



# CABENUVA

(cabotegravir / rilpivirine)

## PATIENT INFORMATION

PATIENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ALLERGIES:  SEE LIST  NKDA WEIGHT:  LB OR  KG

## REQUIRED DOCUMENTATION

1. Insurance Card      2. History & Physical      3. Patient Demographics      4. Most Recent Labs      5. Medication List

## PRIMARY DIAGNOSIS

B20 Human immunodeficiency virus (HIV) disease       Z21 Asymptomatic HIV infection status  
 Other \_\_\_\_\_

## LABS ORDERS: PLEASE INCLUDE FREQUENCY

Please list any labs to be drawn by the infusion clinic: \_\_\_\_\_

## PRE-MEDICATIONS

Per infusion clinic protocol: There are no recommended standard pre-meds for Cabenuva  
 Provider Prescribed: \_\_\_\_\_

## PRIMARY MEDICATION ORDER

MONTHLY DOSING: Cabenuva (600mg cabotegravir / 900mg rilpivirine) IM x 1 dose, followed by Cabenuva 400mg / 600mg IM monthly thereafter (First dose to be given on the last day of current antiretroviral therapy or oral lead-in.)  
 EVERY 2-MONTH DOSING: Cabenuva (600mg cabotegravir / 900mg rilpivirine) IM monthly x 2 doses, followed by Cabenuva 600mg / 900mg IM every 2 months thereafter. (First dose to be given on the last day of current antiretroviral therapy or oral lead-in.)  
 Other \_\_\_\_\_  
 \*\*Check here if utilizing oral lead-in (referring provider to prescribe and manage). Start date of oral lead-in \_\_\_\_\_  
FIRST DOSE?:  Yes  No  Refill x12 months unless otherwise noted.

## ADVERSE REACTION & ANAPHYLAXIS ORDERS

Administer acute infusion and anaphylaxis medications per Real Medix - Real Infusions protocol (See realinfusions.com for detailed policy)  
 Other: (Please send other reaction orders if checking this box)

## PRESCRIBER INFORMATION

PROVIDER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
OFFICE CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_ NPI AND LICENSE: \_\_\_\_\_

**X**

PROVIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_