



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

PO7071



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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#### 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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**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:** \_\_\_\_\_

OLC Central Intake Nurse:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

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

**Beaverton**

OHSU Knight Cancer Institute  
15700 SW Greystone Court  
Beaverton, OR 97006

Phone number: 971-262-9000

Fax number: 503-346-8058

**NW Portland**

Legacy Good Samaritan campus  
Medical Office Building 3, Suite 150  
1130 NW 22nd Ave.

Portland, OR 97210

Phone number: 971-262-9600

Fax number: 503-346-8058

**Gresham**

Legacy Mount Hood campus  
Medical Office Building 3, Suite 140  
24988 SE Stark  
Gresham, OR 97030

Phone number: 971-262-9500

Fax number: 503-346-8058

**Tualatin**

Legacy Meridian Park campus  
Medical Office Building 2, Suite 140  
19260 SW 65th Ave.  
Tualatin, OR 97062

Phone number: 971-262-9700

Fax number: 503-346-8058

Infusion orders located at: [www.ohsuknight.com/infusionorders](http://www.ohsuknight.com/infusionorders)