



WELCOME TO THE INVITE-HOME LENACAPAVIR INJECTION TRAINING

WHY DO HOME-BASED INJECTIONS?

Receiving injections every 6 months by a licensed healthcare provider in a medical office can be challenging for some.

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

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, or alternatively, be taught to give lenacapavir injections to themselves.

TRAINING OBJECTIVE

By the end of the INVITE-Home Training, the treatment buddy (**TBY**) will be able to describe the lenacapavir injection process and safely administer injections to the person prescribed lenacapavir (LEN buddy or **LB**Y) , or the **LB**Y will be able to administer the lenacapavir injection to themselves.

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

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Lenacapavir consists of one anti HIV medicine.

Lenacapavir is used by itself when used for PrEP. For HIV treatment, it must be paired with another medication/s to be a complete regimen.



HOW THE MEDICATION WORKS

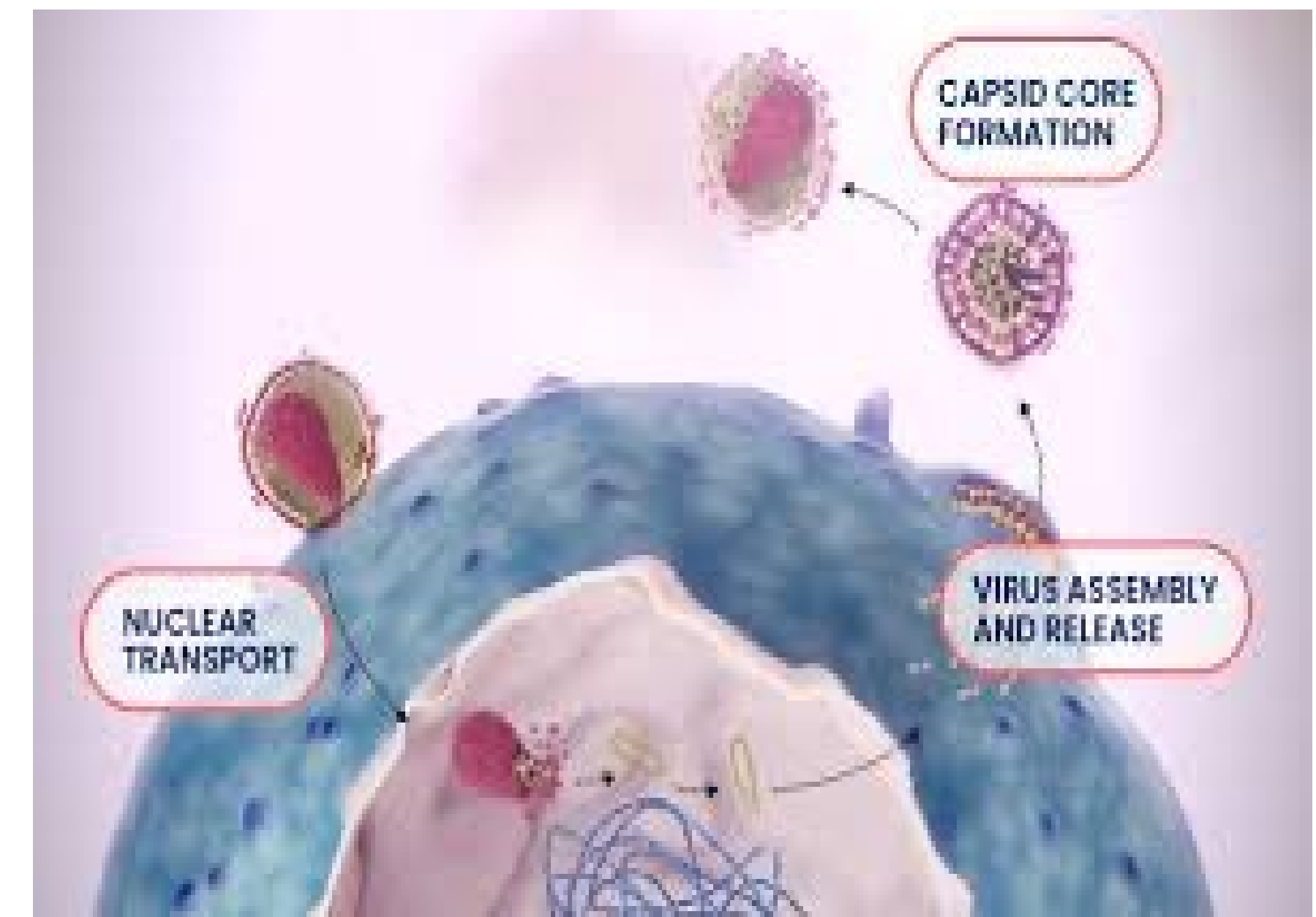
Lenacapavir is administered as two shots either in the abdomen or the thighs every 6 months.

