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

Discussion, Initiation, Maintenance, and Discontinuation Recommendations

Follow these recommendations to discuss, initiate, maintain, and safely discontinue long-acting CAB/RPV (brand name: Cabenuva), two long-acting injectable medicines used to treat HIV.

Discussing Long-Acting CAB/RPV as an Option With Clients

Discuss long-acting CAB/RPV as an option to replace oral HIV medicines and maintain undetectable virus levels. Refer to "Long-Acting ART: Fact Sheet for HIV Care Teams" (**on.nyc.gov/la-art-hiv-care**) for help with talking points. If the client is interested, use shared decision-making to determine if long-acting CAB/RPV is a good option for them.

Clients may be eligible if they meet all the following criteria:

- Are virally suppressed with an HIV-1 RNA viral load less than 50 copies per milliliter (mL) on current oral HIV regimen
  - The potential option of long-acting CAB/RPV may incentivize clients to become undetectable on current oral HIV medicines.
  - Refer interested clients to enhanced adherence support services when applicable.
- Have no known or suspected integrase strand transfer inhibitor (INSTI) or non-nucleoside reverse transcriptase inhibitor (NNRTI) resistance-associated mutations (RAMs), excluding the K103N mutation in isolation
  - Review results of prior resistance testing and ART treatment history, including all reasons for ART modification, to assess whether there is any concern for INSTI or NNRTI resistance.
  - Baseline genotypic resistance testing may be considered if no prior results are available.
- Have no history of treatment failure
  - Treatment failure can be defined as having two consecutive plasma HIV-1 RNA greater than or equal to 200 copies per mL while taking HIV medicines as prescribed.
- Are age 12 or older and weigh at least 35 kilograms
- Are not currently pregnant, planning to get pregnant soon (within the next 12 months), or currently breastfeeding or chestfeeding
  - There are insufficient data on how long-acting CAB/RPV can affect or harm a developing fetus or feeding baby.

- For people who are planning pregnancy, discuss the chance of medicines lasting in the body for one year or more after discontinuing (also known as "pharmacokinetic long tail") and the risk of medicines entering fetal tissue.
- For people who are able to get pregnant, you can develop a contraception plan with them.

- Have no coinfection with hepatitis B without active oral therapy for hepatitis B
- Have no gluteal implants or fillers
  - This is due to the current gluteal administration site and the lack of efficacy data in people with gluteal implants or soft tissue fillers.
- Have no major medicine or drug allergy interactions with CAB/RPV without a management plan
  - Review and manage drug interactions through **hiv-druginteractions.org**.
- Are able and willing to come to injection appointments on a regular basis
  - Confirm the client is willing to receive two large-volume intramuscular injections regularly in the gluteal muscle.
  - Explain to the client the importance of injection appointment attendance and the risk of the virus mutating (developing resistance), making it difficult to treat in the future.
  - Determine whether the client has any nonmedical needs, such as transportation or child care, that may affect their ability to keep or attend appointments. If so, work with the care team to identify supportive services that can address those needs.

If the client is engaged and eligible, refer to "Long-Acting CAB/RPV Dosing Infographic" (**on.nyc.gov/la-art-infographic**) to discuss dosing schedules (for example, injections once monthly or every two months) and optional oral lead-in (oral CAB and RPV) to assess tolerability of the medicines with the client.

Initiating Long-Acting CAB/RPV

- If the client is ready to switch to long-acting CAB/RPV after shared decision-making, work with the client and care team to develop a treatment plan and provide relevant education. Refer to "Long-Acting CAB/RPV Dosing Infographic," as appropriate, to discuss shared expectations.
- If oral lead-in is used, prescribe up to one month of oral CAB and RPV medicines. Counsel the client to take oral RPV with at least 390 calories of food, how to manage any relevant drug interactions, which side effects to monitor for, when current oral HIV medicines should be stopped and switched to oral lead-in, and the importance of taking oral lead-in daily until the day of the injection appointment.
- If oral lead-in is not used, educate the client to continue to take their current oral HIV medicines daily until their injection appointment, including on the day of the appointment.
- Talk to the client to determine an agreed date of injection (ADI) for appointments. Depending on your site, the ADI may be based on a fixed date (for example, a set date between the first and twenty-eighth day of the month, monthly, or every two months)

or on a fixed weekly interval (for example, every four weeks for once monthly and every eight weeks for every two month dosing schedules).

- Educate the client that they can receive their injections within the appropriate seven-day time window, which includes the seven days before or after their ADI.
- Discuss the importance of injection appointment attendance, highlighting that if they are unable to make their injection appointment within the seven-day time window, they should notify the care team for assistance. They can take oral HIV medicines between injection appointments, otherwise known as "oral bridging." Medicines used for oral bridging may be the client's HIV regimen prior to the switch, oral CAB and RPV, or another fully suppressive oral ART option.
- Counsel the client on what the planned oral bridge medicines will be for the client and any relevant education points. Communicate that if used, the oral bridge medicines should be started on the day injections are due and continued until the day they receive their next injections. Develop a plan with the client on how to best communicate with the care team and request prescriptions for oral bridging, should they be needed.
- Counsel the client on any medicine management plans, options to minimize injection site pain including before the injection (for example, taking preinjection pain medicines) or after the injection (for example, taking post-injection pain medicines, using ice or heat packs, or not sitting for an extended period of time), and relevant side effects to monitor for. Develop a plan with the client on how to best communicate with the care team, should any clinical questions arise.
- Obtain updated contact and emergency contact information, as well as all health insurance information, including medical, pharmacy, and supplemental benefits.
- Notify the client that they may be contacted by the clinic, their pharmacy, or insurance staff for help with procuring the medicine and getting it covered by insurance.
- Work with your care team to send long-acting CAB/RPV prescriptions to an appropriate pharmacy, assist with clinical documentation as needed, and notify staff about the intended dosing schedule to ensure injection appointment scheduling.

