Which PrEP did they choose?

Learn about patients' choice of PrEP in the HPTN 083 OLE

Apretude
cabotegravir 200 mg/mL
extended-release injectable suspension
for PrEP pre-exposure prophylaxis

HPTN=HIV Prevention Trials Network; OLE=open-label extension; PrEP=pre-exposure prophylaxis.

INDICATION

APRETUDE is indicated in at-risk adults and adolescents weighing at least 35 kg for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection. Individuals must have a negative HIV-1 test prior to initiating APRETUDE (with or without an oral lead-in with oral cabotegravir) for HIV-1 PrEP.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: RISK OF DRUG RESISTANCE WITH USE OF APRETUDE FOR HIV-1 PRE-EXPOSURE PROPHYLAXIS (PrEP) IN UNDIAGNOSED HIV-1 INFECTION

Individuals must be tested for HIV-1 infection prior to initiating APRETUDE or oral cabotegravir, and with each subsequent injection of APRETUDE, using a test approved or cleared by the FDA for the diagnosis of acute or primary HIV-1 infection. Drug-resistant HIV-1 variants have been identified with use of APRETUDE by individuals with undiagnosed HIV-1 infection. Do not initiate APRETUDE for HIV-1 PrEP unless negative infection status is confirmed. Individuals who become infected with HIV-1 while receiving APRETUDE for PrEP must transition to a complete HIV-1 treatment regimen.

Please see additional Important Safety Information throughout.
Please click here for full Prescribing Information, including Boxed Warning, for APRETUDE.

HPTN 083:

A clinical trial in cisgender men and transgender women who have sex with men

This randomized, double-blind, controlled trial evaluated the safety and efficacy of APRETUDE compared with daily oral TDF/FTC for HIV-1 prevention in adults at high risk of sexually acquiring HIV-1 infection.[1]

- Noninferiority trial with the prespecified ability to test for superiority
- 43 sites around the world (N=4,566)[1]
- At baseline, the median age of participants was 26 years; 12% of participants were transgender women, 72% were non-white, and 67% were aged <30 years
- Inclusion criteria: HIV-1 negative at screening and enrollment, aged ≥18 years, and at high risk of sexually acquiring HIV-1 infection[1]
- Exclusion criteria: Active or recent (90 days prior to enrollment) IVDU, current or chronic history of liver disease, and/or surgically placed or injected buttock implants or fillers[1,2]

IVDU=intravenous drug use; TDF/FTC=tenofovir disoproxil fumarate/emtricitabine.

IMPORTANT SAFETY INFORMATION (cont'd)

CONTRAINDICATIONS

- Do not use APRETUDE in individuals:
  - with unknown or positive HIV-1 status
  - with previous hypersensitivity reaction to cabotegravir
  - receiving carbamazepine, oxcarbazepine, phenobarbital, phenytoin, rifampin, and rifapentine