It slowly releases over time to maintain a consistent level of medicine in the body, to either prevent HIV (PrEP) or, along with other medications for HIV treatment, to reduce the viral load and help people with HIV stay healthy.



HOW THE MEDICATION WORKS

Lenacapavir blocks the HIV capsid, a protein shell surrounding the virus's genetic material. By blocking HIV from making copies of itself, lenacapavir prevents HIV from assembling, providing protection from HIV (PrEP) or greatly reducing the amount of HIV in the blood, known as the viral load in HIV treatment.



MATERIALS NEEDED FOR INJECTION

MATERIALS PROVIDED WITH INJECTION KIT

2 vials of lenacapavir

2 Syringes

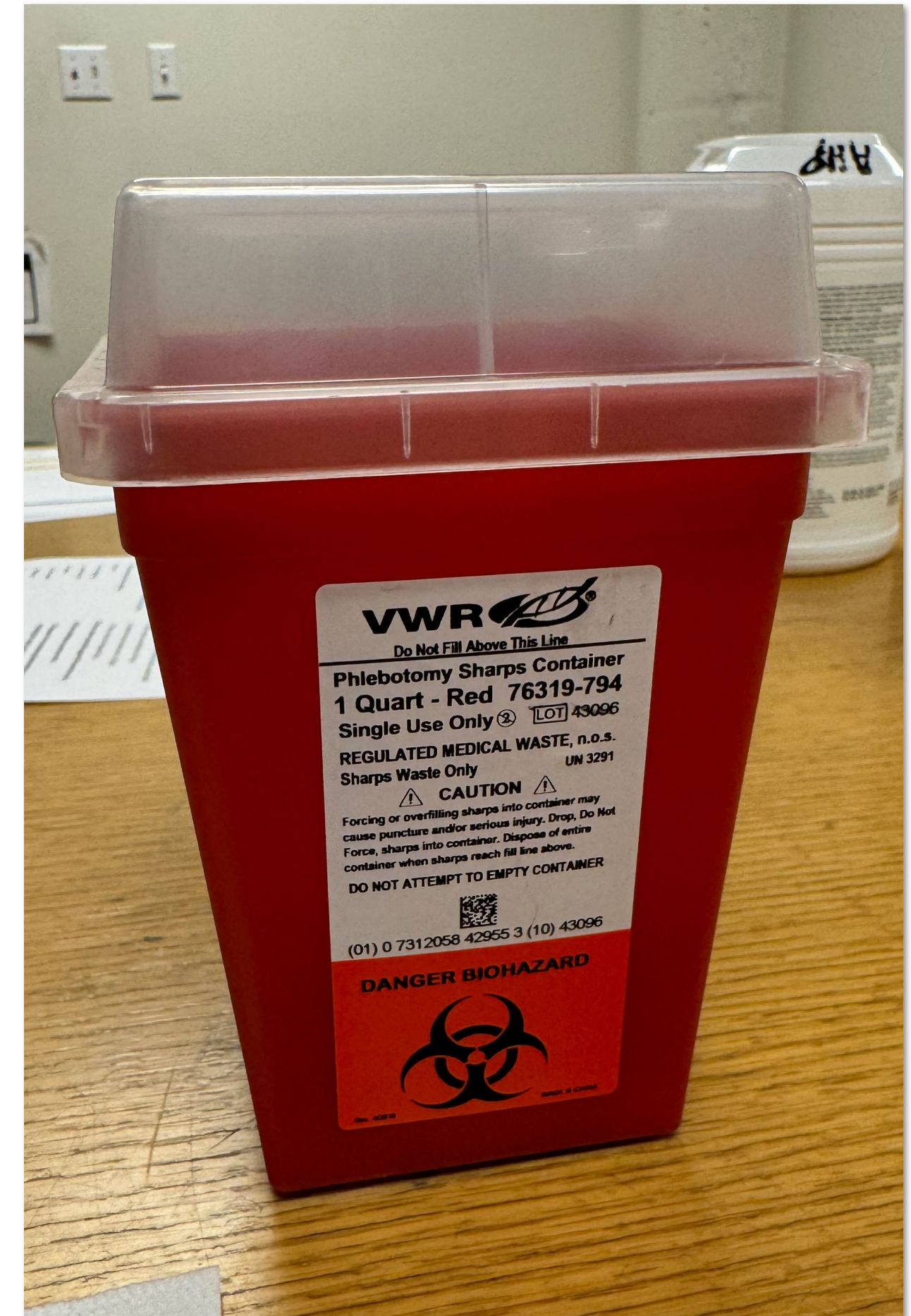
2 withdrawal needles (18 gauge, 1.5")

2 injection needles (22 gauge, 0.5")



MATERIALS PROVIDED BY DELIVERING PHARMACY

Sharps Container



MATERIALS PROVIDED BY TEAM

Non-Sterile Gloves

Alcohol Wipes

Gauze Pads

Absorbent Pads

Bandages



HOW TO OBTAIN THE MEDICATION



PROCESS FOR DELIVERY

Our partner pharmacy will deliver the medication to your home.

