

Cabenuva Order (cabotegravir/rilpivirine)



InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

***Please fax a copy of the following patient information:**

- Demographics
- Current Lab Results (within 30 days)
- H & P Relevant to the Diagnosis
- Medication List
- HIV-1 Test
- Copy of Insurance Cards

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

CABENUVA (cabotegravir/rilpivirine) Injection Dosage: ER Intramuscular (Gluteal) Injection Suspension

- Initiation 1 Month Dosing: 600 mg/900 mg Month 1
- Continuation: 400 mg/ 600 mg One month after initiation dose and every month thereafter
- Initiation 2 Month Dosing: 600 mg/ 900 mg Month 1 and Month 2
- Continuation: 600 mg/ 900 mg Month 4 and every 2 months thereafter

May be given 7 days before or after scheduled injection