

**PATIENT PACKAGE INSERT IN ACCORDANCE WITH THE PHARMACISTS'
REGULATIONS (PREPARATIONS) - 1986**

The medicine is dispensed according to a physician's prescription only

Vocabria Injection

Prolonged-release suspension for injection

Each vial contains:

cabotegravir 200 mg/mL

The 2 mL vial contains - 400 mg cabotegravir

The 3 mL vial contains - 600 mg cabotegravir

For the list of the inactive and allergenic ingredients in the medicine, see section 6 - "Additional information".

Read the leaflet carefully in its entirety before using the medicine. This leaflet contains concise information about the medicine. If you have further questions, refer to the physician or pharmacist.

This medicine has been prescribed for you. Do not pass it on to others. It may harm them even if it seems to you that their medical condition is similar.

1. WHAT IS THE MEDICINE INTENDED FOR?

Vocabria Injection is indicated, in combination with rilpivirine injection, for the treatment of Human Immunodeficiency Virus type 1 (HIV-1) infection in adults who are virologically suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen without present or past evidence of viral resistance to, and no prior virological failure with agents of the NNRTI and INI class.

Therapeutic group:

Vocabria Injection contains the active ingredient cabotegravir. Cabotegravir belongs to a group of anti-retroviral medicines called *integrase inhibitors (INIs)*.

Vocabria Injection does not cure HIV infection; it keeps the amount of virus in your body at a low level. This helps maintain the number of CD4 cells in your blood. CD4 cells are a type of white blood cells that are important in helping your body to fight infection.

Vocabria Injection is always given in combination with another injection of an anti-retroviral medicine called rilpivirine injection. Refer to the rilpivirine patient leaflet for information on that medicine.

2. BEFORE USING THE MEDICINE

Do not use the medicine if:

- you are hypersensitive (allergic) to the active ingredient (cabotegravir) or to any of the additional ingredients contained in this medicine (listed in section 6).
- you are taking any of these medicines as they may affect the way Vocabria works:
 - carbamazepine, oxcarbazepine, phenytoin, phenobarbital (medicines to treat epilepsy and prevent fits)
 - rifampicin or rifapentine (medicines to treat some bacterial infections such as tuberculosis)

→ **Tell your physician** if you think any of these may apply to you.

Special warnings regarding use of the medicine

Allergic reaction

Vocabria contains cabotegravir, which is an integrase inhibitor. Integrase inhibitors, including cabotegravir, can cause a serious allergic reaction known as a hypersensitivity reaction. You need to know about important signs and symptoms to look out for while you're taking Vocabria.

→ **Read the information** in section 4 of this leaflet.

Liver problems including hepatitis B and/or C

Tell your physician if you have or have had problems with your liver, including hepatitis B and/or C. Your physician may evaluate how severe your liver disease is before deciding if you can take Vocabria.

Look out for important symptoms

Some people taking medicines for HIV infection develop other conditions, which can be serious. You need to know about important signs and symptoms to look out for while you're taking Vocabria. These include:

- symptoms of infections
 - symptoms of liver damage
- **Read the information** in section 4 of this leaflet ('Side effects').

If you get any symptoms of infection or liver damage:

- **Tell your physician immediately.** Don't take other medicines for the infection without your physician's advice.

Regular appointments are important

It is important that you **attend your planned appointments** to receive your Vocabria injection, to control your HIV infection, and to stop your illness from getting worse. Talk to your physician if you are thinking about stopping treatment. If you are late receiving your Vocabria injection, or if you stop receiving Vocabria, you will need to take other medicines to treat HIV infection and to reduce the risk of developing viral resistance.

Vocabria Injection is a long acting medication. If you stop treatment, low levels of cabotegravir (the active ingredient of Vocabria) can remain in your system for up to 12 months or more after your last injection. These low levels of cabotegravir will not protect you against the virus and the virus may become resistant. You must start a different HIV treatment within one month of your last Vocabria injection if you are having monthly injections, and within two months of your last Vocabria injection if you are having injections every two months.

Children and adolescents

This medicine is not for use in children or adolescents less than 18 years of age. There is no information about the safety and efficacy of using this medicine in children and adolescents less than 18 years old.

Drug interactions

If you are taking or have recently taken other medicines, including non-prescription medicines and nutritional supplements, tell the physician or pharmacist.

Vocabria must not be given with some other medicines (see 'Do not use the medicine' earlier in section 2).

Some medicines can affect how Vocabria works or make it more likely that you will have **side effects**. Vocabria can also affect how some other medicines work.

Tell your physician if you are taking:

- **rifabutin** (to treat some bacterial infections such as tuberculosis).
- **Tell your physician or pharmacist** if you are taking this medicine. Your physician may decide that you need extra check-ups.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby:

→ **ask your physician for advice** before using Vocabria.

