

Westerville  
575 Copeland Mill Road  
Suite# 2F  
Westerville, Ohio 43081



Lancaster  
2405 Columbus Street  
Suite# 210  
Lancaster, Ohio 43130

# ORDER FORM CABENUVA®

Date: \_\_\_\_\_

## PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
Allergies:	Date of Referral:	

## PHYSICIAN INFORMATION

Physician Name*:	Practice Name:
Address:	Office Contact*:
Phone: Fax:	Email (for updates):

## REFERRAL STATUS

☐ New Referral ☐ Referral Renewal ☐ Medication/Order Change ☐ Benefits Verification Only ☐ Discontinuation Order

## CABENUVA\*:

(SELECT ONE OF THE FOLLOWING)

\_\_\_\_\_ Recommended Monthly Dosing Schedule: Initiate injections of CABENUVA (600 mg of cabotegravir and 900 mg of rilpivirine) on the last day of current antiretroviral therapy or oral lead-in and continue with injections of CABENUVA (400 mg of cabotegravir and 600 mg of rilpivirine) every month thereafter

\_\_\_\_\_ Recommended Every-2-Month Dosing Schedule: Initiate injections of CABENUVA (600 mg of cabotegravir and 900 mg of rilpivirine) on the last day of current antiretroviral therapy or oral lead-in **for 2 consecutive months** and continue with injections of CABENUVA every 2 months thereafter

Physician Signature \_\_\_\_\_ Date (Order is Valid for One Year) \_\_\_\_\_

## REQUIRED DIAGNOSIS:

\_\_\_\_\_ HIV

Last Infusion/Injection Date: \_\_\_\_\_

## REQUIRED DOCUMENTATION CHECKLIST:

\_\_\_\_\_ Patient Demographics  
\_\_\_\_\_ Insurance Card/Information  
\_\_\_\_\_ Clinicals/ Progress Notes With Supporting DX  
\_\_\_\_\_ Current Medication List  
\_\_\_\_\_ Recent Labs  
☐ Total Doses \_\_\_\_\_ ☐ Refills \_\_\_\_\_

## NOTES/ADDITIONAL COMMENTS:

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_