



Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

NuCara Pharmacy
6111 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923
Fax: 512-524-1801

NuCara Infusion Center
6013 Burnet Rd
Austin, TX 78757
Phone: 512-454-9923 x4
Fax: 512-524-1801

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

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 INSTUCTIONS

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

Physician Name: _____ Ph: _____ Fax: _____

Physician Signature: _____ NPI: _____ Date: _____