FOR MEDIA USE ONLY

CABENUVA DOSING INFORMATION: ONCE MONTHLY AND EVERY TWO MONTHS

Cabenuva (cabotegravir, rilpivirine) is the first and only complete long-acting HIV treatment regimen. It is indicated as a complete regimen for the treatment of HIV-1 infection in adults and adolescents aged 12 years and older and weighing at least 35 kg to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen, with no history of treatment failure, and with no known or suspected resistance to either cabotegravir or rilpivirine. Cabenuva is approved for use both once monthly and every two months and is administered by a healthcare provider as two intramuscular injections in the buttocks.

Cabenuva, 2ml
cabotegravir LA injection (400mg)
and rilpivirine LA injection (600mg)

Cabenuva, 3ml
cabotegravir LA injection (600mg)
and rilpivirine LA injection (900mg)

CABENUVA DOSING SCHEDULE

ONCE MONTHLY

Month 1*

INITIATION PHASE
Cabotegravir long-acting (LA) injection (3ml) and rilpivirine LA injection (3ml)

Month 2

CONTINUATION PHASE
Cabotegravir LA injection (2ml) and rilpivirine LA injection (2ml)

From month 2 on, dosage remains the same and is administered once monthly

Month 3

Month 4 Onward

Continue monthly dosing, as above

**An optional oral lead-in (Cabotegravir tablet [30mg] and rilpivirine tablet [25mg] taken for 28 days) can be used to assess tolerability prior to initiating Cabenuva injections.*

EVERY TWO MONTHS

INITIATION PHASE (continued)
Cabotegravir LA injection (3ml) and rilpivirine LA injection (3ml)

No dosing month

CONTINUATION PHASE
Cabotegravir LA injection (3ml) and rilpivirine LA injection (3ml)

From month 4 onwards, dosage remains the same and is administered every two months

ABOUT CABENUVA

Cabenuva combines the integrase strand transfer inhibitor (INSTI) cabotegravir, developed by ViiV Healthcare, with rilpivirine, a non-nucleoside reverse transcriptase inhibitor (NNRTI) developed by Janssen Sciences Ireland Unlimited Company, one of the Janssen Pharmaceutical Companies of Johnson & Johnson.

CABENUVA
cabotegravir; rilpivirine

Important Safety Information for Cabenuva (cabotegravir 200mg/mL; rilpivirine 300mg/mL) extended-release injectable suspensions

Cabenuva is indicated as a complete regimen for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults and adolescents who are 12 years of age or older and weighing at least 35 kg to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than <50 copies per /mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.

CONTRAINDICATIONS

- Do not use *Cabenuva* in patients with previous hypersensitivity reaction to cabotegravir or rilpivirine
- Do not use *Cabenuva* in patients receiving carbamazepine, oxcarbazepine, phenobarbital, phenytoin, rifabutin, rifampin, rifapentine, systemic dexamethasone (>1 dose), and St John's wort

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions:

- Hypersensitivity reactions, including cases of Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS), have been reported during postmarketing experience with rilpivirine-containing regimens. While some skin reactions were accompanied by constitutional symptoms such as fever, other skin reactions were associated with organ dysfunctions, including elevations in hepatic serum biochemistries
- Serious or severe hypersensitivity reactions have been reported in association with other integrase inhibitors and could occur with *Cabenuva*
- Discontinue *Cabenuva* immediately if signs or symptoms of hypersensitivity reactions develop. Clinical status, including liver transaminases, should be monitored and appropriate therapy initiated.

