at v76.

HPTN 083 Schedule of Forms and CASI Surveys

Step 4a

CRF Name	Day 0 V61.0	Week 4 V62.0
Date of Visit - OLE	x	x
Specimen Storage	x	x
HIV Test Results	x	x
Local Laboratory Results	x	x
Vital Signs	x	x
SMSQ-OLE	x	
Interviewer Administered - OLE	x	
CASI Survey Sexually Transmitted Infections	x x*	

*Not required at Day 0 if done within the last 6 months.

Step 4b

CRF Name	Day 0 V63.0
Date of Visit - OLE	x
Specimen Storage	x
HIV Test Results	x
Injection Administration	x
Vital Signs	x
SMSQ-OLE	x
Interviewer Administered - OLE	x

CRF Name	Day 0 V63.0
Local Laboratory Results	x
CASI Survey Sexually Transmitted Infections	x x*

*Not required at Day 0 if done within the last 6 months.

Step 4c

CRF Name	Day 0 V64.0	Week 8 V65.0	Week 16 V66.0	Week 24 V67.0	Week 32 V68.0	Week 40 V69.0	Week 48 V70.0
Date of Visit - OLE	x	x	x	x	x	x	x
Vital Signs	x	x	x	x	x	x	x
Injection Administration	x	x	x	x	x	x	x
HIV Test Results	x	x	x	x	x	x	x
Local Laboratory Results	x			x			x
Specimen Storage	x	x	x	x	x	x	x
SMSQ-OLE	x		x				x
Interviewer Administered - OLE	x		x				x
Sexually Transmitted Infections	x*			x			x
Hepatitis Test Results							x
CASI Survey	x		x				x

*Not required at Day 0 if done within the last 6 months.

Step 5

CRF Name	Day 0 V101.0	Week 12 V102.0	Week 24 V103.0	Week 36 V104.0	Week 48 V105.0	Week 60 V106.0	Week 72 V107.0	Week 84 V108.0	Week 96 V109.0
Date of Visit - OLE	x	x	x	x	x	x	x	x	x
Vital Signs	x	x	x	x	x	x	x	x	x
Sexually Transmitted Infections	xxx*		x		x		x		x
HIV Test Results	x	x	x	x	x	x	x	x	x
Local Laboratory Results	x		x		x		x		x
Specimen Storage	x	x	x	x	x	x	x	x	x
SMSQ-OLE	x		x		x		x		x
Interviewer Administered - OLE	x		x		x		x		x
Hepatitis Test Results			x		x		x		x
CASI Survey	x		x		x		x		x

*Not required at Day 0 if done within the last 6 months.

Step 5b

CRF Name	Day 0 V121.0	Week 12 V122.0	Week 24 V123.0	Week 36 V124.0	Week 48 V125.0	Week 60 V126.0	Week 72 V127.0	Week 84 V128.0	Week 96 V129.0
Date of Visit - OLE	x	x	x	x	x	x	x	x	x
Vital Signs	x	x	x	x	x	x	x	x	x
Sexually Transmitted Infections	xxx*		x		x		x		x
HIV Test Results	x	x	x	x	x	x	x	x	x
Local Laboratory Results	x		x		x		x		x
Specimen Storage	x	x	x	x	x	x	x	x	x
SMSQ-OLE	x		x		x		x		x
Interviewer Administered - OLE	x		x		x		x		x
Hepatitis Test Results			x		x		x		x
CASI Survey	x		x		x		x		x

*Not required at Day 0 if done within the last 6 months.

Step 6

CRF Name	Week 56 V71.0	Week 64 V72.0	Week 72 V73.0	Week 80 V74.0	Week 88 V75.0	Week 96 V76.0
Date of Visit - OLE	x	x	x	x	x	x
Vital Signs	x	x	x	x	x	x
Injection Administration	x	x	x	x	x	x
HIV Test Results	x	x	x	x	x	x
Local Laboratory Results			x			x
Specimen Storage	x	x	x	x	x	x
Sexually Transmitted Infections	x*		x			x
Hepatitis Test Results						x

*Not required at v56 if done within the last 6 months.

Step 7

CRF Name	Week 104 V131.0	Week 112 V132.0	Week 120 V133.0	Week 128 V134.0	Week 136 V135.0	Week 144 V136.0
Date of Visit - OLE	x	x	x	x	x	x
Vital Signs	x	x	x	x	x	x
Injection Administration	x	x	x	x	x	x
HIV Test Results	x	x	x	x	x	x
Local Laboratory Results			x			x
Specimen Storage	x	x	x	x	x	x
Sexually Transmitted Infections	x*		x			x
Hepatitis Test Results						x

*Not required at visit 131 if done within the last 6 months.

Reactive or Positive HIV Test Result Schedule

CRF Name	Week 12 V91.0	Week 24 V92.0	Week 36 V93.0	Week 48 V94.0
Date of Visit - HIV	x	x	x	x
Vital Signs	x	x	x	x
Specimen Storage	x	x	x	x
Local lab Test Results		x		x
CD4		x		x

Additional / As Needed CRFs: Found in Ongoing Logs Folder

Concomitant Medications Y/N
Adverse Event Y/N
ART Medication Y/N
Protocol Deviation Y/N
Social Impact Y/N
Product Hold Y/N
Injection Site Reaction Y/N
Log Revisions
Product Hold - OLE Y/N

Found in Participant Unblinding Folder

Participant Unblinding

Found in Product Choice Folder

Product Choice - OLE
Informed Consent – Version 5.0

Found in “Add Event” function

Yearly Visit
Interim Visit
Interim Visit - OLE
V91.0 – Week 12
Long Term Consent Update

Additional Forms

Participant Transfer
Participant Receipt
Supplemental HIV Results