



Patient Name: _____
Patient Phone: _____

DOB: _____
SEX: M F

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis: B20 Human immunodeficiency virus (HIV) disease
Z21 Asymptomatic HIV infection status
OTHER ICD CODE: _____

Patients weight: _____
Lab Date: _____
Allergies: _____

Oral lead-in dosing should be used for approximately 1 month to assess the tolerability of cabotegravir and rilpivirine.

ALSO INCLUDE...

- Clinical/ Progress Notes
- Demographics Sheet
- Current Medications
- Labs

CABENUVA ORDER

Monthly Dosing:
OR

Inject cabotegravir 600mg/rilpivirine 900mg IM x 1 dose, then inject cabotegravir 400mg/rilpivirine 600mg IM every month thereafter

Cabotegravir 400mg/rilpivirine 600mg IM every month

Every 2 Month Dosing:
OR

Inject cabotegravir 600mg/rilpivirine 900mg IM monthly x 2 doses, then inject cabotegravir 600mg/rilpivirine 900mg IM every 2 months thereafter

Inject cabotegravir 600mg/rilpivirine 900mg IM every 2 months

Additional Comments:

Date of last Cabenuva Injection: _____

PHYSICIAN INFORMATION

Referring Physician: _____

Phone: _____

Practice Address: _____

Office Contact: _____

Fax: _____

NPI/ TIN: _____

Referring Physician's Signature _____

Date: _____