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 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	Upon Approval	☐ **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	☐	Every 2 month dosing schedule
	Initiation injection: Cabenuva 600mg/900mg intramuscularly x 1 dose Maintenance injection: Cabenuva 400mg/600mg intramuscularly every month		Initiation injections: Cabenuva 600mg/900 mg intramuscularly x 2 consecutive doses one month apart Maintenance injections: Cabenuva 600mg/900 mg intramuscularly every 2 months

Maintenance Dosing

☐	Once monthly dosing schedule	☐	Every 2 month dosing schedule
	Maintenance injection: Cabenuva 400mg/600mg intramuscularly every month		Maintenance injections: Cabenuva 600mg/900 mg intramuscularly every 2 months

Changing Dosing Schedule

☐	Monthly to every-2-months dosing	☐	Every-2-months to once monthly 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		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:

NURSING ORDERS:	ADVERSE REACTION & ANAPHYLAXIS ORDERS:
☑ Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated.	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	

Palmetto INFUSION

Checklist for referrals to Palmetto Infusion: Fax referral to 1.866.872.8920

- [ ] **Patient demographics - address, phone number, SS#, etc.**
- [ ] **Insurance information - copy of the card(s) if possible**
- [ ] **Plan of Treatment/Orders**
- [ ] **Most recent physician office notes to include tried and failed therapies - all insurance companies that require a pre-authorization require the note. This includes Medicare/Medicaid HMOs.**
- [ ] **Any lab results or other diagnostic procedures to support the diagnosis.**

Palmetto Infusion will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility.

Our office will notify you if any further information is required.

We will review financial responsibility with patient and refer them to any available co-pay assistance as required. Palmetto Infusion Call Center 800.809.1265. Thank you for your referral.

www.PalmettoInfusion.com