



WELCOME TO THE INVITE-HOME CABENUVA INJECTION TRAINING

WHY DO HOME-BASED INJECTIONS?

Receiving injections every month or two months by a licensed healthcare provider in a medical office can be challenging.

Home-based injections provide another option for how people can receive Cabenuva.

Instead of visiting a doctor's office, they can choose to have a treatment buddy (friend, family member, partner or spouse) learn how to give them the injection at home.

TRAINING OBJECTIVE

By the end of the INVITE-Home Training, the treatment buddy (**TBY**) will be able to describe the Cabenuva injection process and safely administer injections to the person prescribed Cabenuva (CAB buddy or **CBY**).

CURRICULUM OUTLINE

How the
Medication Works

Materials Needed
for Injection

How to Prepare
for the Injection

Injection
Technique

Basic Universal
Precautions

Side Effects

Needlestick
Protocol

HOW THE MEDICATION WORKS

HOW THE MEDICATION WORKS: MEDS

Cabenuva consists of two HIV medicines: cabotegravir and rilpivirine.

It is a complete HIV treatment regimen, meaning it contains everything necessary to treat HIV.



HOW THE MEDICATION WORKS: FREQUENCY

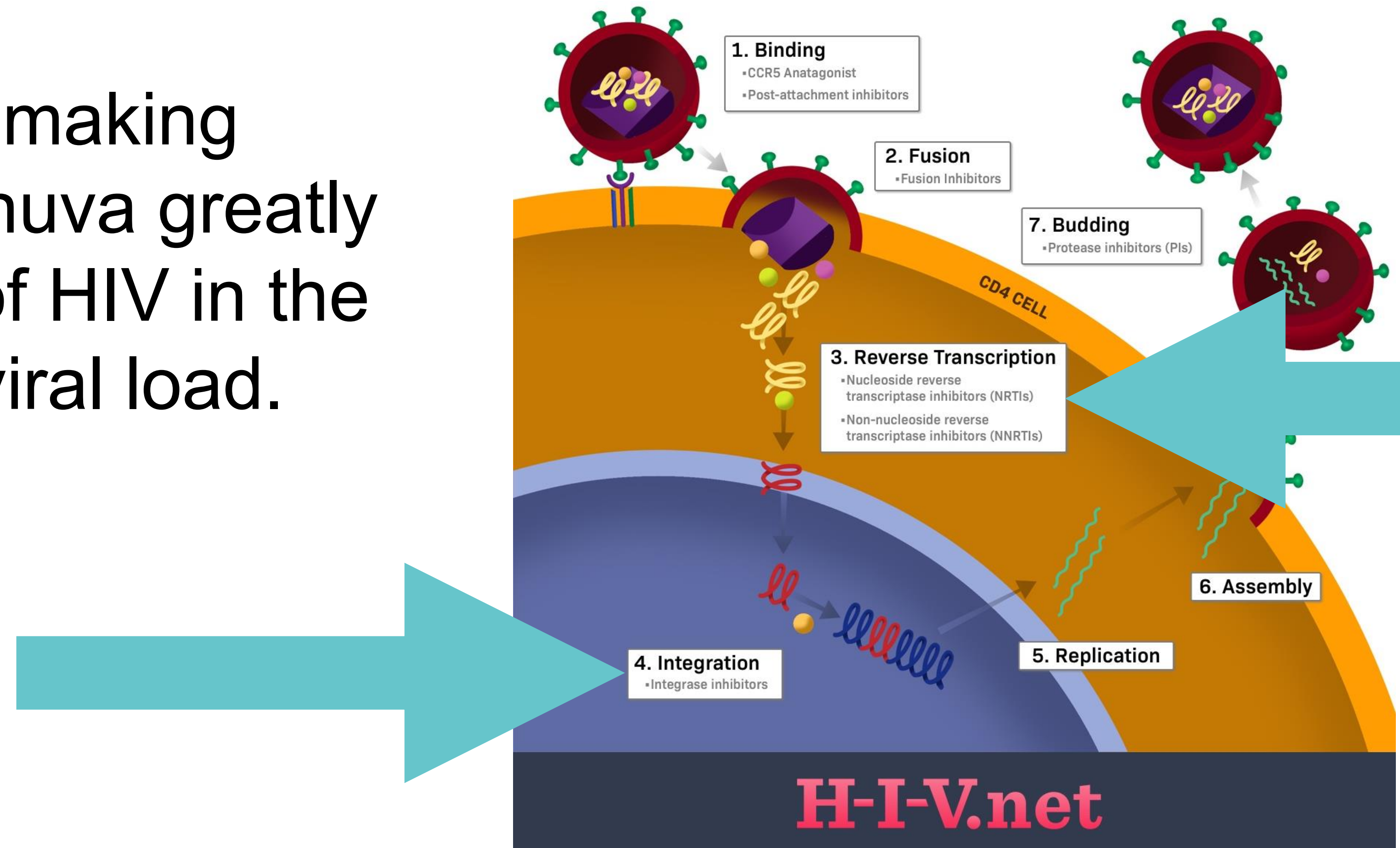
Cabenuva is administered as two shots in the buttocks every one or two months, depending on the schedule agreed upon with the healthcare provider.

