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

*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

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**ART**: Antiretroviral therapy  
**HBV**: Hepatitis B Virus  
**OLI**: Oral Lead-In  
**ADE**: Adverse Drug Event
113 Patients Initiated CAB/RPV

104 Currently Receiving CAB/RPV at CID

102 Patients on every 2 months

2 Patients on every month

10 Discontinued
*1 resumed postpartum

2 Pregnancy
2 Pain ADE (Received 1 set of injections)
1 Insurance Lapse (Received 1 set of injections)
1 Lost to Follow Up (Rec’d 11 months of CAB/RPV)
2 Moved
1 Increased VL
1 Deceased

*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

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