

**Cabenuva Treatment Plan**

Patient: \_\_\_\_\_

Medication Regimen:

- Cabotegravir and Rilpivirine by mouth once daily with food for 28 days
- Cabenuva (cabotegravir /rilpivirine) intramuscular injection in buttock (2 separate injections)

Required follow up:

- Before leaving your injection visit you will be required to make a follow up appointment for your next injection in 2 months
- If an appointment is canceled a new appointment must be scheduled within 7 days from originally scheduled injection visit
- If you are unable to reschedule within 7 days from the canceled appointment you will be removed from enrollment in Cabenuva Treatment Plan
- If you miss an appointment (“no show”) you will be removed from enrollment in Cabenuva Treatment Plan
- Monthly phone calls may be necessary with the medical team to discuss adherence, side effect management, and follow up

I, \_\_\_\_\_, will comply with the treatment plan outlined for me in receiving Cabenuva. I have been informed that I must follow the plans and follow up as required. I am aware that at if at any point I do not follow the above plan I will be transitioned to my previous oral therapy and will not eligible for reenrollment in the Cabenuva Treatment Plan for 1 year. If at any point in time I am concerned with the ability to follow the above plan I will contact my physician to determine next steps.

X \_\_\_\_\_

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