It slowly releases over time to maintain a consistent level of medicine in the body, reducing the viral load and helping people with HIV stay healthy.



HOW THE MEDICATION WORKS: BIOLOGY

By blocking HIV from making copies of itself, Cabenuva greatly reduces the amount of HIV in the blood, known as the viral load.



MATERIALS NEEDED FOR INJECTION

MATERIALS PROVIDED WITH INJECTION #1

1 Vial of Cabotegravir

1 Vial of Rilpivirine

2 Vial Adaptors

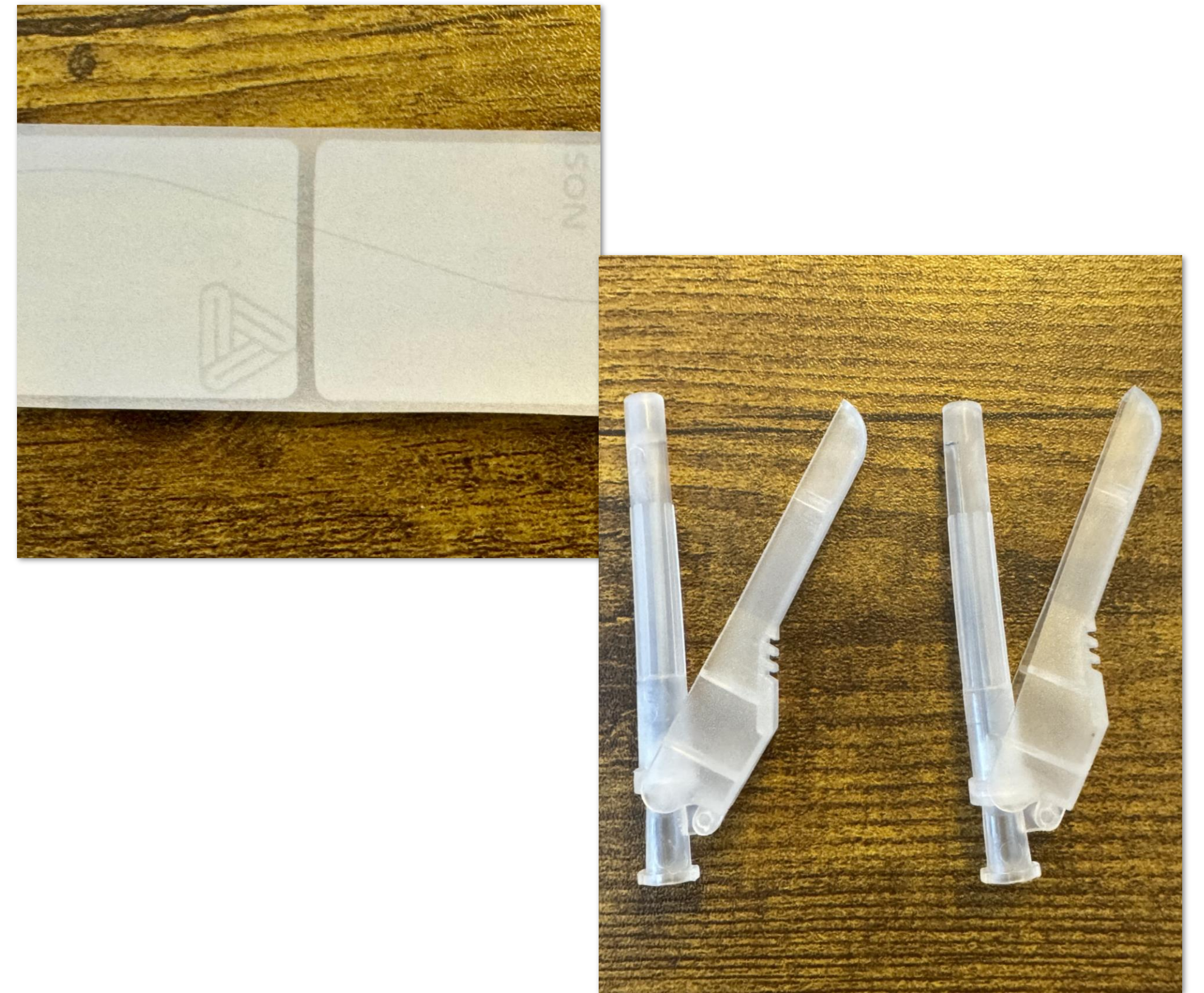
2 Syringes



MATERIALS PROVIDED WITH INJECTION: #2

2 Syringe Labels

2 23-Gauge Injection Needles



MATERIALS PROVIDED BY TEAM

Non-Sterile Gloves

Alcohol Wipes

Gauze Pads

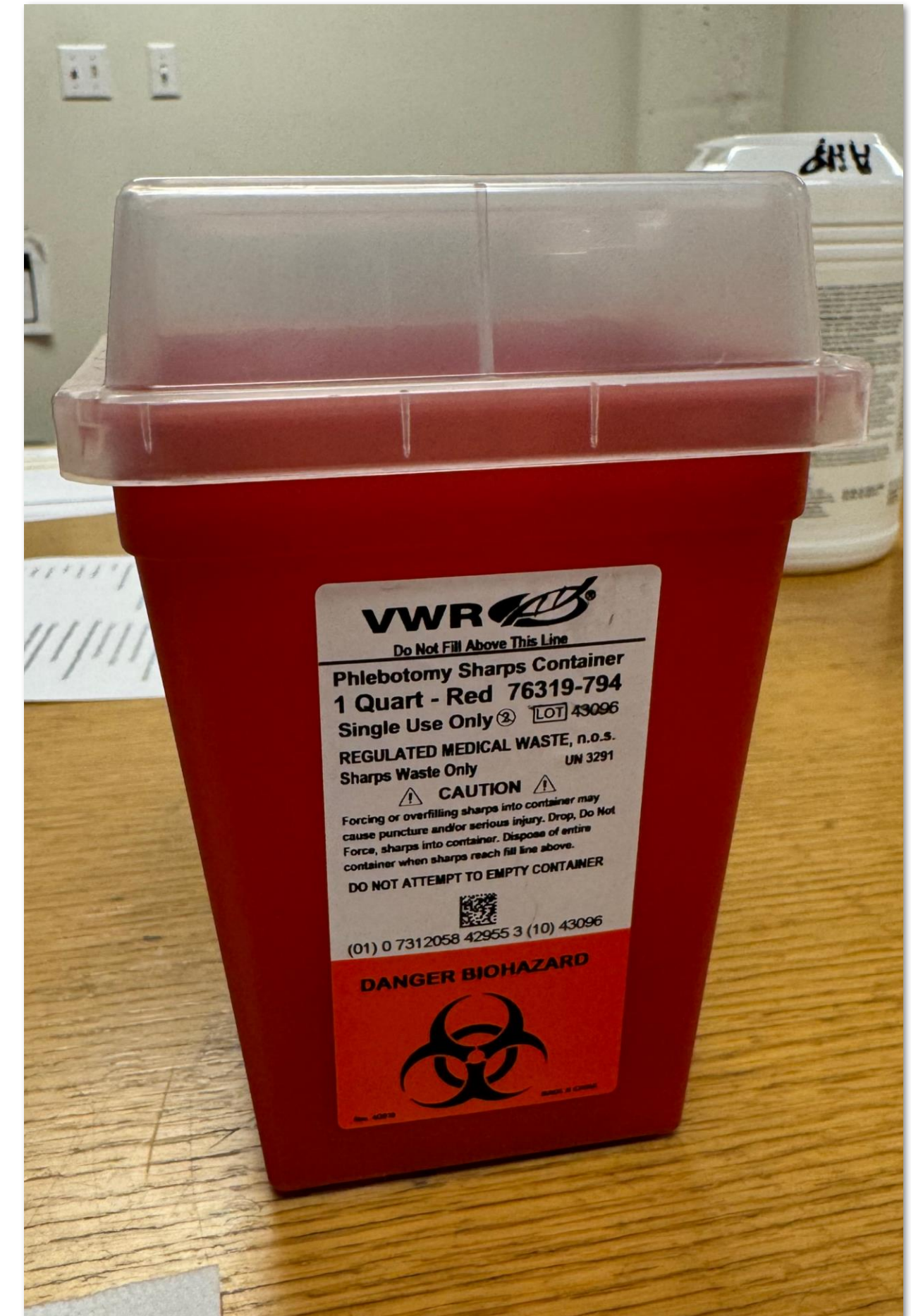
Absorbent Pads

Bandages



MATERIALS PROVIDED BY TEAM: SAFETY

Sharps Container



HOW TO OBTAIN THE MEDICATION



PROCESS FOR DELIVERY

Our partner pharmacy will deliver the medication to your home.

The INVITE-Home Study Coordinator will help you with any necessary paperwork to receive the medication.

PROCESS FOR DELIVERY: ARRIVAL

Medicines are sent one of two ways

- **Courier**
- **FedEx**

