Apretude (long-acting cabotegravir)

Injectable Pre-Exposure Prophylaxis (PrEP) for Santa Clara County Providers

Fact Sheet



Apretude is the first form of injectable HIV prevention medicine for adults and adolescents weighing at least 77 pounds. Individuals must have a negative HIV test prior to initiating Apretude. Anyone who wants PrEP can ask their health care provider for it.

How effective is Apretude?

Two major clinical trials, HPTN 083 and HPTN 084, showed that injectable cabotegravir as an HIV pre-exposure prophylaxis reduced HIV transmission by 70% in men who have sex with men and transgender women. In cisgender women, the risk of infection was reduced by 90%.

Adherence Counseling:

- Appointment reminders and other tools to keep PrEP care appointments.
- Plan for STI prevention and contraception or safer conception.
- Encourage patient to report if they want to stop or have stopped PrEP.
- Support additional prevention methods when needed.

Contraindicators: Anticonvulsants: Carbamazepine, oxcarbazepine, phenobarbital, phenytoin Antimycobacterials: Rifampin, rifapentine.



Who can prescribe Apretude?

Any licensed medical provider can prescribe Apretude, such as a primary care doctor, nurse practitioner, obstetrics, specialty pharmacist, and gynecologist.

Apretude is recommended for:

Injectable PrEP is for people of all genders and identities at risk of HIV infection due to sex. Currently, the injectable method of PrEP is recommended for people who have a negative reaction to oral medications or have trouble adhering to the daily pill schedule. Apretude should not be prescribed to anyone already with HIV. This can lead to drug resistance.

Prescription:

- Cabotegravir injection: one 600mg IM gluteal injection (ventrogluteal preferred) at baseline, 1 injection 4 weeks later, 1 injection every 8 weeks thereafter (+/- 7 days).
- Optional oral cabotegravir start: 30mg pill once daily for 28 days* before 1st injection, 1st injection on last day of oral lead-in (or <3 days after), continue injection protocol; OR prescribe up to 8 weeks around missed injection.
- Missed injections: Administer injection 4 weeks later if >7 days late for 2nd dose or >1 month late for 3rd or later dose.



Sexually Active Adults	
Initial Labs	HIV test result within 7 days before PrEP start (Ag/Ab, RNA result pending); HCV antibody; gonorrhea/ chlamydia (oral, urine, vaginal, front hole, anal sites as applicable); syphilis; pregnancy. Consider: HAV, HBV, and HPV vaccines.
Clinically eligible	 All of the Following Conditions are Met: Documented negative HIV Ag/Ab test result within 1 week before initial cabotegravir injection. No signs/symptoms of acute HIV infection. No contraindicated medications or conditions.
Dosage	 600 mg cabotegravir administered as one 3 ml intramuscular injection in the gluteal muscle. Initial dose Second dose 4 weeks after first dose (month 1 follow-up visit) Every 8 weeks thereafter (month 3,5,7, follow-up visits etc)
Follow-up care	At follow-up visit 1 month after first injection HIV Ag/Ab test and HIV-1 RNA assay At follow-up visits every 2 months (beginning with the third injection – month 3) provide the following: HIV Ag/Ab test and HIV-1 RNA assay Access to clean needles/syringes and drug treatment services for PWID At follow-up visits every 4 months (beginning with the third injection- month 3) provide the following: Gonorrhea/Chlamydia screening (3 sites) and syphilis for MSM and transgender women who have sex with men At follow-up visits every 6 months (beginning with the fifth injection – month 7) provide the following: Gonorrhea screening (all sites of exposure) and syphilis for all heterosexually active women and men At follow-up visits at least every 12 months (after the first injection) provide the following: Assess desire to continue injections for PrEP Chlamydia screening (at all sites of exposure) for heterosexually active women and men At follow-up visits when discontinuing cabotegravir injections provide the following: Re-educate patients about the "tail" and the risks during declining CAB levels Assess ongoing HIV risk and prevention plans If PrEP is indicated, prescribe daily oral F/TDF or F/TAF beginning within 8 weeks after last injection Continue follow-up visits with HIV testing quarterly for 12 months

Injection Dosing Recommendations after Missed Injections Time since last injection Recommendations If second injection is missed and time since first Administer 600-mg (3-mL) gluteal intramuscular injection of injection is: APRETUDE as soon as possible, then continue to follow the every-2-month injection dosing schedule. Less than or equal to 2 month Restart with 600-mg (3-mL) gluteal intramuscular injection of APRETUDE, followed by a second 600-mg (3-mL) initiation Greater than 2 months injection dose 1 month later. Then continue to follow the every-2-month injection dosing schedule thereafter. If third or subsequent injection is missed and time Administer 600-mg (3-mL) intramuscular injection of APRETUDE since prior injection is: as soon as possible, then continue with the every-2-month injection dosing schedule. Less than or equal to 3 months Restart with 600-mg (3-mL) gluteal intramuscular injection of APRETUDE, followed by the second 600-mg (3-mL) initiation Greater than 3 months injection dose 1 month later. Then continue with the every-2month injection dosing schedule thereafter.

For additional assistance, you can contact the Sexual Health and Harm Reduction Program at the County of Santa Clara Public Health Department at 408-792-3720 or email GettingtoZeroSCC@phd.sccgov.org.

ICD-10 Z20.6: HIV exposure

