

Referral Status:	MRN:
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change
<input type="checkbox"/> 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:
<input type="checkbox"/> See list	<input type="checkbox"/> 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 ADMINISTRATION: 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		<input type="checkbox"/> 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)

<p>Once monthly dosing schedule</p> <p><u>Initiation injection:</u> Cabenuva 600mg/900mg intramuscularly x 1 dose</p> <p><u>Maintenance injection:</u> Cabenuva 400mg/600mg intramuscularly every month</p>	<p>Every 2 month dosing schedule</p> <p><u>Initiation injections:</u> Cabenuva 600mg/900 mg intramuscularly x 2 consecutive doses one month apart</p> <p><u>Maintenance injections:</u> Cabenuva 600mg/900 mg intramuscularly every 2 months</p>
--	---

Changing Dosing Schedule

<p>Monthly to every-2-months dosing</p> <p><u>Transition dose:</u> Administer Cabenuva 600mg/900mg intramuscularly one month after the last monthly injection</p> <p><u>Maintenance dosing:</u> Administer Cabenuva 600mg/900mg intramuscularly once every 2 months thereafter</p>	<p>Every-2-months to once monthly dosing</p> <p><u>Transition dose:</u> Administer Cabenuva 400mg/600mg intramuscularly two months after the last every-2-month injection</p> <p><u>Maintenance dosing:</u> Administer Cabenuva 400mg/600mg intramuscularly once monthly thereafter</p>
---	--

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:

LINE USE/CARE ORDERS:

- Start PIV/Access CVC
- Flush device per facility standard flushing procedure

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