A signature will be required for them to leave the medication. If you will not be at home but a trusted person will, you can let them know that any adult can sign for the medication.



Photo by RDNE Stock Project

PROCESS FOR DELIVERY: LOCATION

The courier driver maps out their route the morning of delivery, at that point they will text or call you with an expected 2-hour delivery window.

FedEx will usually deliver before 10:30am but no later than 12:00pm.



PROCESS FOR DELIVERY: TEMP



The medicine will arrive in a cold pack to be at the right temperature. There will be a temperature strip to indicate if the medicine has fallen outside of the acceptable temperature range.

If this happens, let us know so we can fix it!

HOW TO STORE THE MEDICATION

HOW TO STORE THE MEDICATION OVERVIEW



It is important that whoever receives the medication places it in the **refrigerator immediately** after opening.



Cabenuva may be out of the fridge for a **MAXIMUM of 6 hours**, but the shipping time is not counted.



Please call your INVITE-Home study team if any changes are needed to your delivery date or if there are any concerns about the medication not arriving on time.

HOW TO STORE THE MEDICATION: LOCATION

Medication needs to be stored in the refrigerator at 36°F to 46°F.

Do not remove the medication from the refrigerator until ready for the injection.



HOW TO STORE THE MEDICATION DETAILS

The medication cannot be used if it has been out of the refrigerator for more than 6 hours.

Do not freeze.



FIRST INJECTION DAY

The INVITE-Home Study Coordinator will schedule a time for our Nurse Practitioner to do the training with you in person, at the location of your choosing.

FIRST INJECTION DAY: PREP

First in-home visit with TBY and CBY will combine training and practice with the study clinician.

The study clinician will review the TBY checklist and answer questions.

All needed materials for safe injection will be provided by the study staff either before or on the day of training for the first injection day.

FIRST INJECTION DAY: PRACTICE

TBY will practice on a manikin as many times as needed using the checklist.

TBY will administer the medication.

In-home visits will be transitioned to videoconference when TBY is ready and comfortable.

HOW TO PREPARE FOR THE INJECTION

INJECTION PREPARATION

Relax with deep breathing from the stomach.

Play music if it helps to relax.

