



Oregon Health & Science University
Hospital and Clinics Provider's Orders

PO9031



ADULT AMBULATORY INFUSION ORDER

**Cabotegravir and Rilpivirine
(CABENUVA) Infusion**

Page 1 of 3

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: _____ kg Height: _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Contraindications: Hypersensitivity to cabotegravir or rilpivirine; concomitant use with uridine diphosphate glucuronosyltransferase (UGT)1A1 and/or cytochrome P450 (CYP)3A enzyme inducers (anticonvulsants [eg, carbamazepine, oxcarbazepine, phenobarbital, phenytoin], antimycobacterials [eg, rifabutin, rifampin, rifapentine], systemic dexamethasone [more than a single dose], St John's wort).
3. Hepatotoxicity has been reported in patients with or without known preexisting hepatic disease or other risk factors. Patients with underlying liver disease or marked elevations in transaminases prior to treatment may be at increased risk for worsening or development of transaminase elevations. Monitor liver chemistries and discontinue treatment if hepatotoxicity is suspected.
4. Depressive disorders, including depression, depressed mood, dysphoria, major depression, mood changes, negative thoughts, suicide attempts, or suicidal ideation, have been reported. Promptly evaluate patients with depressive symptoms to assess if symptoms are related to cabotegravir and rilpivirine and determine if risks of continued treatment outweigh the benefits.
5. Discontinue treatment immediately if signs or symptoms of hypersensitivity reactions develop.
6. Carefully select patients who agree to the required injection schedule; nonadherence to injection schedule or missed doses could lead to loss of virologic response and development of resistance.

LABS:

- Liver Set (AST, ALT, BILI TOTAL, BILI DIRECT, ALK PHOS, ALB, PROT TOTAL), Routine, ONCE, every visit

NURSING ORDERS:

1. Monitor and record vital signs, tolerance, and presence of infusion-related reactions for 10 minutes after injection.
2. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, dec clotting (alteplase), and/or dressing changes.



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Page 2 of 3

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MEDICATIONS:

Monthly injection dosing:

- Initiation injections: IM: Cabotegravir 600 mg and rilpivirine 900 mg once; begin continuation injections in 1 month.
- Continuation injections: IM: Beginning 1 month after initiation injections, cabotegravir 400 mg and rilpivirine 600 mg once monthly; may be given up to 7 days before or after the date of the scheduled monthly injections.

Every-2 month injection dosing:

- Initiation injections: IM: Cabotegravir 600 mg and rilpivirine 900 mg once monthly for 2 doses; begin continuation injections 2 months after the second dose (month 4). Note: Second initiation injections may be administered up to 7 days before or after the date the individual is scheduled to receive the injections.
- Continuation injections: IM: Beginning 2 months after the last initiation injections, cabotegravir 600 mg and rilpivirine 900 mg once every 2 months; may be given up to 7 days before or after the date of the scheduled every-2-month injections.

Switching injection schedules from monthly to every-2-month injection dosing:

- IM: Administer cabotegravir 600 mg and rilpivirine 900 mg 1 month after the last monthly continuation injections, and then cabotegravir 600 mg and rilpivirine 900 mg every 2 months thereafter.

Switching injection schedules from every-2-month to monthly injection dosing:

- IM: Administer cabotegravir 400 mg and rilpivirine 600 mg 2 months after the last every-2-month continuation injections, and then cabotegravir 400 mg and rilpivirine 600 mg monthly thereafter.

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction



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Page 3 of 3

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By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: Oregon _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Please check the appropriate box for the patient's preferred clinic location:

Hillsboro Medical Center
Infusion Services
364 SE 8th Ave, Medical Plaza Suite 108B
Hillsboro, OR 97123
Phone number: (503) 681-4124
Fax number: (503) 681-4120

Adventist Health Portland
Infusion Services
10123 SE Market St
Portland, OR 97216
Phone number: (503) 261-6631
Fax number: (503) 261-6756

Mid-Columbia Medical Center
Celilo Cancer Center
1800 E 19th St
The Dalles, OR 97058
Phone number: (541) 296-7585
Fax number: (541) 296-7610