

## **“GIVE IT A SHOT”: BEST PRACTICES FROM HCPS FOR ADMINISTERING LONG-ACTING CAB+RPV**

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### **Background:**

Cabotegravir + rilpivirine (CAB+RPV) dosed monthly or every 2 months is a complete long-acting (LA) regimen for the maintenance of HIV-1 virologic suppression. LA intramuscular (IM) gluteal injection is a novel antiretroviral delivery method that can cause discomfort/pain. We surveyed injectors in the CAB+RPV development program on optimal administration techniques in order to inform clinical practice and improve patient/provider experience with gluteal injections.

### **Methods:**

Primary injectors across the Phase 3/3b program were invited to participate in an anonymous, self-administered online questionnaire containing 15 items with pre-defined response options and one open-ended item. Topics included provider demographics, clinical and injection experience, techniques used to minimize pre-/post-injection discomfort, and the perceived effectiveness of these techniques. Data were captured electronically and summarized using descriptive statistics.

### **Results:**

Surveys were sent to 161 sites in 15 countries. Overall, 181 providers returned the survey; 76% had administered ≥50 CAB+RPV injections. Among respondents utilizing ≥1 injection technique (n=169), the most commonly used and ranked as the most effective in minimizing pre-/post-injection pain were: pushing the IM injection at a slow speed (66%), bringing the medication to room temperature (58%), relaxing the gluteus muscle prior to injection (53%), and distracting the patient (34%). Overall, 60% of injectors felt that a prone position provided optimal patient comfort and 41% had no preference on injection order (CAB vs. RPV). Post-injection, the techniques ranked by injectors as most effective in minimizing pain, as reported to them by patients, were over the counter pain relievers (74%) and returning to routine daily activities (30%).

### **Conclusions:**

In the Phase 3/3b studies, CAB+RPV LA injections were well tolerated, associated with low rates of treatment discontinuation due to injection site reactions, and preferred by

patients over daily oral therapy. These data support that simple techniques, routinely used by injectors, help optimize administration of CAB+RPV LA.

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