

# CABENUVA (CABOTEGRAVIR EXTENDED-RELEASE INJECTABLE SUSPENSION; RILPIVIRINE EXTENDED-RELEASE INJECTABLE SUSPENSION) ORDER FORM

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ kg  
 Allergies: \_\_\_\_\_  
 New Start Therapy |  Continuation of Therapy & Date of last dose (if applicable): \_\_\_\_\_

## DIAGNOSIS (Provider must specify)

HIV-1 infection in adults and adolescents 12 years of age and older and weighing at least 35 kg to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.

Human immunodeficiency virus (HIV) disease, ICD 10: B20. \_\_\_\_\_  
 Asymptomatic HIV infection status, ICD 10: z21. \_\_\_\_\_

## PROVIDER INFORMATION

Provider Name (print name): \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Prerequisites to treatment** – ensure the following information is complete and attached with referral:

Demographics     Labs and tests supporting diagnosis     Office/progress notes

## PRE-MEDICATION

Recommendations per PI are selected, these will be given to patient unless otherwise specified.

Acetaminophen (Tylenol) 500 mg PO     Famotidine 20 mg IV     Methylprednisolone  
 Benadryl 25mg PO     Cetirizine (Zyrtec) 10 mg PO    (Solu-Medrol) 125 mg IVP  
 Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Order valid for 1 year from date of signature unless otherwise specified here: \_\_\_\_\_

**FAX NUMBERS:**

CT: 203.433.0621  
 FL: 904.877.9270

MA: 413.296.8482  
 MD: 240.224.8607  
 ME: 207.407.7272

NC: 919.984.8698  
 NH: 603.217.5371  
 NJ: 201.581.4521

NY: 631.250.6020  
 OH: 937.871.4594  
 PA: 610.273.5998

SC: 864.973.6279  
 VA: 703.202.0499

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## MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Cabenuva	<input type="checkbox"/> Monthly dosing: Initiate injections of CABENUVA (600 mg of abotegravir and 900 mg of rilpivirine) on the last day of current antiretroviral therapy or oral lead-in and continue with injections of CABENUVA (400 mg of cabotegravir and 600 mg of rilpivirine) every month thereafter.	Gluteal IM injection	<input type="checkbox"/> Every month <input type="checkbox"/> Every 2 months
	<input type="checkbox"/> Bimonthly dosing: Initiate injections of CABENUVA (600 mg of cabotegravir and 900 mg of rilpivirine) on the last day of current antiretroviral therapy or oral lead-in for 2 consecutive months and continue with injections of CABENUVA every 2 months thereafter.		

## LABS / SPECIAL INSTRUCTIONS

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