



**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Medical Assessment:**

**Diagnosis (ICD-10):**

- Z21 Asymptomatic HIV Infection Status
- B20 Human Immunodeficiency Virus (HIV)
- Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission.
- Z11.4 Encounter for Screening for HIV
- Z20.5 Contact with suspected exposure to infections with a predominantly sexual mode of transmission
- Z20.6 Contact with and suspected exposure to HIV
- Z72.51 High-Risk heterosexual behavior
- Z72.52 High-risk homosexual behavior
- Z72.53 High-risk bisexual behavior
- Other: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**\*\*Please include a demographics page and insurance cards with this prescription. Also include any clinical notes with supporting diagnosis, lab-work, tests, and any other supporting documentation including past tried and / or failed therapies associated with diagnosis\*\***

**Pre-Medication Orders:**

- \_\_\_ APAP \_\_\_ 325mg \_\_\_ 500mg \_\_\_ 650mg - PO 30 minutes before infusion.
- \_\_\_ Diphenhydramine \_\_\_ 25mg \_\_\_ 50mg – PO 30 minutes before infusion.
- \_\_\_ 25mg IVP \_\_\_ 50mg IVP
- \_\_\_ Alternate Oral Antihistamines: \_\_\_ Cetirizine 10mg \_\_\_ Loratadine 10mg \_\_\_ Fexofenadine 60mg or \_\_\_ 180mg
- \_\_\_ Methylprednisolone \_\_\_ 40mg IVP \_\_\_ 125mg IVP or other \_\_\_ mg IVP
- \_\_\_ Famotidine \_\_\_ 20mg PO \_\_\_ 40mg PO \_\_\_ 20mg IVP \_\_\_ 40mg IVP
- \_\_\_ Ondansetron \_\_\_ 4 mg IVP \_\_\_ 4 mg PO

**Labwork:** \_\_\_\_\_  To be Drawn by:  Infusion Clinic  Referring Provider

**Medication**

**Cabenuva® (cabotegravir / rilpivirine)**

- \_\_\_ Induction dosing: Cabenuva (Cabotegravir 600 mg / 3 ml and Rilpivirine 900 mg / 3 ml kit)
  - Administer Cabotegravir 600mg and Rilpivirine 900mg at separate gluteal injection sites (on opposite sides or 2 cm apart) intramuscularly x 1
- \_\_\_ Maintenance dosing: Cabenuva (Cabotegravir 400 mg / 2 ml and Rilivirine 600 mg / 2 ml kit)
  - Administer Cabotegravir 400 mg and Rilpivirine 600 mg at separate gluteal injection sites (on opposite sides or 2 cm apart) intramuscularly monthly.

**Maintenance Refills:** \_\_\_\_\_

**Trogarzo® (ibalizumab-uiyk)**

- \_\_\_ Induction Dosing: Trogarzo 2000 mg IV dose per 250 ml sodium chloride 0.9% administered over 30 minutes via pump
- \_\_\_ Maintenance Dosing: Trogarzo 800 mg IV dose per 250 ml sodium chloride 0.9% every 14 days

**Maintenance Refills:** \_\_\_\_\_

**Apretude® (cabotegravir)**

- \_\_\_ If Optional Oral Lead-In: Apretude 600mg IM monthly x 2 months, starting on the last day of oral lead-in (or within 3 days thereafter), followed by Apretude 600mg IM every 2 months thereafter.
- \_\_\_ If No Oral Lead-In: Apretude 600mg IM monthly x 2 months, followed by Apretude 600mg IM every 2 months thereafter.

**Maintenance Refills:** \_\_\_\_\_

**Physician Prescription Orders**

Physician Name: \_\_\_\_\_ NPI #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_ Nurse: \_\_\_\_\_ **Physician Signature:** \_\_\_\_\_