

## **BHIVA guidance on long-acting cabotegravir/rilpivirine for antiretroviral therapy: non-technical summary**

### **The use of long-acting injectable cabotegravir/rilpivirine**

The British HIV Association (BHIVA) produces medical guidelines about HIV treatment. Each guideline reviews the evidence for the best care. Although these guidelines are for clinicians, it is important that you know what is in them. The aim of this non-technical summary is to provide the main points about long-acting injectable cabotegravir/rilpivirine (LA-CAB/RPV) for antiretroviral therapy (ART).

You can find more details about LA-CAB/RPV in the BHIVA guidelines on antiretroviral treatment for adults living with HIV-1 2022 at: <https://www.bhiva.org/HIV-1-treatment-guidelines>.

### **Key messages:**

- Long-acting injectable treatment is now available in the form of two intramuscular injections given in the buttocks every 2 months. It has been shown to be safe and effective when people with an undetectable viral load are switched from tablets to injectable treatment.
- Although many people may be content taking daily tablets, others may prefer to use the injectable treatment. They may have difficulty swallowing tablets, or have practical or emotional difficulties associated with taking tablets, or may struggle to take tablets on time.
- Injectable treatment is a combination of two HIV medications, long-acting cabotegravir and rilpivirine (LA-CAB/RPV), given in clinic at the same time. Initial clinic visits will typically last 60 minutes.
- You will need to take the medications in tablet form for 1 month before starting injections, to be sure that you do not experience any problems with the medications.
- It is very important to have the injections on time. **If you cannot commit to attending clinic every 2 months, injectable treatment is not the best option for you.**
- The most common side effect is pain or swelling at the injection site. This tends to be worst after the first injections and not as bad after subsequent injections. Very few people stop injectable treatment because of side effects.
- A small number of people receiving injectable treatment experienced a rebound in viral load, even though they did not miss any injections. Most then developed resistance, limiting their future HIV treatment options. Viral load needs to be tested at every clinic visit.
- Injectable treatment is not recommended if you are pregnant or planning to become pregnant.
- You cannot receive injectable treatment if you are taking tenofovir to treat hepatitis B.
- Clinics may have limited capacity for giving injectable treatment. So they will prioritise this treatment for those people who most need it.
- If you are interested in injectable treatment, speak to your healthcare team at your next clinic appointment about whether it is a suitable option for you. But the clinic may not be able to offer this treatment, depending on your reasons for wanting it and the capacity of the clinic.
- Anyone who is already receiving injectable treatment (for example as part of a clinical trial) will be able to continue, if they wish to do so.

## Introduction

ART is extremely effective, allowing people with HIV to live well, with similar life expectancy compared to anyone else. Typically, ART involves taking two or three different types of antiretroviral medication daily, usually in the form of one or more tablets.

Long-acting injectable ART (LA-CAB/RPV) has been approved for use in all parts of the UK and is already in use in Scotland. Injectable ART is covered in detail in the BHIVA treatment guidelines.

Clinical trials have shown that injectable treatment is safe and effective in people who already have an undetectable viral load. But these trials were very strict about who could be recruited. This means that there are some restrictions on who can use long-acting injectable treatment.

## Which medications are used in this injectable treatment?

The injectable treatment combines two HIV medications. They are injected separately, one into each buttock:

- **Cabotegravir.** This is an integrase inhibitor (INSTI), a newer type of medication that is very effective in treating HIV.
- **Rilpivirine.** This is a non-nucleoside reverse transcriptase inhibitor (NNRTI), and is a medication that is widely used to treat HIV in tablet form, either on its own as part of a multi-drug regimen or combined into one tablet with other HIV medications.

The injectable treatment is a combination of long-acting versions of cabotegravir (Vocabria) and rilpivirine (Rekambys). The two injections must be given together, and cannot be used with other HIV medicines.

## How effective is this injectable treatment?

Studies have investigated the use of injectable ART once a month or once every 2 months. Only the 2-monthly injectable ART is available in the UK. The studies included only people who **already** had an undetectable viral load on treatment, and who did not have known resistance to either of the medications. The treatment works very well for most people, meaning that most people stay undetectable when they switch to injectable treatment. However, in the studies, a small number of people (1 in 40) developed a detectable viral load after 3 years even if they did not miss any injections.

The number of people developing a detectable viral load is likely to be lower in practice than that seen in the studies. Nonetheless, there is still a small risk of virological rebound using injectable treatment. Therefore, it is important that viral load is checked every time you attend clinic for the injections.

In cases where the injectable treatment failed in the studies, most people developed resistance to one or both of the medications. So there will be fewer future HIV treatment options. There are no other injectable treatments at present, so if you develop resistance to LA-CAB/RPV you would have to switch to taking different ART as tablets.