Pregnancy

- **Vocabria is not recommended during pregnancy.** If needed, your physician will consider the benefit to you and the risk to your baby of receiving Vocabria while you're pregnant. If you are planning to have a baby, **talk to your physician in advance.**
- If you have become pregnant, do not stop attending your appointments to receive a Vocabria injection without consulting your physician.

Breast-feeding

Breast-feeding is **not recommended** in women living with HIV because HIV infection can be passed on to the baby in breast milk.

It is not known whether the ingredients of Vocabria injection can pass into breast milk. However, it is possible that cabotegravir may still pass into breast milk for 12 months after the last injection of Vocabria.

If you're breast-feeding, or thinking about breast-feeding, you should **discuss it with your physician as soon as possible.**

Driving and using machines

Vocabria can make you dizzy and have other side effects that make you less alert.

→ **Don't drive or use machines** unless you are sure you're not affected.

3. HOW SHOULD YOU USE THE MEDICINE?

Always use the preparation according to the physician's instructions. Check with the physician or pharmacist if you are uncertain about the preparation dosage and treatment regimen.

The dosage and treatment regimen will be determined by the physician only.

You will be given Vocabria **as an injection**, either once every month or once every 2 months, together with another injection of medicine called rilpivirine. Your physician will advise you of your dosing schedule.

A nurse or physician will give you Vocabria through an injection in the muscle of your buttock (intramuscular, or IM, injection).

When you first start treatment with Vocabria Injection you and your physician may decide to either start treatment with Vocabria tablets or start treatment directly with a Vocabria injection: If you decide to start treatment with tablets, your physician will tell you:

- to take one 30 mg Vocabria tablet and one 25 mg rilpivirine tablet, once a day, for approximately **one month**.
- after that receive **monthly or every 2 month injections**.

This first month of Vocabria and rilpivirine tablets is called the oral **lead-in period**. It allows your physician to assess whether it's appropriate to proceed with injections.

The recommended dosage is usually:

Injection schedule for monthly dosing:

Which medicine	When	
	First injection	Second injection onwards, every month
Vocabria Injection	600 mg injection	400 mg injection every month
Rilpivirine	900 mg injection	600 mg injection every month

Injection schedule for every 2 month dosing:

Which medicine	When	
	First and second injections, one month apart	Third injection onwards, every two months
Vocabria Injection	600 mg injection	600 mg injection every 2 months

Rilpivirine	900 mg injection	900 mg injection every 2 months
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If you miss a Vocabria injection

→ **Contact your physician immediately** to make a new appointment

It is important that you keep your regular planned appointments to receive your injection to control your HIV and to stop your illness from getting worse. Talk to your physician if you are thinking about stopping treatment.

Talk to your physician if you think you will not be able to receive your Vocabria injection at the usual time. Your physician may recommend you take Vocabria tablets instead, until you are able to receive Vocabria Injection again.

Do not exceed the recommended dose.

If you accidentally have taken a higher dosage

A physician or nurse will give this medicine to you, so it is unlikely that you will be given too much. If you are worried, tell the physician or nurse.

Don't stop receiving Vocabria injections without advice from your physician.

Keep receiving Vocabria injections for as long as your physician recommends. Don't stop unless your physician advises you to. If you stop, your physician must start you on another HIV treatment within a month of your last Vocabria injection if you are having monthly injections, and within two months of your last Vocabria injection if you are having injections every two months, to reduce the risk of developing viral resistance.

Adhere to the treatment regimen recommended by your physician.

Do not take medicines in the dark! Check the label and the dose each time you take a medicine. Wear glasses if you need them.

If you have further questions regarding use of the medicine, consult the physician or pharmacist.

4. SIDE EFFECTS

As with any medicine, use of Vocabria Injection may cause side effects in some users. Do not be alarmed by reading the list of side effects. You may not suffer from any of them.

Allergic reactions

Vocabria Injection contains cabotegravir, which is an integrase inhibitor. Integrase inhibitors, including cabotegravir, can cause a serious allergic reaction known as a hypersensitivity reaction.

If you get any of the following symptoms:

- skin reaction (*rash, hives*)
 - a high temperature (*fever*)
 - lack of energy (*fatigue*)
 - swelling, sometimes of the face or mouth (*angioedema*), causing difficulty in breathing
 - muscle or joint aches.
- **Tell your physician immediately.** Your physician may decide to carry out tests to check your liver, kidneys or blood, and may tell you to stop taking Vocabria.