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HPTN 083:
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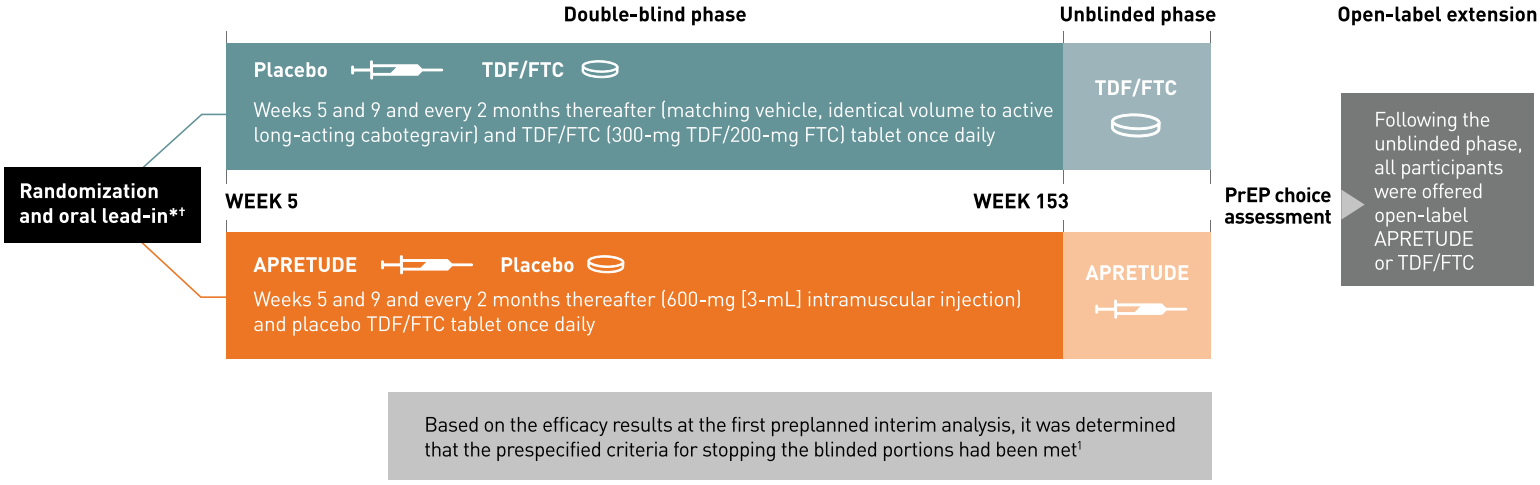
Trial design and primary endpoint[1,3]



Primary endpoint: Incidence of HIV-1 infection[1]

*Oral lead-in up to 5 weeks. Study arm included: TDF/FTC (300-mg TDF/200-mg FTC) tablet once daily and oral cabotegravir placebo once daily; oral cabotegravir (30-mg) tablet once daily and TDF/FTC placebo once daily.

†Optional oral lead-in, if used, should be taken for at least 28 days.

IMPORTANT SAFETY INFORMATION (cont'd)
WARNINGS AND PRECAUTIONS
Comprehensive Management to Reduce the Risk of HIV-1 Infection:

- Use APRETUDE as part of a comprehensive prevention strategy, including adherence to the administration schedule and safer sex practices, including condoms, to reduce the risk of sexually transmitted infections (STIs). APRETUDE is not always effective in preventing HIV-1 acquisition. Risk for HIV-1 acquisition includes, but is not limited to, condomless sex, past or current STIs, self-identified HIV risk, having sexual partners of unknown HIV-1 viremic status, or sexual activity in a high prevalence area or network. Inform, counsel, and support individuals on the use of other prevention measures (e.g., consistent and correct condom use; knowledge of partner[s] HIV-1 status, including viral suppression status; regular testing for STIs)
- Use APRETUDE only in individuals confirmed to be HIV-1 negative. HIV-1 resistance substitutions may emerge in individuals with undiagnosed HIV-1 infection who are taking only APRETUDE, because APRETUDE alone does not constitute a complete regimen for HIV-1 treatment. Prior to initiating APRETUDE, ask seronegative individuals about recent (in past month) potential exposure events and evaluate for current or recent signs or symptoms consistent with acute HIV-1 infection (e.g., fever, fatigue, myalgia, skin rash). If recent (<1 month) exposures to HIV-1 are suspected or clinical symptoms consistent with acute HIV-1 infection are present, use a test approved or cleared by the FDA as an aid in the diagnosis of acute HIV-1 infection
- When using APRETUDE, HIV-1 testing should be repeated prior to each injection and upon diagnosis of any other STIs
- Additional HIV testing to determine HIV status is needed if an HIV-1 test indicates possible HIV-1 infection or if symptoms consistent with acute HIV-1 infection develop following an exposure event. If HIV-1 infection is confirmed, then transition the individual to a complete HIV-1 treatment
- Counsel HIV-1 uninfected individuals to strictly adhere to the recommended dosing and testing schedule for APRETUDE

