CABENUVA (CABOTEGRAVIR-RILPIVIRINE) PRESCRIBER ORDER FORM							
Fax completed form, insurance information, and clinical documentation to:							
	Patient Name:				Date o	of Birth:	
and a reason be a little of	Address:						
option care health	Phone:		eight:	☐ inches ☐ cr	m <b>\</b>	Weight:	☐ Ibs ☐ kg
Clinical Information  Primary Diagnosis Description: ICD-10 Code:							
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 Endurant® (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 a	nt antiretroviral therapy or oral lead-in (at least 28 days). Discontinue current antiretroviral therapy or oral lead-in after a administration. Dispense Cabenuva 600 mg   900 mg kit x 1 dose						
to allow for	nance Dose: Nurse to administer cabotegravir 400 mg and rilpivirine 600 mg via intramuscular injection monthly (+/- 7 days of 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:  • Enjoophring 0.2mg (>20kg) 0.15mg (15 to 20kg) or 0.01 mg/kg (<15kg) SO or IM v.1: repost v1 in 5 to 15 min BPN							
<ul> <li>Epinephrine 0.3mg (&gt;30kg), 0.15mg (15 to 30kg), or 0.01 mg/kg (&lt;15kg) SQ or IM x 1; repeat x1 in 5 to 15 min PRN.</li> <li>Diphenhydramine 25mg (&gt;30kg) or 1.25 mg/kg (≤ 30 kg) IV or IM; repeat x 1 in 15 min PRN no improvement.</li> <li>Normal saline 500mL (&gt;30kg) or 250mL (≤30kg) IV at KVO rate PRN anaphylaxis. Patients ≤30kg, infuse over 2 to 4 hours PRN headache rated &gt;5 on pain scale.</li> </ul>							
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.							
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							
Prescriber Name:			Phone: Fax:				
Address:		T	NPI:				
City, State: Zip:			Office Contact:				
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