Maintaining Long-Acting CAB/RPV

- Empower the client by explaining the importance of attending injection appointments, what to do if they are unable to make injection appointments, and communicating if there are any scheduling or medicine changes. Refer to "Long-Acting ART: Fact Sheet for HIV Care Teams" for help with talking points.
- Offer support strategies to the client to encourage injection appointment attendance.
- Follow up with the client if they miss their scheduled injection appointments.
- If injection appointments need to be rescheduled, work with the client to reschedule within the appropriate seven-day time window, which includes the seven days before or seven days after their agreed injection appointment date.
- If the client is unable to attend or have their injection appointment rescheduled within the seven-day time window, discuss oral bridging and let them know that oral HIV medicines will be needed until injections are resumed.

- Create a plan to discuss continuation of injections and evaluate the appropriateness and need for supportive services if the client is unable to attend injection appointments.
- If the client continues to experience difficulties attending injection appointments despite the addition of supportive services, discussion about the potential switch back to oral HIV medicines may be indicated.

Suggested talking points for scheduling and rescheduling include:

- If you are unable to come in on your scheduled injection appointment date, injections can be given up to seven days before or seven days after your agreed date.
  - For example, if you decide that you will come on the 10th of the month for once monthly injections, you can reschedule your appointment and come in between the 3rd and the 17th of that month.
- If you are unable to attend or reschedule the injection appointment within the seven-day time window, you will need to take oral HIV medicines until you are able to get your next injection.
- Let us know as soon as possible if you are unable to attend an injection appointment.
- If we can, we will try to reschedule you within your seven-day time window.
- If we are unable to schedule you within that time, we will ensure that you have oral HIV medicines to take until your next injections. If indicated, start the medicines on the day your injections are due and continue until the day you receive your next injections.
- If you experience difficulty keeping your injection appointments, contact us so we can work together to support you.
- If you are unable to keep or attend injection appointments, we will schedule you to come in as soon as possible. We can discuss support strategies and consider whether you would prefer to continue injections or switch back to oral HIV medicines.
- Let us know if you are unable to attend your injection appointment or if there are any changes to your medicines so that together we can keep your virus levels undetectable.

Discontinuing Long-Acting CAB/RPV

Reasons for long-acting CAB/RPV discontinuation may include:

- Confirmed treatment failure, defined as two consecutive plasma HIV-1 RNA greater than or equal to 200 copies per mL
- Evidence of INSTI or NNRTI RAMs, excluding the K103N mutation in isolation
- Repeated missed injection appointments despite attempts to support attendance
- Side effects
- Client preference to stop
- Health conditions in which the risk outweighs the benefit
- Pregnancy
- Plans to become pregnant or to breastfeed or chestfeed in the next 12 months

In order to discontinue long-acting CAB/RPV and safely switch back to oral HIV medicines, follow these recommendations:

- If a client's long-acting CAB/RPV is to be discontinued, plan carefully and in collaboration with the client.
- Consider the client's dosing schedule and last received doses to determine when oral HIV medicines should be started. After reviewing drug interactions and relevant medical history, prescribe appropriate oral HIV medicines.
- Counsel the client on the importance of starting oral HIV medicines on time to avoid risk of resistance. Discuss when to start the oral HIV medicines and how to manage relevant drug interactions and side effects. Typically, if a client has kept injection appointments, oral HIV medicines will start one month after the last injection if once monthly dosing or two months after the last injection if every two month dosing. However, depending on the reason for the switch, you may want the client to start sooner.
- If long-acting CAB/RPV is discontinued, talk to the client about how the medicines can stay in their body for over one year. Talk to the client about the importance of adhering to oral HIV medicines to reduce the risk of developing resistance and communicating the last dose of long-acting CAB/RPV to other providers to minimize the risk of drug interactions and side effects.

Suggested talking points for discontinuing or switching back to oral HIV medicines include:

- Once you stop receiving long-acting CAB/RPV injections, it is important to start oral HIV medicines to keep your virus under control. You will typically start your oral HIV medicines when you would normally be due for your next injection, so start oral HIV medicines one month after your last injection if you take injections once monthly or start two months after your last injection if you take injections every two months.
- Once you stop receiving long-acting CAB/RPV injections, the medicines may stay in your body, in lower and lower amounts, for one year or more.
- If you do not start or take your oral HIV medicines as recommended, the virus can mutate (change). This could make it more difficult to treat the virus in the future.
- Additionally, even after you stop long-acting CAB/RPV injections, low amounts of CAB/RPV may still interact with medicines that you start over the next year.
- Make sure to tell all your providers that you were on long-acting CAB/RPV and the date of your last injection to lower the chance of drug interactions or side effects.