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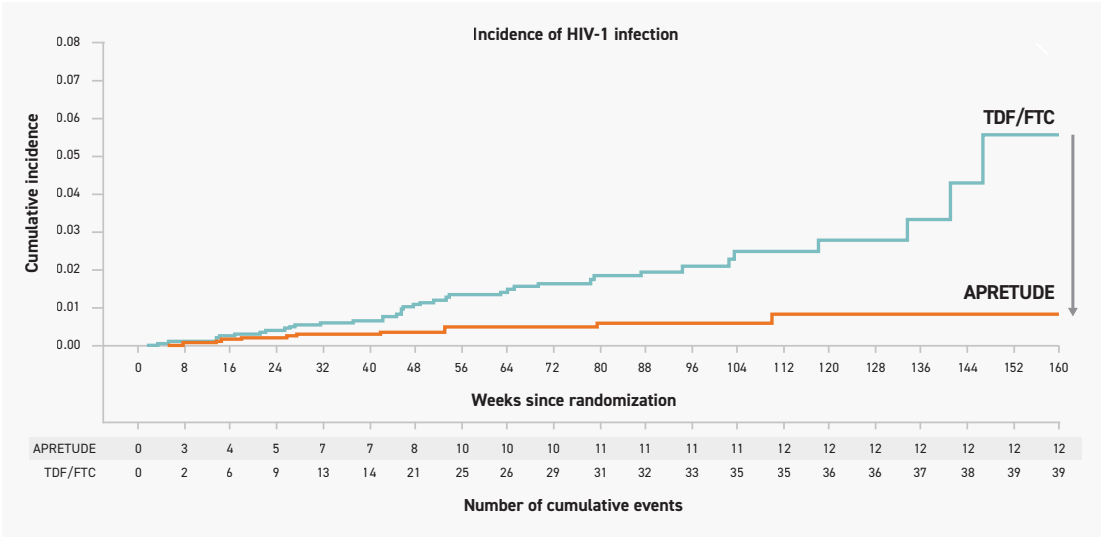
APRETUDE delivered superior efficacy with significantly lower incidence of HIV-1 infection vs a daily oral PrEP (TDF/FTC)



Hazard ratio (95% CI): 0.31 (0.16-0.58); *P*=0.0003

69%
LOWER INCIDENCE WITH APRETUDE

HIV-1 INFECTIONS OCCURRED >3x more often WITH TDF/FTC

INCIDENT HIV-1 INFECTIONS:

TDF/FTC: 39
in 3,193 person-years
(1.22/100 person-years)

APRETUDE: 12‡
in 3,211 person-years
(0.37/100 person-years)

Resistance

- Of the incident and prevalent infections in the APRETUDE arm, INSTI resistance-associated mutations (RAMs) were detected in 4 and 1 participant(s), respectively[4]*
- Of the TDF/FTC incident and prevalent infections, NRTI RAMs were detected in 4 and 2 participants, respectively[4]†

*The following INSTI RAMs were detected in 4 participants with incident HIV-1 infection: R263K (n=1), E138A+Q148R (n=1), G140A+Q148R (n=1), and L74I+E138E/K+G140G/S+Q148R+E157Q (n=1). E138K+Q148K were detected for 1 prevalent HIV-1 infection.[4]

†The following NRTI RAMs were detected in 4 participants with incident HIV-1 infection: M184I (n=1), M184V (n=2), and K65R (n=1). M184I (n=1) and M184I/V (n=1) were detected among the prevalent HIV-1 infections.[4]

‡An initial analysis showed 13 incident infections in the APRETUDE arm (hazard ratio [95% CI]: 0.34 [0.18-0.62]). Retrospective testing showed 1 of the 13 to be a prevalent infection, resulting in 12 incident infections.

CI=confidence interval; INSTI=integrase strand transfer inhibitor; NRTI=nucleoside/nucleotide reverse transcriptase inhibitor.

