



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

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

Every 2 Month Dosing Schedule:

Induction: Cabenuva 600mg/900mg IM given at months 1 and 2 as a loading doses. Administer 1st dose on last day of oral lead-in.

Continuation: Cabenuva 600mg/900mg IM given every 2 months

Once Monthly Dosing Schedule:

Induction: Cabenuva 600mg/900mg IM given at month 1 as a loading dose. Administer 1st dose on last day of oral lead-in.

Continuation: Cabenuva 400mg/600mg IM given once monthly
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

Frequency:

Every Visit

Every Other Visit

CMP

TB Quantiferon Gold

Other: _____

One time only

CRP

Hep B Core/Surface AG

Other: _____

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: _____