Palmetto INFUSION®

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Referral Status:		MRN:
☐ New referral	☐ Order change	☐ Order Renewal
Patient preferred clinic:		

Cabenuva (cabotegravir/rilpivirine) Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

Date of Referral:			Patient's Phone:		
Patient Name:			Address:		
Date of Birth:			City, State, Zip:		
Height in inches:	Weight: LB or KG		Gender:	Allergies:	☐ See list ☐ NKDA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

☐	Z21 - Asymptomatic HIV Infection Status
☐	B20 - Human immunodeficiency virus (HIV) disease
☐	_____ - Other:

REQUESTED DOCUMENTATION:		PREVIOUS AMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?	
1	Insurance information	IF NO:	IF YES:
2	Most recent History & Physical	END DATE OF ORAL ANTIVIRAL:	LAST INJECTION DATE:
3	Full medication list		NEXT INJECTION DATE:
4	Tried and failed therapies		**IF ORDER CHANGE:**
5	Affirmation HIV diagnosis		☐ **Continue current order until insurance approved**
6	Confirmation of virologic suppression		

MEDICATION ORDERS:

New Start Patients (to receive first injections on last day of oral antivirals)

Once monthly dosing schedule

Initiation injection: Cabenuva 600mg/900mg intramuscularly x 1 dose

Maintenance injection: Cabenuva 400mg/600mg intramuscularly every month

Every 2 month dosing schedule

Initiation injections: Cabenuva 600mg/900 mg intramuscularly x 2 consecutive doses one month apart

Maintenance injections: Cabenuva 600mg/900 mg intramuscularly every 2 months

Changing Dosing Schedule

Monthly to every-2-months dosing

Transition dose: Administer Cabenuva 600mg/900mg intramuscularly one month after the last monthly injection

Maintenance dosing: Administer Cabenuva 600mg/900mg intramuscularly once every 2 months therafter

Every-2-months to once monthly dosing

Transition dose: Administer Cabenuva 400mg/600mg intramuscularly two months after the last every-2-month injection

Maintenance dosing: Administer Cabenuva 400mg/600mg intramuscularly once monthly therafter

Administer intramuscularly at separate gluteal injection sites (at least 2 cm apart)

Follow administration with a 10 minute post observation

☑ Refills x 12 months unless noted otherwise here:

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here

PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

PRESCRIBER SIGNATURE: (No stamp signatures)		DATE
Dispense as written/Brand medically necessary	Substitution permitted	