



Riverbend Medical Center Regional Infusion Center (RIC)
 3377 Riverbend Drive Suite 502/510
 Springfield, Oregon 97477
 Phone 541-222-6280 Fax 541-349-8006

Cabotegravir and Rilpivirine (Cabenuva) for treatment of HIV (v. 01/09/2024)

[x] Admit as series patient.

Cabotegravir and rilpivirine injections are currently available at the RIC with the following restrictions:

- Diagnosis of HIV
- Prescribed by an Infectious Diseases specialist
- Order must be renewed annually

■	<input type="checkbox"/>	Monthly Regimen [x] Cabotegravir 600 mg injection and Rilpivirine 900 mg injection IM x 1 <ul style="list-style-type: none"> • Loading dose • Administered as two IM injections in gluteal region on opposite sides
■	<input type="checkbox"/>	Monthly Regimen [x] Cabotegravir 400 mg injection and Rilpivirine 600 mg injection IM every month <ul style="list-style-type: none"> • Maintenance dose • Administered as two IM injections in gluteal region on opposite sides • May be given up to 7 days before or after the date of the scheduled monthly injection <ul style="list-style-type: none"> ○ If patient over 7 days late for scheduled injection, hold further injections until evaluated by ID provider

■	<input type="checkbox"/>	Every 2 months Regimen [x] Cabotegravir 600 mg injection and Rilpivirine 900 mg injection IM every month x 2 doses <ul style="list-style-type: none"> • Loading dose = 2 doses 1 month apart • Administered as two IM injections in gluteal region on opposite sides
■	<input type="checkbox"/>	Every 2 months Regimen [x] Cabotegravir 600 mg injection and Rilpivirine 900 mg injection IM every 2 months <ul style="list-style-type: none"> • Maintenance dose • Administered as two IM injections in gluteal region on opposite sides • Begin 2 months after the 2nd loading dose • May be given up to 7 days before or after the date of the scheduled bimonthly injection <ul style="list-style-type: none"> ○ If patient over 7 days late for scheduled injection, hold further injections until evaluated by ID provider

Emergency Medications:

- DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic).
 -- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction

Patient name and DOB _____

Provider printed name: _____

Provider signature: _____

Date: _____ Time: _____