INF SION

Physician Order - Cabenuva (cabotegravir and rilpivirine)

PATIENT INFORMATION			
Name:	DOB:		
Allergies:	Phone Number:		
Patient Weight: kg or lb	Patient Height: in		
REFERRAL STATUS			
🗌 New Referral 🛛 🗌 Dose/Frequency Change 🗌 Order Renewal			
Location Preference (optional)			
🗌 Richmond	Prince George		
DIAGNOSIS AND ICD-10 CODE			
Human Immunodeficiency Virus (HIV) disease B20			
□ Other: ICD10 _			
REQUIRED DOCUMENTATION (must include)			
This signed order form by the provider	Clinical/Progress Notes		
Patient Demographics AND Insurance Information	Labs and Tests Supporting Primary Dx		
Documentation that patient is virologically suppressed	Documentation that patient is stable on current		
(viral load <50 copies/mL)	antiretroviral regimen or supporting		
Testing shows patient's HIV-1 is susceptible to	documentation as to why they are not		
cabotegravir and rilpivirine			
Documentation patient has had or will have oral lead-in therapy with cabotegravir and rilpivirine for at least 28 days			
Patient currently receiving same therapy at Last dose:			
List Tried & Failed Therapies, including duration of treatment:			
1)			
2)			
3)			
MEDICATION ORDERS*			
Once Monthly Dosing 📃 Initial: Cabotegravir 600mg IM and Rilpivirine 900mg IM x 1 dose			

MEDICATION ORDERS*		
Once Monthly Dosing	Initial: Cabotegravir 600mg IM and Rilpivirine 900mg IM x 1 dose	
	Maintenance: Cabotegravir 400mg IM and Rilpivirine 600mg IM monthly	
Every 2-Month Dosing	Initial: Cabotegravir 600mg IM and Rilpivirine 900mg IM monthly x 2 doses	
	Maintenance: Cabotegravir 600mg IM and Rilpivirine 900mg IM Q 2-months	
Duration: 🗌 x 6 months	🗌 x 1 year 🔲 doses	
* If the patient misses the schedu	led target injection window by \geq 7 days, the ordering provider will be promptly notified by Infusion Solutions,	

If the patient misses the scheduled target injection window by $\geq t$ days, the ordering provider will be promptly notified by infusion Solutions. LLC. It will be the <u>ordering provider</u>'s responsibility to obtain oral replacement dosages until Cabenuva can be resumed.

OPTIONAL PREMEDICATION and LAB ORDERS

- Acetaminophen 650mg PO prior to Cabenuva administration
- Diphenhydramine 25mg PO prior to Cabenuva administration
- ☐ Methylprednisolone 40mg slow IVP prior to Cabenuva administration
- Other premed or lab order with frequency: ____

In the event of an infusion reaction or adverse event, our covering physician will be notified and appropriate medical care will be administered.

PRESCRIBER INFORMATION			
Prescriber Name:	NPI:	Contact:	
Phone:	Fax:	Email:	
Prescriber Signature:		Date:	

Contact us with questions at: 804-442-3558 or email referrals@theinfusionsolution.com

Fax completed form and ALL required documentation to 804-554-5848

All information contained in this form is strictly confidential and will become part of the patient's record.