

Cabotegravir and rilpivirine injections for HIV treatment

The leaflet will answer your questions about starting cabotegravir and rilpivirine antiretroviral therapy to manage your HIV. If you have any more questions, please speak to your clinic doctor, pharmacist or nurse.

What are cabotegravir and rilpivirine injections?

Cabotegravir and rilpivirine injections are a type of long acting antiretroviral medication that are used to manage HIV. The two medicines work together and must be given at the same time to be effective at maintaining an undetectable virus level. Cabotegravir belongs to class of drugs known as integrase inhibitors. Rilpivirine belongs to a class of drugs known as non-nucleoside reverse transcriptase inhibitors (NNRTIs).

Who is cabotegravir and rilpivirine injections suitable for?

Injectable treatment is likely to be most suitable for people who struggle with taking daily tablets, for example people with difficulty swallowing tablets, or have practical or emotional difficulties associated with taking tablets, or may struggle to take tablets on time.

There are a few circumstances where injectable treatment is not recommended at present:

- Women who are pregnant or planning to become pregnant
- People living with obesity
- People with an uncommon form of HIV
- People with HIV which is resistant to certain classes of antiretrovirals
- People living with hepatitis B taking tenofovir
- People who have detectable levels of HIV (viral load) in the blood

Are cabotegravir and rilpivirine injections effective?

The treatment has been shown to be very effective and works well for most people. The studies included people who already had an undetectable viral load on treatment, and who did not have known resistance to either of the medications. However, in the studies, a small number of people (1 in 40) developed a detectable virus level in the blood after 3 years, even if they did not miss any injections. Although there are limited data this detectable virus level may have implications for U=U. There is a small risk of virological failure and in these cases most people developed resistance to one or both cabotegravir and rilpivirine, leading to fewer future HIV treatment options. For this reason, it is important to get your viral load checked at every visit.

How do I start cabotegravir and rilpivirine?

- There are 2 ways to start your new treatment either:
 - taking tablets of cabotegravir and rilpivirine first, for at least 28 days, or
 - starting long-acting injections immediately
- The decision of whether to take tablets initially will depend on individual circumstances and will be decided between you and your clinic doctor.
- Some people may require a slightly different regimen before starting their injections depending on their current circumstance.

First 28-30 days – oral tablets

- To start injectable treatment, usually you will first need to take one cabotegravir and one rilpivirine tablet a day for at least 28 days.
- Take your tablets with food around the same time each day.
- Around the time of starting the tablets you will have a blood test and an appointment to check how you are getting on with your medication.
- You will take your last dose of cabotegravir and rilpivirine tablets on the date of your **first** injection.

Injections

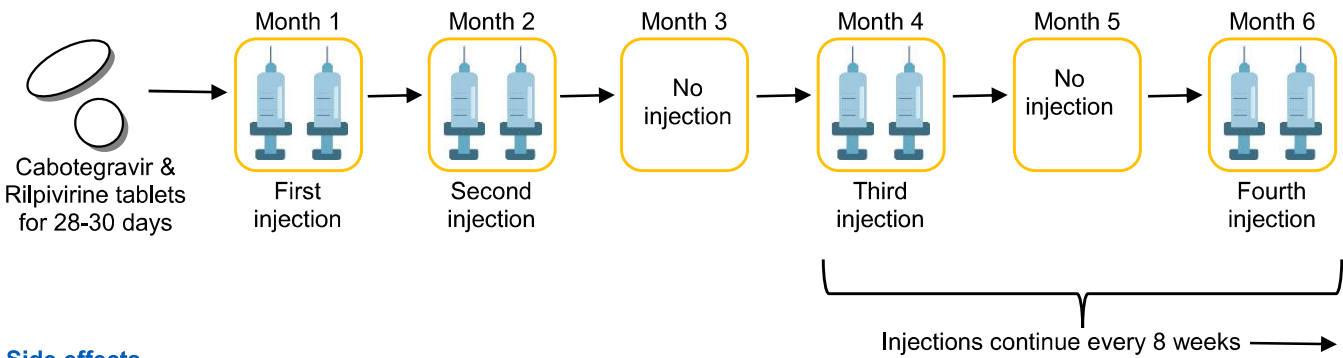
- If you are not having a month of cabotegravir and rilpivirine tablets, you will need to take the last dose of your current medication on the day of your first injection.
- Two injections, one cabotegravir and one rilpivirine, will be administered 28-30 days after starting your tablets (known as month 1 injection), and then 4 weeks later you will receive month 2 injection.
- Once you have received month 1 and 2 injections you will then move to 8 weekly injections.
- A nurse will administer each injection usually into the outer upper muscle of each of your buttocks a few minutes apart.
- Cabotegravir and rilpivirine injections have been investigated as injections taken once a month or every 2 months, however in the UK only the 2-monthly injections is available.

