

# Cabenuva (cabotegravir/rilpivirine)

Order Form  
Rev. 7/06/2023



## PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Height (cm): \_\_\_\_\_

ICD-10 Code(s) & Description (*required*): \_\_\_\_\_

(*required*) The patient's demographics, insurance, lab results, meds and recent visit notes were sent to IA.  
The patient has an existing prior authorization:  Yes (*please fax IA a copy*)  No (*IA will process for you*)

## PRESCRIBING OFFICE

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## CLINICAL HISTORY

In the past year, what medications for the above diagnosis has the patient tried and failed?

Drug & Dose	Dates of Use	Drug & Dose	Dates of Use

End date of oral treatment: \_\_\_\_\_ Date of last injection: \_\_\_\_\_

## THERAPY ADMINISTRATION

### Cabenuva (cabotegravir/rilpivirine) Intramuscular Injection

- Dose:  Once a month dosing schedule:
- Induction: Cabotegravir 600 mg/Rilpivirine 900 mg x 1 dose
  - Maintenance: Cabotegravir 400 mg/Rilpivirine 600 mg every month
- Every two months dosing schedule:
- Induction: Cabotegravir 600 mg/Rilpivirine 900 mg x 2 doses given 1 month apart
  - Maintenance: Cabotegravir 600 mg/Rilpivirine 900 mg every 2 months
- Switching dosing schedules:
- Monthly to every 2 months dosing:  
Cabotegravir 600 mg/Rilpivirine 900 mg after the last injection, then every 2 months thereafter
  - Every 2 months to monthly dosing:  
Cabotegravir 400 mg/Rilpivirine 600 mg after the last injection then every month thereafter

Date of last injection if not at IA: \_\_\_\_\_ RX Expiration Date: \_\_\_\_\_

### Additional Notes from Referring Office:

\_\_\_\_\_  
Provider Name (Print)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date