

HOW ARE LONG-ACTING ANTIRETROVIRAL INJECTIONS PRESCRIBED FOR HIV TREATMENT IN ADULTS?

Every 1 or 2 months, a medical professional injects into the buttock (gluteus muscle) one shot of an antiviral drug called cabotegravir plus a shot of another antiviral drug called rilpivirine. The commercial name for this combination of injectable medications is CABENUVA and it is indicated for the treatment of HIV-1 infection in adults to replace their current oral regimen in people who are virologically suppressed (HIV-1 RNA <50 copies/mL), with no history of prior treatment failure and no known or suspected resistance to either cabotegravir or rilpivirine.

To ensure that the two-drug injectable can be well tolerated, the two drugs may be prescribed as oral pills to be taken daily for one month prior to starting the injectable regimen. The month of oral pills allows patients to monitor for any side effects to the drugs before receiving their first long-acting injections. CABENUVA can only be prescribed by a health care provider¹. The two-drug injection was evaluated in two studies that found that it was very effective in keeping the levels of HIV low².

- 1 https://cabenuvahcp.com
- 2 Rizzardini G, Overton ET, Orkin C, et al. Long-acting injectable cabotegravir + rilpivirine for HIV maintenance therapy: week 48 pooled analysis of phase 3 ATLAS and FLAIR trials. J Acquir Immune Defic Syndr. 2020;85(4):498-506.

ONGOING RESEARCH (AS OF JANUARY 2022)



The International Maternal Pediatric Adolescent AIDS Clinical Trials Network (IMPAACT) is conducting the study IMPAACT 2017 that evaluates the safety and efficacy of an injectable regimen containing two antiretroviral medications (cabotegravir + rilpivirine) in children and adolescents living with HIV.



The AIDS Clinical Trials Group (ACTG) is conducting two clinical studies that evaluate different longer-acting options for HIV treatment. The first study, ACTG 5357, is testing the injectable drug cabotegravir, in combination with an intravenous infusion of a broadly-neutralizing monoclonal antibody (VRCO7-523LS) to see if they are safe and work well in keeping HIV levels low. The second study, ACTG 5359, tests CABENUVA (cabotegravir + rilpivirine), in people who have had difficulty managing their HIV with daily oral medications.

If interested in the A5359 study, click on the following link to find out more about it:

A5359: The LATITUDE Study

https://actgnetwork.org/studies/a5359-the-latitude-study/



