

**INFUSION & MEDICAL CENTER**

**1. Patient Name**

**DOB**

**Patient Phone/Cell #**

**Patient demographic and insurance information to be faxed with Infusion Order Form**

**2. Medical Information (Please complete/select appropriate diagnosis):**

Primary Diagnosis: \_\_\_\_\_ Human immunodeficiency virus (HIV) disease ICD-10 Code: B20. \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ (or attach list)

**3. Clinical Information — Please fax with Infusion Order Form:**

• Clinical MD Notes & labs supporting primary diagnosis

• Recent Lab Results

• Medication List

◦ Oral Lead-In Therapy of Cabotegravir & Rilpivirine initiated: \_\_\_\_\_

◦ Goal IM Therapy Start Date (consider at least 28 days of oral lead in therapy): \_\_\_\_\_

Infusion Center Lab Orders (Check order for Infusion center to manage):

☐ LFTs at baseline and then every \_\_\_\_\_ weeks thereafter

☐ Other \_\_\_\_\_

**Patient**

**Weight:** \_\_\_\_\_ lbs.

**Height:** \_\_\_\_\_ in.

**CABENUVA®**

J Code: J0741

(cabotegravir ER injectable suspension & rilpivirine ER injectable suspension)

**4. Drug Order:**

☐ **New Start:**

Administer Cabenuva 600 mg/900 mg kit IM once monthly. Provide \_\_\_\_\_ dose(s).

☐ **Maintenance Regimen:**

\_\_\_\_\_ # Refills (Recommend 10 Refills)

☐ Administer CABENUVA 400 mg/600 mg kit IM monthly

☐ Two months after the final initiation injection, administer CABENUVA 600 mg/900 mg IM every two months

**Adverse Drug Reaction Protocol:** Manage any adverse reaction that may occur per approved ADR Protocol.

By signing this form and utilizing our services, I am authorizing Intramed Plus to serve as my prior authorization agent with medical and pharmacy insurance providers.

**5. Physician Signature:** \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Dispense as written

Substitution permitted

Printed Physician's Name with Credentials: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FAX ALL INFORMATION**  
**CENTRAL FAX 803.999.1754**

**CENTRAL INTAKE PHONE**  
**803.999.1750**