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

PO7071

ADULT AMBULATORY INFUSION ORDER

Cabotegravir (APRETUDE) Injection

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. Individuals must be tested for HIV-1 infection prior to initiating cabotegravir, and with each subsequent injection of cabotegravir, using a test approved or cleared by the FDA for the diagnosis of acute or primary HIV-1 infection. Drug-resistant HIV-1 variants have been identified with use of cabotegravir by individuals with undiagnosed HIV-1 infection. Do not initiate cabotegravir for HIV-1 pre-exposure prophylaxis (PrEP) unless negative infection status is confirmed. Individuals who become infected with HIV-1 while receiving cabotegravir for PrEP must transition to a complete HIV-1 treatment regimen.
3. Contraindications: Hypersensitivity to cabotegravir; concomitant use with uridine diphosphate glucuronosyltransferase (UGT)1A1 enzyme inducers (anticonvulsants [eg, carbamazepine, oxcarbazepine, phenobarbital, phenytoin], antimycobacterials [eg, rifampin, rifapentine]; unknown or positive HIV-1 status (when used for HIV-1 preexposure prophylaxis).
4. Hepatoxicity 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.
5. Depressive disorders, including altered or depressed mood, depression, mood swings, and suicidal ideation or attempt, have been reported. Evaluate patients with depressive symptoms to assess relation to cabotegravir use and risk/benefit of continued therapy. Discontinue treatment immediately if signs or symptoms of hypersensitivity reactions develop.
6. Carefully select individuals who agree to the required injection dosing and testing schedule and counsel individuals about the importance of adherence to scheduled dosing visits to help reduce the risk of acquiring HIV-1 infection and development of resistance.

NURSING ORDERS:

1. Monitor and record vital signs, tolerance, and presence of infusion-related reactions.
2. Cabotegravir (APRETUDE) second and continuation injections may be administered up to 7 days before or after the date the individual is scheduled to receive the injection.
3. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

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MEDICATIONS:

Initiation injections:

- ☐ Cabotegravir (APRETUDE) injection, 600 mg, intramuscular, once monthly for 2 doses; if using oral lead-in, first IM initiation injection should be administered on the last day of oral lead-in, or within 3 days after.

Continuation injections:

- ☐ Cabotegravir (APRETUDE) injection, 600 mg, intramuscular, once every 2 months, starting 2 months after the last initiation.

Note: Second and continuation injections may be administered up to 7 days before or after the date the individual is scheduled to receive the injection.

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 (Policy 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 x1 dose for hypersensitivity reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x1 dose for hypersensitivity reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x1 dose for hypersensitivity reaction

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:** _____

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

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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