Encourage CBY to relax the gluteal muscle (buttock) to reduce pain.

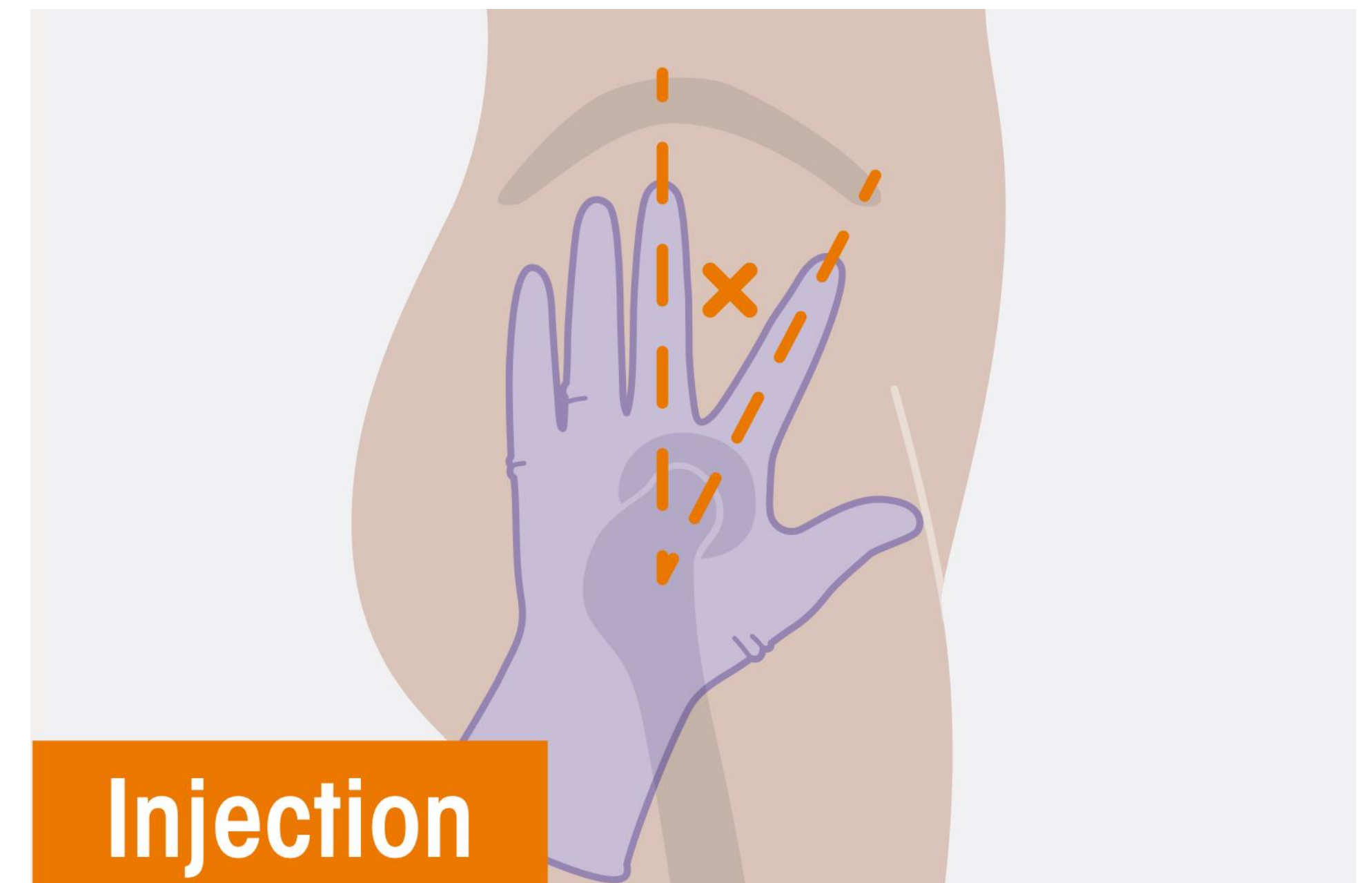


INJECTION TECHNIQUE

INJECTION TECHNIQUE: LOCATION

The hip area is the safest place for your injection and is recommended.