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

PROCESS FOR DELIVERY

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

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.



HOW TO STORE THE MEDICATION



STORAGE OF LENACAPAVIR

Lenacapavir injection vials should be stored at room temperature between 68°F and 77°F (20° to 25°).

Protect from light: Keep vials in their original carton until just before preparing the injections.

Temperatures between 59°F to 86°F (15°-30°) are acceptable for short excursions.



Photo by RDNE Stock Project



FIRST INJECTION DAY

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

FIRST INJECTION DAY

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

The study clinician will review the injection 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

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

TBY or LBY will administer the medication.

In-home visits will be transitioned to videoconference when TBY and/or LBY are ready and comfortable.

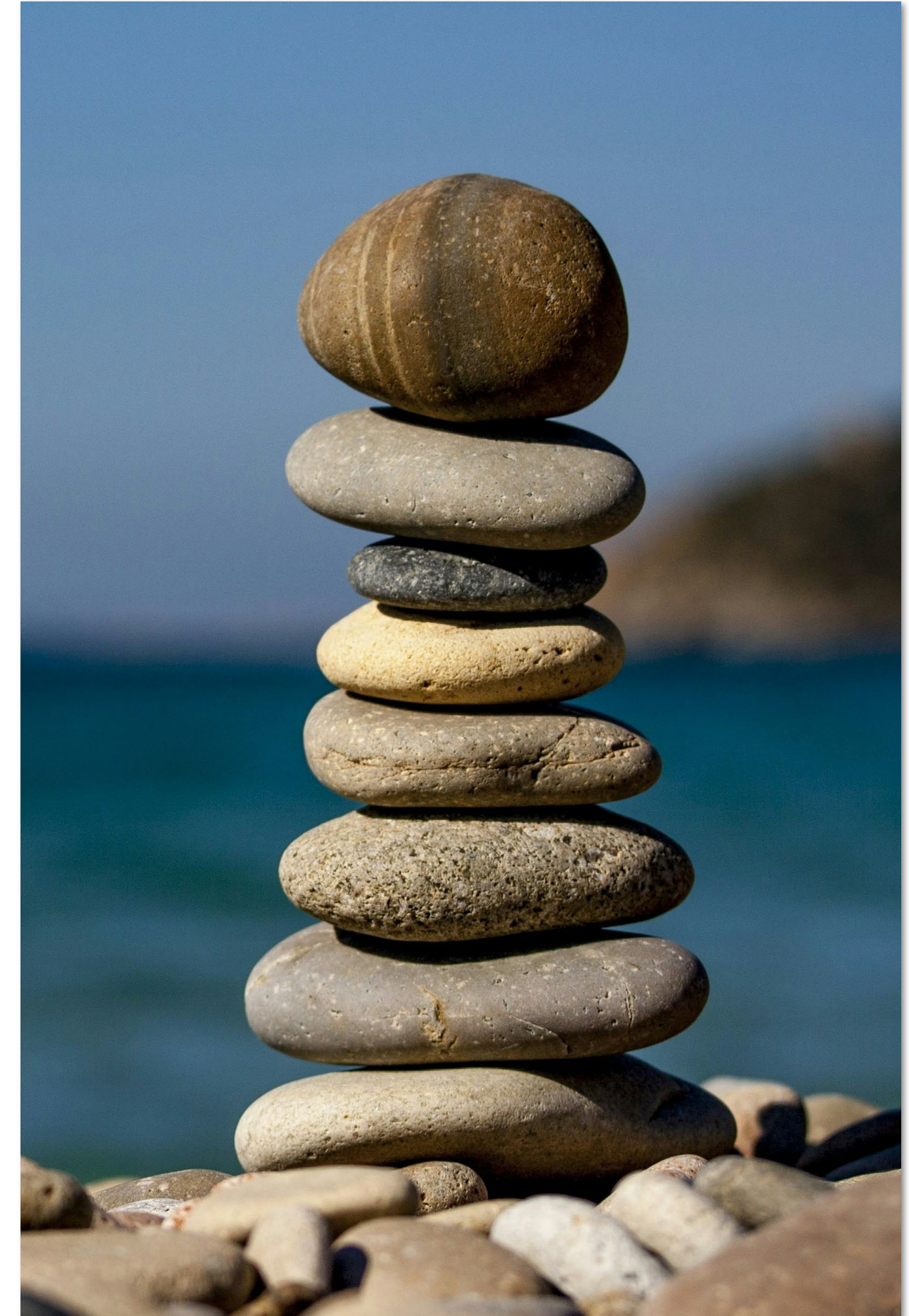
HOW TO PREPARE FOR THE INJECTION

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Relax with deep breathing from the stomach.

