



NuCara Pharmacy
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Austin, TX 78757
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NuCara Infusion Center
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Austin, TX 78757
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Vital Care NuCara Infusion Center
4201 W. Stan Schuler Loop Unit B
Killeen, TX 76549
Phone: 512-454-9923 x2
Fax: 512-524-1801

Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

Cabenuva (cabotegravir - rilpivirine) Intramuscular Injection Orders

Required Information:

Signed order from prescribing provider
Patient demographics including insurance information
Supporting clinical documentation: Visit notes, medication history

Primary Diagnosis:

Human immunodeficiency virus (ICD-10 : _____)

Other: _____ (ICD-10: _____)

CABENUVA ORDERS

Induction: Cabenuva 600mg/900mg IM given once as a loading dose on last day of oral lead-in
Continuation: Cabenuva 400mg/600mg IM Duration: _____ Oral lead-in start date: _____
Frequency: Every 4 weeks 1 year or _____ # of Treatments
Every 8 weeks

Oral lead-in should be used approximately 1 month prior to the initiation of Cabenuva
Administered per manufacturer guidelines

PRE-MEDICATIONS

PO Tylenol _____ mg

PO Cetirizine _____ mg

IV Solu-medrol _____ mg

PO Loratadine _____ mg

PO IV Diphenhydramine _____ mg

PO IV Other: _____ mg

LABS

CBC

ESR

Uric Acid

CMP

TB Quantiferon Gold

Other: _____

CRP

Hep B Core/Surface AG

Other: _____

Frequency: Every Visit
Every Other Visit
One time only
Other: _____

CPL Acct #: _____

ADDITIONAL INSTRUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

Physician Name: _____ Ph: _____ Fax: _____

Physician Signature: _____ NPI: _____ Date: _____