Very common side effects

These may affect **more than 1 in 10** people:

- headache
- injection site reactions. In clinical studies, these were generally mild to moderate and became less frequent over time. Symptoms may include:
 - very common: pain and discomfort, a hardened mass or lump
 - common: redness, itching, swelling, warmth, bruising, (which may include discolouration or a collection of blood under the skin)
 - uncommon: numbness, minor bleeding, an abscess (collection of pus) or cellulitis (heat, swelling or redness)
- feeling hot (*pyrexia*), which may occur within one week after injections.

Common side effects

These may affect **up to 1 in 10** people:

- depression
- anxiety
- abnormal dreams
- difficulty in sleeping (*insomnia*)
- dizziness
- feeling sick (*nausea*)
- vomiting

- stomach pain (*abdominal pain*)
- wind (*flatulence*)
- diarrhoea
- rash
- muscle pain (*myalgia*)
- lack of energy (*fatigue*)
- feeling weak (*asthenia*)
- generally feeling unwell (*malaise*)
- weight gain.

Uncommon side effects

These may affect up to 1 in 100 people:

- suicide attempt and suicidal thoughts (particularly in patients who have had depression or mental health problems before)
- allergic reaction (*hypersensitivity*)
- hives (*urticaria*)
- swelling, sometimes of the face or mouth (*angioedema*), causing difficulty in breathing
- feeling drowsy (*somnolence*)
- feeling lightheaded, during or following an injection. This may lead to fainting
- liver damage (signs may include yellowing of the skin and the whites of the eyes, loss of appetite, itching, tenderness of the stomach, light-coloured stools or unusually dark urine)
- changes in liver blood tests (increase in transaminases or increase in bilirubin).

Other side effects that may show up in blood tests

- an increase in lipases (a substance produced by the pancreas)

Other possible side effects

People receiving Vocabria and rilpivirine therapy for HIV may get other side effects.

Pancreatitis

If you get severe pain in the abdomen (tummy), this may be caused by inflammation of your pancreas (pancreatitis).

→ **Tell your physician**, especially if the pain spreads and gets worse.

Symptoms of infection and inflammation

People with advanced HIV infection (AIDS) have weak immune systems and are more likely to develop serious infections (*opportunistic infections*). When they start treatment, the immune system becomes stronger, so the body starts to fight infections.

Symptoms of infection and inflammation may develop, caused by either:

- old, hidden infections flaring up again as the body fights them
- the immune system attacking healthy body tissue (*autoimmune disorders*).

The symptoms of autoimmune disorders may develop many months after you start taking medicine to treat your HIV infection.

Symptoms may include:

- **muscle weakness** and/or **muscle pain**
- **joint pain** or **swelling**
- **weakness** beginning in the hands and feet and moving up towards the trunk of the body
- **palpitations** or **tremor**
- **hyperactivity** (excessive restlessness and movement).

If you get any symptoms of infection:

→ **Tell your physician immediately.** Don't take other medicines for the infection without your physician's advice.

If a side effect occurs, if one of the side effects worsens, or if you suffer from a side effect not mentioned in this leaflet, consult with the physician.

Reporting side effects

Side effects can be reported to the Ministry of Health by clicking on the link "Report Side Effects of Drug Treatment" found on the Ministry of Health homepage www.health.gov.il that directs you to the online form for reporting side effects, or by entering the link:

<https://sideeffects.health.gov.il/>

5. HOW TO STORE THE MEDICINE?

- Avoid poisoning! This medicine and any other medicine should be kept in a closed place out of the reach and sight of children and/or infants in order to avoid poisoning. Do not induce vomiting unless explicitly instructed to do so by the physician.
- Do not use the medicine after the expiry date (exp. date) that appears on the package.

The expiry date refers to the last day of that month.

- Do not store above 30°C. Do not freeze.
- Do not discard medicines in the wastewater or household waste bin. Ask the pharmacist how to dispose of medicines that are no longer in use. These measures will help protect the environment.

6. ADDITIONAL INFORMATION

- In addition to the active ingredients, the medicine also contains:
Mannitol, polysorbate 20, macrogol 3350, water for injection, nitrogen.
- What the medicine looks like and the contents of the package:
Vocabria prolonged-release suspension for injection is presented in a brown glass vial with a rubber stopper, which contains 2 mL (400 mg) or 3 mL (600 mg) suspension. The pack also contains a syringe, a vial adaptor, and an injection needle.

Not all package sizes may be marketed.

- License holder: GlaxoSmithKline (Israel) Ltd., 25 Basel St., Petach Tikva.
- Manufacturer: ViiV Healthcare UK Ltd., Brentford, England.
- Registration number of the medicine in the National Drug Registry of the Ministry of Health: 169-81-36948

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Voc Inj PT v6

The following information is intended for healthcare professionals only:

Vocabria 2 mL injection Instructions for use:

Overview

A complete dose requires two injections: **VOCABRIA and rilpivirine**

2 mL of cabotegravir and 2 mL of rilpivirine.