IMPORTANT SAFETY INFORMATION (cont'd)
WARNINGS AND PRECAUTIONS (cont'd)

Potential Risk of Resistance with APRETUDE:

- There is a potential risk of developing resistance to APRETUDE if an individual acquires HIV-1 either before, while taking, or following discontinuation of APRETUDE. To minimize this risk, it is essential to clinically reassess individuals for risk of HIV-1 acquisition and to test before each injection to confirm HIV-1–negative status. Individuals who are confirmed to have HIV-1 infection must transition to a complete HIV-1 treatment. If individuals at continuing risk of HIV-1 acquisition discontinue APRETUDE, alternative forms of PrEP should be considered and initiated within 2 months of the final injection of APRETUDE

Long-Acting Properties and Potential Associated Risks with APRETUDE:

- Residual concentrations of cabotegravir may remain in the systemic circulation of individuals for prolonged periods (up to 12 months or longer). Take the prolonged-release characteristics of cabotegravir into consideration and carefully select individuals who agree to the required every-2-month injection dosing schedule because non-adherence or missed doses could lead to HIV-1 acquisition and development of resistance

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Safety profile established in >2,200 participants

Adverse drug reactions* of all grades reported in at least 1% of participants receiving APRETUDE

Adverse reactions	APRETUDE every 2 months (n=2,281)	TDF/FTC once daily (n=2,285)
Injection-site reactions†	82%	35%
Diarrhea	4%	5%
Headache	4%	3%
Pyrexia††	4%	<1%
Fatigue§	4%	2%
Sleep disorders‖	3%	3%
Nausea	3%	5%
Dizziness	2%	3%
Flatulence	1%	1%
Abdominal pain¶	1%	1%

6% of participants receiving APRETUDE and 4% of participants receiving TDF/FTC discontinued due to adverse events (all causality).

*Adverse reactions defined as "treatment-related" as assessed by the investigator, with the exception of ISRs, where all ISRs were reported regardless of causality.
†Participants who received injection: APRETUDE (n=2,117) and TDF/FTC (n=2,081).
††Pyrexia includes pyrexia, feeling hot, chills, and influenza-like illness.
§Fatigue includes fatigue and malaise.
‖Sleep disorders include insomnia and abnormal dreams.
¶Abdominal pain includes abdominal pain and upper abdominal pain.
ISR=injection-site reaction.

IMPORTANT SAFETY INFORMATION (cont'd)
WARNINGS AND PRECAUTIONS (cont'd)

Hypersensitivity Reactions:

- Serious or severe hypersensitivity reactions have been reported in association with other integrase inhibitors and could occur with APRETUDE
- Discontinue APRETUDE immediately if signs or symptoms of hypersensitivity reactions develop. Clinical status, including liver transaminases, should be monitored and appropriate therapy initiated

Hepatotoxicity:

- Hepatotoxicity has been reported in a limited number of individuals receiving cabotegravir with or without known pre-existing hepatic disease or identifiable risk factors
- Clinical and laboratory monitoring should be considered and APRETUDE should be discontinued if hepatotoxicity is suspected and individuals managed as clinically indicated

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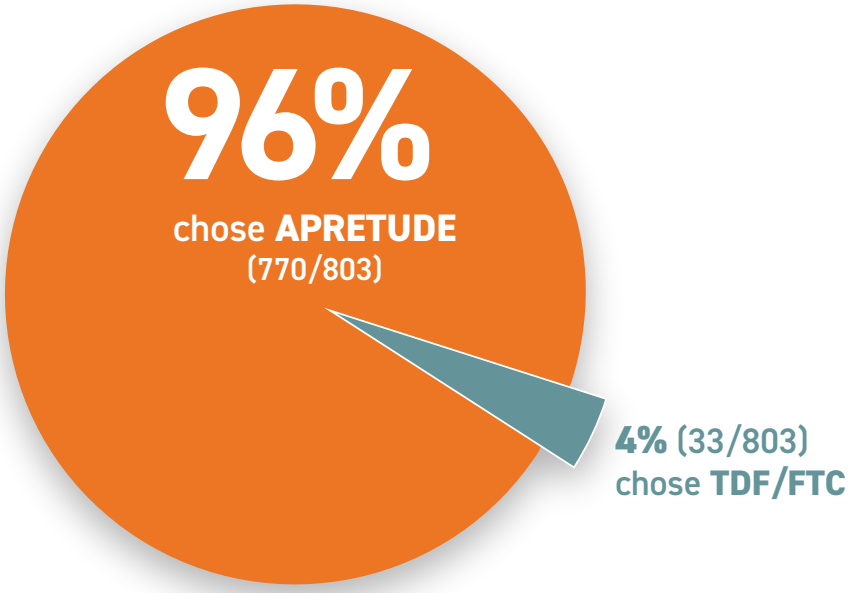
When given the choice, 96% of participants selected APRETUDE over daily oral TDF/FTC in the OLE[3]



