

Cabenuva (Cabotegravir-Rilpivirine) Prescriber Order and Referral Form

Pharmacists with the Froedtert Pharmacy will be supporting this patient's infusion medication management.

Fax completed form, insurance information and clinical documentation to 414-260-7368.

Patient Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Height: _____ inches cm Weight: _____ lbs kg

Clinical Information

Primary Diagnosis Description: _____ ICD-10 Code(s): _____

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, Froedtert Home and Specialty Infusion will follow-up with prescriber to coordinate oral lead-in.

Yes – Start Date: _____

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 Two 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

Treat per Froedtert Home and Specialty Infusion protocol.

Pre-Medication Orders

Other: _____

Lab Orders

No labs ordered at this time.

Other: _____

Skilled nurse to assess and administer. 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 _____ Time _____

Prescriber Name _____ Phone _____ Fax _____

Address _____ NPI _____

City, State, Zip _____ Office Contact _____



Original - Medical Records

Froedtert Home and Specialty Infusion
N86 W12999 Nightingale Way
Menomonee Falls, WI 53051