

Long-acting injectable HIV treatment



If you are interested in starting
long-acting injectable HIV treatment,
or have any questions, please contact
the Lawson Unit pharmacy team on:

01273 523078

Long-acting injectable HIV treatment

Antiretroviral drugs (ARVs) are now available in injection form which can be used as an alternative to tablets to treat HIV. This information leaflet is for people who are interested in starting these new ARV injections.

Which drugs are available as injections?

**Cabotegravir (also known as Vocabria®)
and Rilpivirine (also known as Rekambys®)**

Each is packaged separately but they are always given at the same time. This means that at each clinic appointment, you will be given **two intramuscular (into the muscle) injections, one into each buttock.**

What are the benefits of long-acting injectable HIV treatment?

Once established on the injections, you will no longer need to take tablets. This can be good for people who do not like to take tablets every day, find it difficult to remember to take their tablets or have swallowing difficulties. It could also be good for people without stable housing or for those who are concerned about confidentiality. For others it will be based on personal preference.

Can everybody use long-acting injectable HIV treatment?

Not everyone is eligible for this treatment. We are guided by the evidence that is available from the research studies that tested the medication and by recommendations made by the British HIV Association (BHIVA). The criteria for injections are likely to change over time as more evidence is available.

Current criteria

- **An undetectable viral load (<40)** – although if you have found it difficult to achieve this, the clinic may be able to support you to reach this.
- **No resistance to the Cabotegravir** (or other integrase inhibitor (INSTI) drugs) or previous treatment failure on these drugs – this is essential to make sure you do not develop further resistance which will make it more difficult to treat your HIV in the future.
- **No resistance to Rilpivirine** (or other non-nucleoside reverse transcriptase inhibitor (NNRTI) drugs) or previous treatment failure on one of these drugs – again to reduce the risk of developing drug resistance.
- **Not needing to take treatment for Hepatitis B**
- **Not taking any interacting medication** – your doctor or pharmacist will check this. It is often possible to make changes to your other drugs so you can use injections.
- **Not pregnant or planning pregnancy** – this may change in the future when we have more experience of using these drugs.

How would switching to long-acting injectable HIV treatment work?

Initial thought and planning is essential as it is very important that the injections are given on time. This will help you to agree an appointment schedule between you and the clinic. Think about when you have holidays planned or when you may not be able to attend appointments.

At your appointment with the pharmacist, agree a 'target treatment date'. This will be when your first injections will be given and needs to be in at least 30 days.

What are the potential downsides to long-acting injectable HIV treatment?

- Not everyone is suitable for injectable treatment at present. There are strict criteria to make sure that people do not come to harm from switching to injections.

- You will need to attend clinic monthly initially and then every two months. **There will be little flexibility around appointment dates, particularly when compared to people taking ARV tablets.**
- You can expect to spend 30-45 minutes in the clinic at each visit.
- At each visit you will receive two injections into your buttocks and will have your bloods taken.
- Reactions at the site of injection are common although usually mild.
- Even with 100% adherence, there is a risk of failure which may lead to developing resistance. This may reduce your future HIV treatment options.

Day 0	Most people will start with an 'oral lead-in'. This means taking a tablet version of the medication for 28-30 days to make sure they do not cause side-effects. This would be two tablets, taken together, once daily with a meal.
Day 30	Attend clinic on your target treatment date. You will be given your first two injections on this day, one in each buttock. You will also have your bloods checked on this date, including your HIV viral load.
Day 60	Your second injections need to be given one month later. You will be given two injections on this day, one in each buttock. You will also have your bloods checked on this date, including your HIV viral load.
Day 120	Your next injections will need to be given two months later. You will be given two injections on this day, one in each buttock. You will also have your bloods checked on this date, including your HIV viral load.
Every 60 days	You will then continue to attend clinic every two months for ongoing injections and for blood tests.

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

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