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Cabenuva (Cabotegravir and Rilpivirine Kit) Injection Order

Patient Name: DOB: □ Male □ Female

Diagnosis (please provide ICD10 code):

□ Other:

□ NKDA □ Allergies:

□ New Therapy Order □ Continuation of Therapy Date of last dose:

Ordering Provider Name:

Provider NPI: Phone: Fax:

Practice Address: City: State: Zip Code:

Pre-Medication

□ Acetaminophen _____mg by □ PO

□ Cetirizine _____mg by □ PO

□ Diphenhydramine _____mg by □ PO/ □ IVP

□ Solu-Medrol _____mg by □ PO/ □ IVP

□ Solu-Cortef _____mg by □ PO/ □ IVP

□ Other:

Required Documentation:

□ Patient Demographics

□ Patient Insurance (med and pharm card copies, front and back)

□ Progress Notes/Labs supporting diagnosis

□ Required diagnosis of HIV

□ Other:

Patient height and weight:

Patient Height (cm): Patient Weight (kg):

Cabenuva Intramuscular Medication Order

- Dosing and Frequency
  - □ Recommended **Monthly** Dosing Schedule: Initiate injections of Cabenuva (600mg cabotegravir and 900 rilpivirine) on the last day of the current antiretoviral therapy of oral lead-in and continue with injections of Cabenuva (400mg cabotegravir and 600mg rilpivirine) every month thereafter
  - □ Recommended **Every-2-Months** Dosing Schedule: Initiate injections of Cabenuva (600mg cabotegravir and 900 rilpivirine) on the last day of the current antiretoviral therapy of oral lead-in and continue with injections of Cabenuva (600mg cabotegravir and 900 rilpivirine) every month thereafter
  - □ Other: Please list in the additional notes section below.

Additional Instructions/Notes:

Ordering Provider:

Signature: _____ Date: _____

Provider: _____ Phone: _____ Fax: _____

Best Contact Person in Office: _____ Phone: _____

Locations:

□ *Skokie, IL*: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141

□ *Libertyville, IL*: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141

□ *Orland Park, IL*: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141

□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400