- In the OLE, participants were offered the choice of APRETUDE or TDF/FTC[3]
- Of the 1,698 participants originally included from the US, 803 (47%) continued into the OLE and had regimen choice data available[3]*
- Individuals preferring an oral method of administration may not have chosen to enroll in HPTN 083[3]

*Patients were told the results of the blinded part of the study, and, based on this information, they provided their reason for choosing the regimen at the time of the HPTN 083 OLE entry.[3]

IMPORTANT SAFETY INFORMATION (cont'd)
WARNINGS AND PRECAUTIONS (cont'd)

Depressive Disorders:

- Depressive disorders (including depression, depressed mood, major depression, persistent depressive disorder, suicidal ideation or attempt) have been reported with APRETUDE
- Promptly evaluate patients with depressive symptoms

Risk of Reduced Drug Concentration of APRETUDE Due to Drug Interactions:

- The concomitant use of APRETUDE and other drugs may result in reduced drug concentration of APRETUDE
- Refer to the full Prescribing Information for steps to prevent or manage these possible and known significant drug interactions, including dosing recommendations. Consider the potential for drug interactions prior to and during use of, and after discontinuation of APRETUDE; review concomitant medications during use of APRETUDE

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Of those who chose[3]

APRETUDE over TDF/FTC

70% (541 of 770) said the top reason was they **"prefer injections/don't like pills"**

- Of those who chose TDF/FTC (n=33), the top reason given was "prefer pills and/or don't like injections" (n=17)[3]

Ask your patients if they'd prefer to PrEP without pills

APRETUDE is administered as an intramuscular injection by an HCP every 2 months after 2 initiation injections administered 1 month apart. Adherence to the dosing schedule is strongly recommended.

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥1%, all grades) with APRETUDE were injection site reactions, diarrhea, headache, pyrexia, fatigue, sleep disorders, nausea, dizziness, flatulence, abdominal pain, vomiting, myalgia, rash, decreased appetite, somnolence, back pain, and upper respiratory tract infection.

DRUG INTERACTIONS

- Refer to the full Prescribing Information for important drug interactions with APRETUDE
- Drugs that induce UGT1A1 may significantly decrease the plasma concentrations of cabotegravir

USE IN SPECIFIC POPULATIONS

- **Lactation:** Assess the benefit-risk of using APRETUDE to the infant while breastfeeding due to the potential for adverse reactions and residual concentrations in the systemic circulation for up to 12 months or longer after discontinuation
- **Pediatrics:** Not recommended in individuals weighing less than 35 kg

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Talk to your patients about choosing **APRETUDE**

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Click to download the Patient Discussion Guide

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References: 1. Landovitz RJ, Donnell D, Clement ME, et al; HPTN 083 Study Team. Cabotegravir for HIV prevention in cisgender men and transgender women. *N Engl J Med.* 2021;385(7):595-608. doi:10.1056/NEJMoa2101016 **2.** Injectable cabotegravir compared to TDF/FTC for PrEP in HIV-uninfected men and transgender women who have sex with men. ClinicalTrials.gov identifier: NCT02720094. Published March 25, 2016. Updated September 23, 2022. Accessed June 8, 2023. https://clinicaltrials.gov/ct2/show/record/NCT02720094 **3.** Clement ME, Wang Z, Fichternbaum C, et al. Pre-exposure prophylaxis product choice in United States participants in HPTN 083. Poster presented at: 30th Conference on Retroviruses and Opportunistic Infections; February 19-22, 2023; Seattle, WA. **4.** Marzinke MA, Grinsztejn B, Fogel JM, et al. Characterization of human immunodeficiency virus (HIV) infection in cisgender men and transgender women who have sex with men receiving injectable cabotegravir for HIV prevention: HPTN 083. *J Infect Dis.* 2021;224(9):1581-1592. doi:10.1093/infdis/jiab152

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