Post-Injection Reactions:

- Serious post-injection reactions (reported in less than 1% of subjects) were reported within minutes after the injection of rilpivirine, including dyspnea, bronchospasm, agitation, abdominal cramping, rash/urticaria, dizziness, flushing, sweating, oral numbness, changes in blood pressure, and pain (e.g., back and chest). These events may have been associated with inadvertent (partial) intravenous administration and began to resolve within a few minutes after the injection
- Carefully follow the Instructions for Use when preparing and administering *Cabenuva*. The suspensions should be injected slowly via intramuscular injection and avoid accidental intravenous administration. Observe patients briefly (approximately 10 minutes) after the injection. If a post-injection reaction occurs, monitor and treat as clinically indicated

Hepatotoxicity:

- Hepatotoxicity has been reported in patients receiving cabotegravir or rilpivirine with or without known pre-existing hepatic disease or identifiable risk factors
- Patients with underlying liver disease or marked elevations in transaminases prior to treatment may be at increased risk for worsening or development of transaminase elevations
- Monitoring of liver chemistries is recommended and treatment with *Cabenuva* should be discontinued if hepatotoxicity is suspected

Depressive Disorders:

- Depressive disorders (including depressed mood, depression, major depression, mood altered, mood swings, dysphoria, negative thoughts, suicidal ideation or attempt) have been reported with *Cabenuva* or the individual products
- Promptly evaluate patients with depressive symptoms

Risk of Adverse Reactions or Loss of Virologic Response Due to Drug Interactions:

- The concomitant use of *Cabenuva* and other drugs may result in known or potentially significant drug interactions (see Contraindications and Drug Interactions)
- Rilpivirine doses 3 and 12 times higher than the recommended oral dosage can prolong the QTc interval
- *Cabenuva* should be used with caution in combination with drugs with a known risk of Torsade de Pointes

Long-Acting Properties and Potential Associated Risks with *Cabenuva*:

- Residual concentrations of cabotegravir and rilpivirine may remain in the systemic circulation of patients for prolonged periods (up to 12 months or longer). Select appropriate patients who agree to the required monthly or every-2-month injection dosing schedule because non-adherence could lead to loss of virologic response and development of resistance
- To minimize the potential risk of developing viral resistance, it is essential to initiate an alternative, fully suppressive antiretroviral regimen no later than 1 month after the final injection doses of *Cabenuva* when dosed monthly and no later than 2 months after the final injections of *Cabenuva* when dosed every 2 months. If virologic failure is suspected, switch the patient to an alternative regimen as soon as possible

ADVERSE REACTIONS

- The most common adverse reactions (incidence ≥2%, all grades) with *Cabenuva* were injection site reactions, pyrexia, fatigue, headache, musculoskeletal pain, nausea, sleep disorders, dizziness, and rash
- The safety of *Cabenuva* in adolescents is expected to be similar to adults

DRUG INTERACTIONS

- Refer to the applicable full Prescribing Information for important drug interactions with *Cabenuva*, *Vocabria*, or *Edurant*
- Because *Cabenuva* is a complete regimen, coadministration with other antiretroviral medications for the treatment of HIV-1 infection is not recommended
- Drugs that are strong inducers of UGT1A1 or 1A9 are expected to decrease the plasma concentrations of cabotegravir. Drugs that induce or inhibit CYP3A may affect the plasma concentrations of rilpivirine
- *Cabenuva* should be used with caution in combination with drugs with a known risk of Torsade de Pointes

USE IN SPECIFIC POPULATIONS

- **Pregnancy:** There are insufficient human data on the use of *Cabenuva* during pregnancy to adequately assess a drug-associated risk for birth defects and miscarriage. Discuss the benefit-risk of using *Cabenuva* during pregnancy and conception and consider that cabotegravir and rilpivirine are detected in systemic circulation for up to 12 months or longer after discontinuing injections of *Cabenuva*. An Antiretroviral Pregnancy Registry has been established
- **Lactation:** The CDC recommends that HIV-1–infected mothers in the United States not breastfeed their infants to avoid risking postnatal transmission of HIV-1 infection. Breastfeeding is also not recommended due to the potential for developing viral resistance in HIV-positive infants, adverse reactions in a breastfed infant, and detectable *cabotegravir* and rilpivirine concentrations in systemic circulation for up to 12 months or longer after discontinuing injections of *Cabenuva*

Please see full Prescribing Information.