

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

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. | | |

New Start Therapy
 Continuation of Therapy
 Date of last dose (if applicable): _____

LABS / SPECIAL INSTRUCTIONS

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