## How safe is this injectable treatment?

The most common side effect is pain or swelling at the injection site. This tends to be worst after the first injections and not as bad after subsequent injections. Very few people stop injectable treatment because of side effects.

There is limited information about injectable treatment in pregnancy so it is not a recommended option if you are pregnant. If you are planning to get pregnant, or become pregnant on injectable treatment, speak to your healthcare team. They will be able to give you advice, which may include staying on injectable treatment if it is the best option for you.

### Does this injectable treatment interact with other drugs?

Some medications are not safe if taken together. The interaction could cause increased, dangerous levels of one or both of the medications, or could cause one or both to stop being effective. Other drug interactions are less dangerous but still need to be taken seriously. If levels of one medication are affected, you may need to change the dose you take. This must only be done on the advice of your HIV doctor.

The most common treatment for hepatitis B is tenofovir (either as TDF or TAF). You cannot receive injectable treatment if you are taking tenofovir. But you can receive it if a different drug is used to treat hepatitis B (entecavir).

You should always tell your healthcare team about any other drugs or medications you are taking. This includes anything prescribed by another doctor, any medicines you have bought from a high-street chemist, as well as herbal and alternative treatments, and recreational drugs.

### How is this injectable treatment given?

Before you start injectable treatment, it is important to check that you do not experience side effects from taking these medications. So you will stop taking your current HIV medications and start taking the new medications in tablet form for a month. Very few people have experienced side effects using these medications in tablet form. After 1 month of taking tablets you will have your viral load checked. You will then be able to start receiving the injections.

The treatment involves two deep intramuscular injections, one into each buttock at each visit. At present there is no option for people to inject themselves. Injections will need to be given by a healthcare professional. You will need to wait at the clinic for a few minutes after the injections, to check that you do not have a bad reaction to them. You should expect to spend around 60 minutes at the clinic for the first sets of injections, and around 30–40 minutes per visit for later injections. You will also need to have a blood sample taken at each visit so that your viral load can be checked.

You will receive follow-up injections every 2 months. It is very important to have the injections on time. The injections can be given a maximum of 7 days early or 7 days late. If you know you will not be able to attend an injection appointment, you can switch to tablets until the next injection; but this should only happen in exceptional circumstances. **If you cannot commit to attending clinic every 2 months, injectable treatment is not the best option for you.**

### Who is this injectable treatment for?

Many people may be on simple HIV treatment regimens that involve taking one or two tablets once a day, and visiting their HIV clinic every 6 months. The time between clinic visits may be even longer if they have been stable on treatment for a long time. So they may be content to stay on their tablet regimen, and not switch to injectable treatment.

But some people may want to switch, for a variety of reasons, including if they find it difficult:

- To swallow tablets;
- To take tablets because of their living arrangements, or the job they do;
- To take their medication regularly.

Some may also struggle psychologically to take tablets because of the daily reminder of their HIV.

Injectable ART has now been approved for use in all parts of the UK. As well as needing to fund the cost of the medications themselves, clinics will need to find the extra time, space and staffing to deliver injections every 2 months, and to make sure that people attend when they need to. This means that some clinics may have limited capacity for giving injectable treatments, so the people who most need it will be prioritised. But anyone who is already receiving injectable treatment (as part of a clinical trial, or otherwise) will be able to continue this treatment, if they so wish.

In general, injectable treatment is likely to be most suitable for people who struggle with taking tablets. But they may not have an undetectable viral load, or they may have resistance to one or both of the medications. This may mean that injectable treatment is not recommended for them at present.

**If you are interested in injectable treatment, speak to your healthcare team at your next clinic appointment.** They will be able to tell you if it is a suitable option for you. But even if you would like to try injectable treatment, and it is a suitable option, the clinic may not necessarily be able to offer it, depending on your reasons for wanting this treatment and the capacity of the clinic to deliver it.

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### Further information and support

Community organisations in the UK that produce information and resources about HIV treatment include HIV i-base (<https://www.i-base.info>), Terrence Higgins Trust (<https://www.tht.org.uk>) and NAM (<https://www.aidsmap.com>).

Further information about injectable treatments can be found here:

<https://www.aidsmap.com/about-hiv/arv-factsheet/cabotegravir-and-rilpivirine-injections>; and <https://i-base.info/guides/15361>.

### About BHIVA

BHIVA is an organisation for healthcare professionals in the UK. Members include doctors, nurses, researchers, pharmacists and community advocates. Since 1995, BHIVA has been committed to providing excellent care for people living with and affected by HIV. BHIVA is a national advisory body on all aspects of HIV care and provides a national platform for HIV care issues. To help promote and monitor high standards of care, BHIVA publishes a range of clinical guidelines:

<https://www.bhiva.org/guidelines.aspx>.

Information about how BHIVA guidelines are developed can be found at:

<https://www.bhiva.org/clinicalguidelines.aspx>.