Managing injection timings:

- **It is important to have your injections on the scheduled date.**
- If too long is left between injection administration, the amount of medicine may not be enough and the virus may develop resistance to the medicines and similar other medicines. You may then require a change in treatment and may return to daily oral medicines.
- You will be told the date you are next due an injection during your appointments. It may be helpful to keep it in a diary to remind you.
- If you are not able to make it to your injection appointment for the date it is scheduled there is some flexibility as to when you can re-arrange it. Typically, this is a two-week window, which starts one week before and finishes one week after the date you were due to have the injection.

Please let your clinic know if you are unable to make your injection within this two-week window **as soon as possible**. This will give them time to either re-arrange to an appropriate date or consider alternative options, such as taking tablets until you are able to restart injections again.

Medication schedule



Side effects

Like all other medicines, cabotegravir and rilpivirine can cause side effects. Most are minor and will settle within a few days or weeks.

- Injection site reactions such as pain and swelling where the injection was administered – this tends to go away within a week for most people. It is possible that you will have this side effect every time you have an injection.
- Stomach side effects: feeling sick, vomiting, diarrhoea, reduced appetite, weight gain.
- Head side effects: headache, difficulty sleeping, abnormal dreams, drowsiness, feeling low in mood, feeling anxious.
- Other: Rash, muscle aches, temperature.

If you are concerned with any side effects or new symptoms after starting treatment you experience, please tell your doctor, nurse or pharmacist who can advise you further.

Interactions with other medications

Please inform your doctor and pharmacist of any medication you take, including herbal, complementary or over the counter medicines to ensure that they are compatible with your treatment. The following is not a complete list, but specifies some common medicines that interact with cabotegravir and rilpivirine:

Medicine	Why do you doctor & pharmacist need to know about this?
Calcium, magnesium, aluminium, zinc, or iron supplements, Multivitamins, antacids	Medicines or supplements containing iron, magnesium, calcium or aluminium can stop you from absorbing cabotegravir tablets properly. They should be taken at least 2 hours before or 4 hours after cabotegravir tablets. Fortunately, this interaction only applies to the tablets, so once you have moved over to the injections this interaction will be no longer applicable.
Medicines that affect stomach acid e.g. omeprazole, lansoprazole, famotidine	Drugs that reduce stomach acidity can stop rilpivirine tablets from being absorbed properly. <ul style="list-style-type: none"> • Proton pump inhibitors e.g. omeprazole, lansoprazole and pantoprazole, should not be taken with rilpivirine tablets. • H2-receptor antagonists such as famotidine may be an alternative to proton pump inhibitors and can be taken with rilpivirine. However, it must be taken ONCE daily and at least 4 hours after, and 12 hours before, taking rilpivirine tablets. • If you are taking antacids (for indigestion) or calcium supplements, these should be taken at least 2 hours before or 4 hours after both rilpivirine and cabotegravir tablets. • Always speak to your doctor or pharmacist for more information about this before you start to take any acid suppression medication. Fortunately, this interaction only applies to the tablets, so once you have moved over to the injections this interaction will be no longer applicable.
Anti-seizure medicines e.g. carbamazepine, phenytoin	Some anti-seizure medications can reduce the levels of both cabotegravir and rilpivirine tablets and injections.
St John's Wort for depression	This can reduce the levels of cabotegravir and rilpivirine tablets and injections within your body, meaning it may be less effective at suppressing the virus.
Rifampicin, rifabutin or rifapentine	These medicines most commonly used to treat TB infection can reduce the levels of cabotegravir and rilpivirine tablets and injections within your body, meaning it may be less effective at suppressing the virus.

For further information visit the BHIVA treatment guidelines website: [BHIVA guidelines on antiretroviral treatment for adults living with HIV-1 2022 \(2023 interim update\)](#) website and click on the link 'View non-technical summary about injectable HIV treatment' or scan the QR code.



NHS 111 This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day, **phone** 111 **web** www.111.nhs.uk

Contact us

If you have any questions about cabotegravir or rilpivirine please contact your clinic doctor, pharmacist or nurse.

Contact:

Telephone number:

This information was prepared by the HIV Pharmacy Association (HIVPA). This leaflet does not replace the patient information leaflet issued with the medicines listed, but should be read in conjunction with them. This leaflet should only be distributed to people already taking or who are thinking of taking the listed medicine(s). This leaflet does not constitute any endorsement of the use the listed medicine(s) by HIVPA, and is intended for information purposes only. If you have any questions about this leaflet or the medicines described please speak to your doctor, pharmacist or nurse. Prepared June 2023. This leaflet and its contents are covered by the Terms and Conditions as stated on the HIV Pharmacy Association website.