

Long-Acting HIV Antiretroviral Therapy (ART): Cabotegravir/Rilpivirine (CAB/RPV)



Fact Sheet for HIV Care Teams

What is long-acting ART?

Long-acting ART (brand name: Cabenuva) is a new injectable HIV treatment option for people with HIV who are virally suppressed with less than 50 copies per milliliter (mL) of virus in their bodies. The treatment is a complete regimen consisting of two medicines, cabotegravir and rilpivirine (CAB/RPV), administered into the buttocks muscle once monthly or every two months by a health care professional.

Why is long-acting CAB/RPV of interest?

Long-acting CAB/RPV:

- Gives eligible clients an alternative to taking daily oral HIV medicines
- Can help clients keep their virus levels undetectable
- Offers an important opportunity to expand access to HIV treatment, especially for clients who may experience barriers to consistently taking daily oral HIV medicines

Who may be eligible?

People with HIV who meet all the following criteria may be eligible for long-acting CAB/RPV:

- Are virally suppressed on their current oral HIV treatment medicines, with less than 50 copies per mL of virus in their bodies
- Have no history of HIV treatment failure
- Have no known or suspected resistance to CAB or RPV
- Are 12 years of age or older and weigh at least 35 kilograms (77.16 pounds)

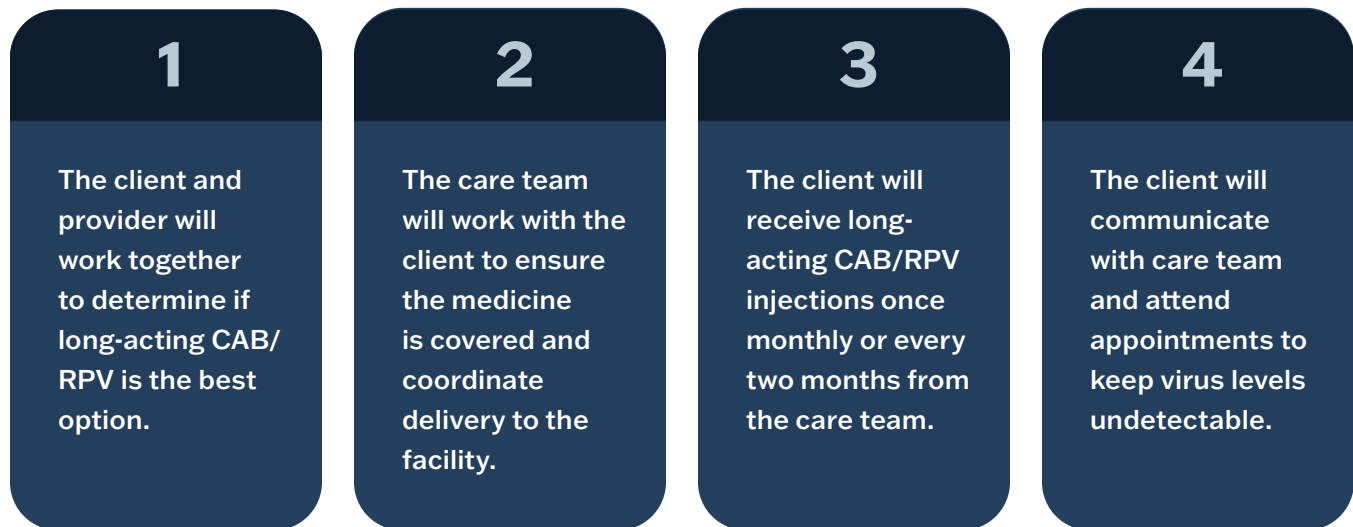
Other criteria may also affect eligibility. HIV care providers and clients should discuss:

- Hepatitis B history, immunity, and infection status
- Family planning, pregnancy, and breastfeeding or chestfeeding status
- Presence of gluteal implants or soft tissue fillers
- Current health conditions, drug allergies, and medicines
- Ability and willingness to come to a designated location on a regular basis to receive two large-volume intramuscular injections

What are the most common side effects?

The most common side effects of long-acting CAB/RPV are pain, tenderness, redness, itching, bruising, and warmth at the injection site. These side effects tend to be mild and improve over time. Reactions will typically go away within a few days, and injection site reactions occur less frequently as treatment continues. If a client is worried about possible side effects from the new medicines, they have the option to take the new medicines in oral form for one month before starting injections.

What does the process of transitioning to long-acting ART look like?



Why is injection appointment attendance so important?

While long-acting CAB/RPV lasts longer in the body than traditional oral HIV medicines, all HIV medicines need to maintain a certain level to work correctly. For oral medicines, that means taking medicines as prescribed. For long-acting CAB/RPV, that means keeping injection appointments as per schedule. If injection appointments are missed, this can increase the risk that the virus will mutate (develop CAB/RPV resistance), which could make it difficult to treat the virus in the future.

While clients have seven days before and seven days after their agreed date of injection appointments to get their injections, clients who are unable to receive injections within this window will need to switch to oral HIV medicines (“oral bridge”) until their next injection appointment. If indicated, they will start the oral bridge on the day the injections are due and continue until the day they receive their next injections.

To keep virus levels undetectable, it is important for clients to receive injections on time. Additionally, all medicines, herbal supplements, hormonal therapies, and over-the-counter medicines that clients are taking should be communicated to the HIV care team and medically managed if needed.

How can the care team support clients with injection appointment attendance?

The care team should:

- Use client-centered strategies to educate clients on the risk of developing CAB/RPV resistance if injection appointments are missed.
- Proactively discuss barriers and offer or refer clients to supportive services to encourage injection appointment attendance (which may include transportation, accompaniment, or harm reduction services).
- Develop a detailed action plan describing what the team and client should do if a client misses an injection appointment.
- Empower clients to take an active role in their care.