The upper outer part of the buttock can be used for the injection as an alternative if you and your provider have already agreed on this.



BASIC UNIVERSAL PRECAUTIONS

BASIC UNIVERSAL PRECAUTIONS: DEFINITION

Basic Universal Precautions are simple standard practices to keep people safe from germs or infections.

BASIC UNIVERSAL PRECAUTIONS: STEPS

Wash hands.

Wear gloves.

Dispose of needles in sharps container.

Dispose of biohazard material in the trash.



SIDE EFFECTS

SIDE EFFECTS #1

Injection site reactions: redness or swelling (most common)

Fever or chills: changes in body temperature, feeling feverish

Tiredness: more tired than usual

Headaches

Muscle or joint aches or pain

SIDE EFFECTS #2

Nausea

Sleep issues or trouble sleeping

Dizziness or feeling faint

Rash

INJECTION SITE PAIN REDUCTION STRATEGIES

Cold/Warm Compresses

OTC Pain Relievers

Walking and Movement

Self Massage



NEEDLESTICK PROTOCOL

NEEDLESTICK PROTOCOL: MORE

Review the Needlestick Protocol provided by your study clinician.

INVITE-Home Needlestick Protocol



1. **DON'T panic!** Needlesticks rarely occur and can be managed safely and appropriately.
2. **NEVER** perform an injection except under either in-person or Zoom supervision of your study clinician/nurse.
3. The needles provided for Cabenuva injection come with safety mechanisms to reduce the risk of accidental needlestick. Your study clinician will guide you through the injection process and provide in-person tips and coaching for reducing the risk of an accidental needlestick.
4. **ALWAYS** don gloves prior to giving an injection. Your study clinician will provide you with gloves.
5. After giving an injection, **ALWAYS** and **IMMEDIATELY** engage the safety lock of the needle on a hard surface and immediately dispose of the needle safely in the sharps container that you were provided. **NEVER** attempt to recap a needle with your hands.
6. If you have a potential exposure to HIV, starting post-exposure prophylaxis (PEP) as soon as possible (latest by 72 hours) can prevent HIV infection. Your study clinician and team can help you assess your risk and will help you connect to PEP resources if necessary.
7. Lightly wash the affected area (of needlestick, nick or cut) under running water with soap; do not scrub or suck or squeeze the wound.
8. Allow the wound to bleed to help flush out potential contaminants, holding it under running water can help. You can apply pressure above the wound to squeeze more blood out.
9. Allow the wound to wash under running water for 15 minutes.
10. Apply an antiseptic solution, if available, and bandage.
11. Call Jonathan Van Nuys, NP study clinician at 415-294-0609 who can help assess the need for PEP and advise further medical follow-up.
12. You will be provided with a list of places where you can access PEP if you have insurance or not. Your study clinician and team will assist you in choosing a place where you can get needed care.
13. If PEP is recommended, time is of the essence, and the recommendation is to seek immediate or as soon as possible medical care and assessment. This can be done through your primary care provider, if you have one, or at one of the community sites listed, or at an urgent care or emergency room. You have up to 72 hours to start PEP after a needlestick exposure, but the sooner the better. Please contact your study clinician or team for assistance.
14. Note the approximate time of the needlestick, whether you noticed blood on the needle before sticking yourself, and whether the needlestick was deep or superficial. Your study clinician/nurse can record this for you.

NEEDLESTICK PROTOCOL: PART 1

First, don't panic.

Lightly wash the affected area under running water with soap; do not scrub or suck or squeeze the wound.



NEEDLESTICK PROTOCOL: PART 2

Allow the wound to bleed to help flush out potential contaminants.

Allow the wound to wash under running water for 15 minutes.

Apply an antiseptic solution, if available, and bandage.

NEEDLESTICK PROTOCOL: PART 2

The study clinician will help assess the need for post-exposure prophylaxis and advise further medical follow-up.

RESOURCES

RESOURCES: MORE INFORMATION

invitehome.ucsf.edu

cabenuvahcp.com/resources



THANK YOU!

Contact us for more info:

INVITE-Home@ucsf.edu

(415) 294-0609

