

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. 04/18/2025)

[x] Admit as series patient.

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

- Diagnosis of HIV (ICD-10: B20)
- Prescribed by an Infectious Diseases specialist
- Order must be renewed annually

	Monthly Regimen		
	[x] Cabotegravir 600 mg injection and Rilpivirine 900 mg injection IM x 1		
	Loading dose		
	Administered as two IM injections in gluteal region on opposite sides		
	[x] Cabotegravir 400 mg injection and Rilpivirine 600 mg injection IM every month		
	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		
	o If patient over 7 days late for scheduled injection, hold further injections until evaluated by ID provider		
From 9 months Decimon			
ΙП	Every 2 months Regimen [x] Cabotegravir 600 mg injection and Rilpivirine 900 mg injection IM every month x 2 doses		
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	Loading dose = 2 doses 1 month apart		
	Administered as two IM injections in gluteal region on opposite sides		
	[x] Cabotegravir 600 mg injection and Rilpivirine 900 mg injection IM every 2 months		
	Maintenance dose		
	Administered as two IM injections in gluteal region on opposite sides		
	Begin 2 months after the 2 nd loading dose		
	May be given up to 7 days before or after the date of the scheduled bimonthly injection		
	o 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\
- Emergency medications can be given IM if IV route unavailable

Patient name:	Provider printed name:
DOB:	Provider signature:
Height Weight	Date: Time: