



Implementation of Injectable Cabotegravir-Rilpivirine in an Ambulatory Infectious Diseases Clinic

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Background

- Cabotegravir/rilpivirine (CAB/RPV) was approved as a first in class long-acting injectable antiretroviral (ARV) to treat HIV-1.
- As CAB/RPV interest has increased, there has been a greater demand to offer this medication for in-clinic administration.
- CAB/RPV injections require more clinic time and resources than traditional oral therapies, making it important to have a well-developed plan prior to implementation.



Boston Medical Center (BMC)



- Largest urban essential hospital in New England
- Principal teaching affiliate of Boston University School of Medicine
- Almost 30% of patients speak a primary language other than English



Center for Infectious Diseases (CID)

- Largest HIV/AIDS program in New England
- HIV- infected persons can receive ongoing primary care within the CID comprehensive care model
- Collaborative multidisciplinary clinic

Medical
Providers

Nurses

Clinical
Pharmacists

Pharmacy
Technicians

Medical
Case
Managers

Benefits
Navigators

*Additional support services include psychiatry, neurology, gastroenterology and oncology



Cabotegravir-Rilpivirine

- Complete injectable antiretroviral regimen for the treatment of HIV-1
- 2-drug, co-packaged product
 - Cabotegravir (CAB) (Integrase Strand Transfer Inhibitor)
 - Rilpivirine (RPV) (Non-Nucleoside Reverse Transcriptase Inhibitor)
 - Optional 28-day oral lead-in





Injectable Cabotegravir-Rilpivirine Antiretroviral Clinic

- Physicians refer interested patients to be scheduled with a pharmacist for an initial interest visit
- If patients are eligible and interested, benefits investigation is completed by the pharmacy technician
- Once coverage confirmed, patient is scheduled with a pharmacist and nurse visit
- Pharmacist visits occur for each injection during the first 6 months of injectable therapy
 - Patients are then discharged back to the provider/nurse team for future administrations and monitoring if stable
- At any point during treatment, patients may be referred back to the clinical pharmacist for assistance with changing back to oral therapy for travel, adverse effects, insurance interruptions or patient preference



CAB/RPV Interest Visit (PharmD)

- Review Resistance Mutations and ART History
- HBV Status
- Pregnancy Planning
- Review BMI
- Interaction Identification
- Patient Counseling
- Send CAB/RPV RX (+/- OLI) if Appropriate

Benefits Investigation (Pharmacy Technician)

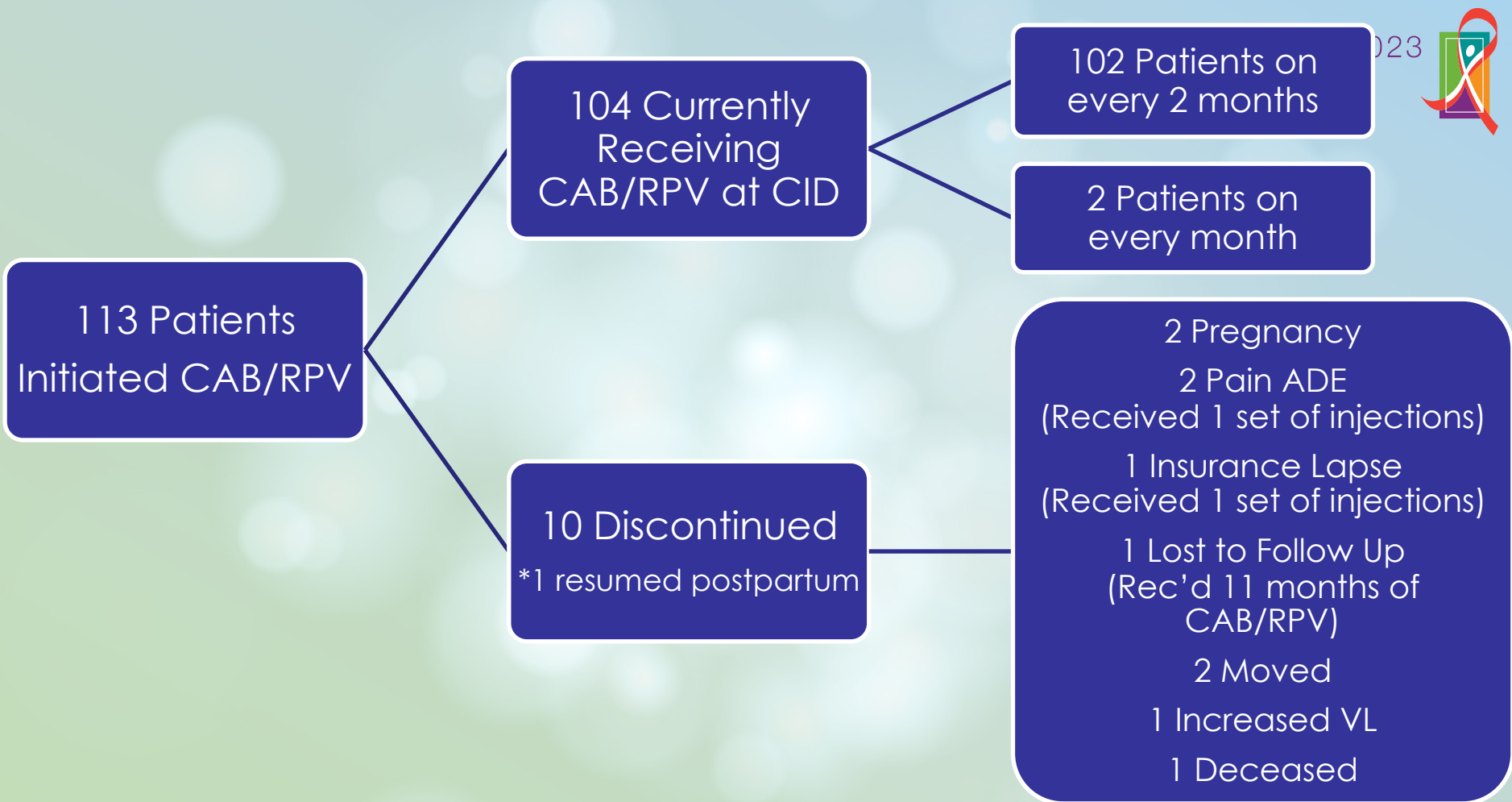
- Review Insurance Coverage
- Determination of Medical versus Pharmacy Benefit
- Submit PA and Document in Medical Record
- Coordination with Health-System Specialty Pharmacy for Dispensing and Delivery

CAB/RPV Injections (PharmD/RN)

- Review Target Date & ADE Management
- Discuss Any Upcoming Travel Plans
- Confirm No Upcoming Insurance Changes
- RN Administers Injections
- Lab Monitoring
- Next PharmD and RN Appointment Scheduled



2023



*Current clinic volume as of 5/8/23



Maintenance of Injectable CAB-RPV Antiretroviral Clinic

- Weekly Interprofessional Huddles
(Clinical Pharmacist, Nurses, Pharmacy Technicians)
 - Confirm next appointment scheduled within target treatment window
 - Confirm medication stored in clinic for administration
 - Identify insurance issues, patient challenges or process improvements



Example of Active CAB-RPV Patient Tracking

Color Key:				* = YAW PEDI ID, NP Moloney			
RN							
Pharmacy							
RPH/MD							
Patient Name	MRN	Clinic Location	Medical/Pharmacy Belonging	Pharmacy Supplying Med	Med in CID Fridge/Note in Chart	Lot Number (Exp Date)	Date put in Fridge (initials)
CAB/RPV Initiation Date	OLI or Direct	Target Treatment Date (DO NOT CHANGE UNLESS CHANGED BY MD OR PHARMACIST)	Target Window Range	Target Date Added to FYI	Appointment Date	Cabenuva Dose. (Initiation 600 mg - 900 mg) (Maintenance 400 mg - 600 mg)	Nurse



Pharmacist Role

- Interest Visits
 - Exclude ineligible patients with previous resistance mutations
 - Provide comprehensive education and expectations
- Injection Visits
 - Clinical care for patients on CAB/RPV (first 6 months)
 - Monitor viral load trend
 - Allows for early intervention in patients potentially failing therapy prior to ART resistance developing
- Weekly interprofessional huddles
 - Provide clinical expertise on management of missed doses, travel plans or timing of injections



Future Recommendations

- HIV Care at BMC expands beyond CID Clinic
 - Internal Medicine, Pediatrics, Addiction Medicine, OB Clinics
- Patient Support
 - Case Management or Navigation Involvement
 - Appointment Reminders
 - Transportation to Visits
 - Coordination of care



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