

# CABENUVA (CABOTEGRAVIR-RILPIVIRINE) PRESCRIBER ORDER FORM

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Gender:</b>
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<b>Address:</b>
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<b>Phone:</b>	<b>Height:</b>	<input type="checkbox"/> inches <input type="checkbox"/> cm	<b>Weight:</b>	<input type="checkbox"/> lbs <input type="checkbox"/> kg
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### Clinical Information

<b>Primary Diagnosis Description:</b>	<b>ICD-10 Code:</b>
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**If New to Therapy, will patient be started on oral lead-in of Vocabria (cabotegravir) and Edurant® (rilpivirine)?**  
 No  Yes- recommend oral lead-in should **NOT** be started until any applicable Cabenuva payor authorization has been secured.

**If Yes, has patient started oral lead-in of Vocabria (cabotegravir) and Edurant® (rilpivirine)?**  
 No – Upon securing applicable prior authorization, Option Care Health will follow-up with prescriber to coordinate oral lead-in.  
 Yes – Start Date: \_\_\_\_\_

**If Continuing Therapy, date of last injection (if known):** \_\_\_\_\_ **Date of next injection:** \_\_\_\_\_

### Cabenuva (Cabotegravir-Rilpivirine) Prescription

**Once Monthly Dose Schedule**

Initiation Dose: Nurse to administer cabotegravir 600 mg and rilpivirine 900 mg via intramuscular injection x 1 dose on the last day of current antiretroviral therapy or oral lead-in (at least 28 days). Discontinue current antiretroviral therapy or oral lead-in after Cabenuva administration. Dispense Cabenuva 600 mg | 900 mg kit x 1 dose

Maintenance Dose: Nurse to administer cabotegravir 400 mg and rilpivirine 600 mg via intramuscular injection monthly (+/- 7 days to allow for patient/nurse scheduling) beginning 1 month after completion of initiation doses. Dispense Cabenuva 400 mg | 600 mg kit x 1 dose with refills x 1 year

**Every 2 Month Dose Schedule**

Initiation Doses: Nurse to administer cabotegravir 600 mg and rilpivirine 900 mg via intramuscular injection monthly x 2 months dose on the last day of current antiretroviral therapy or oral lead-in (at least 28 days) (+/- 7 days to allow for patient/nurse scheduling). Discontinue current antiretroviral therapy or oral lead-in after Cabenuva administration. Dispense Cabenuva 600 mg | 900 mg kit x 1 dose with refills x 1

Maintenance Dose: Nurse to administer cabotegravir 600 mg and rilpivirine 900 mg via intramuscular injection every two months (+/- 7 days to allow for patient/nurse scheduling) beginning 2 months after completion of initiation doses. Dispense Cabenuva 600 mg | 900 mg kit x 1 dose with refills x 1 year

### Ancillary Orders

**Anaphylaxis Kit**

If this is a 1<sup>st</sup> dose, would you like Option Care Health to provide an anaphylaxis kit with the 1<sup>st</sup> dose?  
 Yes  No

**Dosage:**

- Epinephrine 0.3mg (>30kg), 0.15mg (15 to 30kg), or 0.01 mg/kg (<15kg) SUBQ or IM x 1; repeat x1 in 5 to 15 min PRN.
- Diphenhydramine 25mg (>30kg) or 1.25 mg/kg (≤ 30 kg) IV or IM; repeat x 1 in 15 min PRN no improvement.
- 0.9% Sodium Chloride 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis.

**Pre-Medication Orders**

Other: \_\_\_\_\_

**Lab Orders**

No labs ordered at this time  
 Other: \_\_\_\_\_

Skilled nurse to assess and administer and/or teach self-administration where appropriate as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year.

If patient is seen within a provider led infusion clinic, Option Care Health's infusion reaction management policy, skilled nursing plan of treatment, and IV flush administration will be followed per provider oversight. No individual anaphylaxis kit will be dispensed.

*I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.*

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Prescriber Information

<b>Prescriber Name:</b>	<b>Phone:</b>	<b>Fax:</b>
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<b>Address:</b>	<b>NPI:</b>
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<b>City, State:</b>	<b>Zip:</b>	<b>Office Contact:</b>
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