Play music if it helps to relax.

Icing the injection area before and/or after injection can help reduce pain.



INJECTION TECHNIQUE

CHOOSE INJECTION SITE

Abdomen, 2" from navel is recommended site.

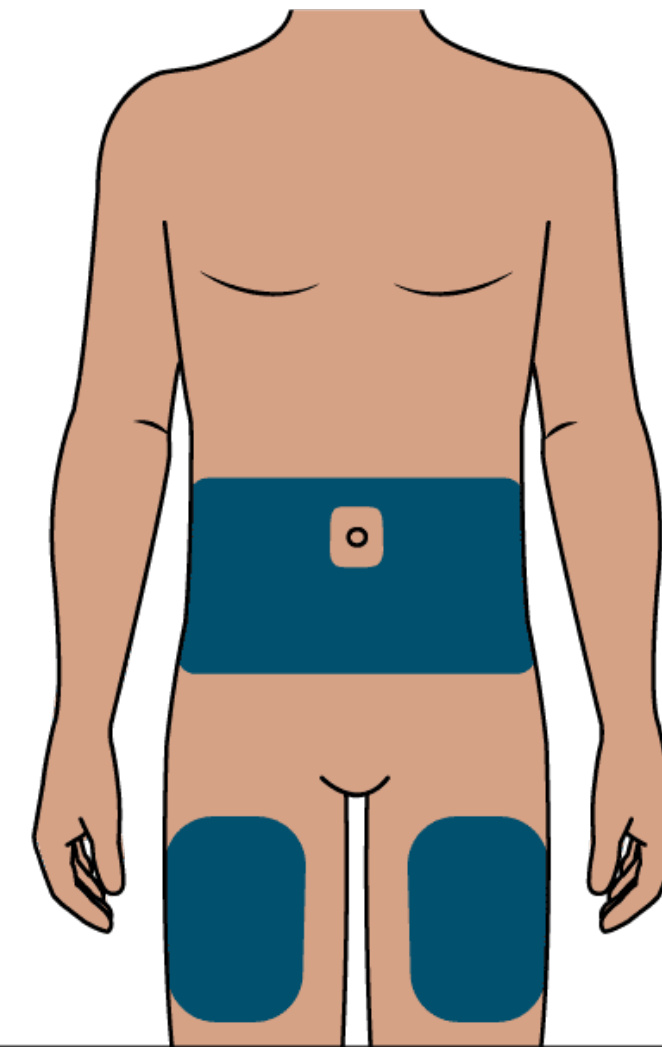
Alternatively, thigh injections may be used if approved by provider.

2 injection sites should be at least 4 inches from each other.

Find a site that allows you to pinch enough skin to inject medication.

Areas with more body fat may give you more skin to pinch.

● = Injection site options (at least 2 inches from navel)



BASIC UNIVERSAL PRECAUTIONS

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

BASIC UNIVERSAL PRECAUTIONS

Wash hands.

Wear gloves.

Dispose of needles in sharps container.

Dispose of biohazard material in the trash.



SIDE EFFECTS

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Injection site reactions: redness or swelling, lumps or nodules (most common)

Nausea

Headaches

Stomach upset (diarrhea, constipation, or abdominal discomfort)

Tiredness: More tired than usual

SIDE EFFECTS

Joint pain

Sore throat

Swollen lymph nodes

INJECTION SITE PAIN REDUCTION STRATEGIES

Ice site before and/or after injection.

Over-the-counter pain relievers such as acetaminophen or ibuprofen may be used if agreed upon previously with provider.

*Note: A nodule (hard bump) under the skin may be felt by most people after the injection and may last several months.



NEEDLESTICK PROTOCOL

NEEDLESTICK PROTOCOL

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

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

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

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

RESOURCES

RESOURCES

invitehome.ucsf.edu

yeztugohcp.com/dosing-administration

sunlencahcp.com/dosing-and-administration



THANK YOU!

Contact us for more info

INVITE-Home@ucsf.edu

(415) 294-0609

