What’s New in the Guidelines

Updates to the Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV

The Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV document is published in an electronic format that can be easily updated as relevant changes in prevention and treatment recommendations occur.

The editors and subject matter experts are committed to timely changes in this document because so many health care providers, patients, and policy experts rely on this source for vital clinical information.

All changes are developed by the subject matter groups listed in the document (changes in group composition are also promptly posted). These changes are reviewed by the editors and by relevant outside reviewers before the document is altered. Major revisions within the last 6 months are as follows:

January 21, 2021

Panel’s Recommendation for Long-Acting Injectable Cabotegravir and Rilpivirine in Persons with HIV

On January 21, 2021, the U.S. Food and Drug Administration (FDA) approved the first complete long-acting injectable antiretroviral (ARV) regimen, cabotegravir and rilpivirine, as an option to replace the current ARV regimen in adults with HIV.

Based on the clinical trial results from two large randomized controlled trials, the Panel recommends that once monthly cabotegravir and rilpivirine intramuscular (IM) injections can be used as an optimization strategy for people with HIV currently on oral antiretroviral therapy (ART) with documented viral suppression for at least 3 months (although optimal duration is not defined) (AI), who—

• have no baseline resistance to either medication,
• have no prior virologic failures,
• do not have active hepatitis B virus (HBV) infection (unless also receiving an oral HBV active regimen),
• are not pregnant and are not planning on becoming pregnant, and
• are not receiving medications with significant drug interactions with cabotegravir and rilpivirine.

Before initiation of the IM injection, patients should receive oral cabotegravir and oral rilpivirine for 28 days as an oral lead-in period to assess tolerance to these drugs. Clinicians should refer to the product label for information regarding IM dose administrations as well as management strategies for planned or unplanned missed doses.

Read the full Recommendation for the Long-Acting Injectable Antiretroviral Regimen of Cabotegravir and Rilpivirine.