AETC MidAtlantic

MidAtlantic AIDS Education and Training Center

Injectable HIV Treatment: Cabotegravir/Rilpivirine

Injectable Antiretroviral Treatment (ART) is a new option for people with HIV to receive treatment without needing to take daily oral medication.

Rationale for Initiation

Injectable ART provides an alternative to daily oral medications for people with HIV.

- May keep their HIV status more private
- May increase satisfaction with HIV care
- May increase adherence for those who struggle to take daily medication

Who is a candidate for CAB/RPV?

A patient must meet the following criteria:

- HIV-1 infection, undetectable viral load, no history of treatment failure, willing to come for injections
- No known or suspected resistance to cabotegravir or rilpivirine
- If co-infected with hepatitis B, patient must be on effective hepatitis B treatment before starting CAB/RPV
- Negative pregnancy test as appropriate
- Evaluate hepatitic function as warranted

Tips for Success

- Discuss risks, benefits, adverse reactions, and importance of adherence with the patient to mitigate development of resistance.
- Confirm insurance coverage prior to scheduling the first injection
- Ensure staff are trained on ventrogluteal injections and Z-track technique
- Remove medication from refrigerator at recommended time before injection
- Observe the patient for 10 minutes to assess for medication reactions
- Schedule a patient for their next injection(s) while they are in the office if possible
- Set aside adequate refrigerated storage space for the injection doses
- Order injectable ART refills at least one week before the next scheduled injection
- Designate an injectable ART champion to complete medication ordering

Cabotegravir/Rilpivirine contraindicated

- Anticonvulsants (carbamazepine, oxcarbazepine, phenobarbital, phenytoin)
- Antimycobacterials (rifabutin, rifampin, rifapentine)
- Glucocorticoid (systemic): Dexamethasone (more than a single-dose treatment)
- St. John's wort (hypericum perforatum)
- Hepatotoxicity has been reported.
- Monitoring of liver chemistries is recommended.
- Depressive disorders have been reported.

CAUTION: Residual concentrations can remain in the patient for over 12 months possibly contributing to resistance if treatment discontinued. Begin a fully suppressive ART regimen 1 month or less after the last injection.

Adverse reactions

Injection site reactions are common; mostly mild or moderate, with localized pain/discomfort. Most are easily treated with OTC painkillers or heat/ice. Other reactions include fever, fatigue, headache, musculoskeletal pain, nausea, sleep disorders, dizziness, rash

Dosing Schedules

Patients can choose an every 4-week or 8-week regimen. Two intramuscular injections of separate gluteal sites (opposite sides or 2 cm apart).

- **4-Week Dosing**: After the first month (see schedule below), 400mg (2mL) cabotegravir and 600mg (2mL) rilpivirine every 4 weeks
- **8-Week Dosing**: 600mg (3mL) cabotegravir and 900mg (3mL) rilpivirine every 8 weeks

The target date for a patient's injection is the same day of the month as their previous injection, window of +/-7 days.

To switch from 4-week to 8-week dosing: Administer the 3mL doses 4 weeks after the last injection of 2mL doses, continue every 8 weeks.

	Month 1	Month 2	Month 3	Month 4	Month 5
4 - Week Dosing Cycle	**Start 4-week injections** 600mg (3mL) cabotegravir, 900 mg (3mL) rilpivirine	400mg (2mL) cabotegravir 600mg (2mL) rilpivirine every 4 weeks	CAB 400mg/RPV 600mg	CAB 400mg/RPV 600mg	CAB 400mg/RPV 600mg
8 - Week Dosing Cycle	600mg (3mL) cabotegravir, 900 mg (3mL) rilpivirine	**Start 8-week injections** 600mg (3mL) cabotegravir, 900mg (3mL) rilpivirine		**Continue 8-week injections** 600mg (3mL) cabotegravir, 900 mg (3mL) rilpivirine every 8 weeks	

Missed Dose Scheduling

Planned missed dose(s): The patient can take the oral medication regimen for the duration of their absence. The first dose of oral therapy should be taken one month after the last injection dose and continued until the injection dosing is restarted.

Unplanned missed doses: Determine if resuming injection dosing is clinically appropriate to minimize risk of developing viral resistance.

- <2 months since last dose: Resume regular dosing as soon as possible
- >2 months since last dose: Restart the initiation injection dose (600mg cabotegravir/900mg rilpivirine), continue 4- or 8-week schedule

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Please refer to the most recent guidelines

References

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