Cabotegravir and rilpivirine are suspensions that do not need further dilution or reconstitution. The preparation steps for both medicines are the same. Carefully follow these instructions when preparing the suspension for injection to avoid leakage.

Cabotegravir and rilpivirine are for intramuscular use only. Both injections must be administered to the gluteal sites.

Note: The ventrogluteal site is recommended. The administration order is not important.



Storage information

• Do not store above 30°C

Do not freeze.

Your pack contains

- 1 vial of cabotegravir
- 1 vial adaptor
- 1 syringe
- 1 injection needle (0.65 mm, 38 mm [23 gauge, 1.5 inches])

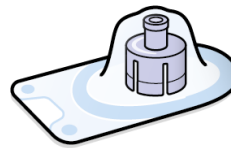
Consider the patient's build and use medical judgment to select an appropriate injection needle length.

Cabotegravir vial

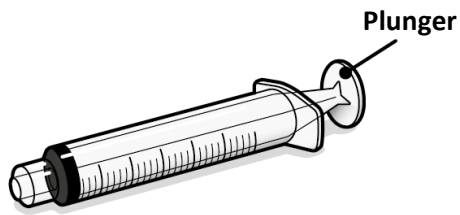
Vial cap



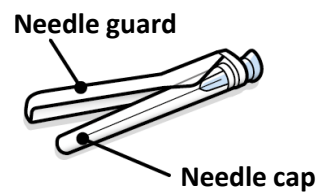
Vial adaptor



Syringe



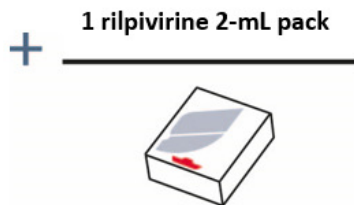
Injection needle



You will also need

- Non-sterile gloves
- 2 alcohol swabs
- 2 gauze pads
- A suitable sharps container

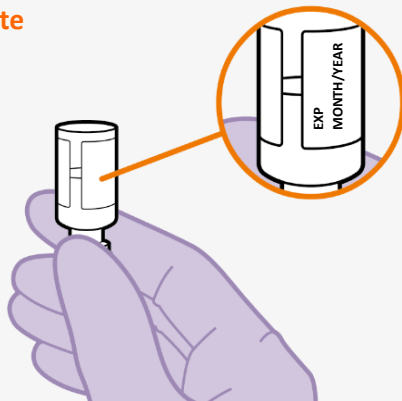
Make sure to have the rilpivirine pack close by before starting.



Preparation

1. Inspect vial

Check expiry date
and medicine



- Check that the expiry date has not passed.
- Inspect the vial immediately. If you can see foreign matter, do not use the product.

Note: The cabotegravir vial has a brown tint to the glass.

Do not use if the expiry date has passed.

2. Wait 15 minutes



Wait 15 minutes



- If the pack has been stored in a fridge, remove and wait at least 15 minutes before you are ready to give the injection to allow the medicine to come to room temperature.

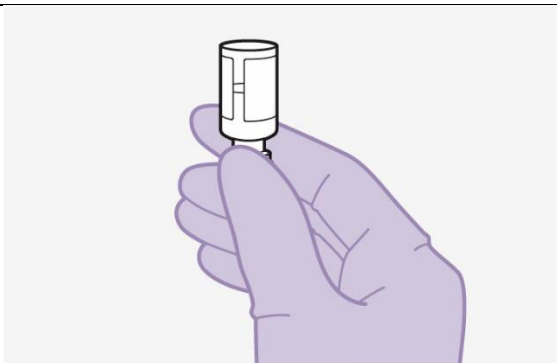
3. Shake vigorously

10
secs



- Hold the vial firmly and vigorously shake for a full 10 seconds as shown.

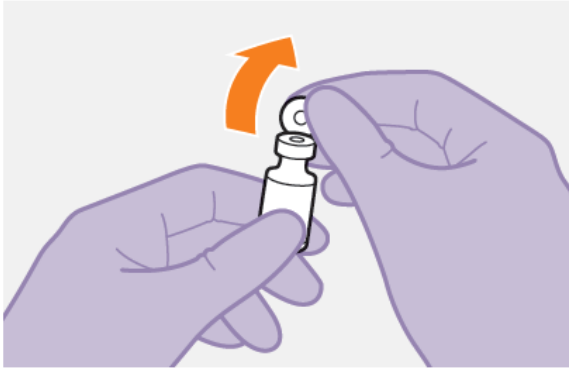
4. Inspect suspension



- Invert the vial and check the resuspension. It should look uniform. If the suspension is not uniform, shake the vial again.
- It is also normal to see small air bubbles.

Note: Vial preparation order is not important.

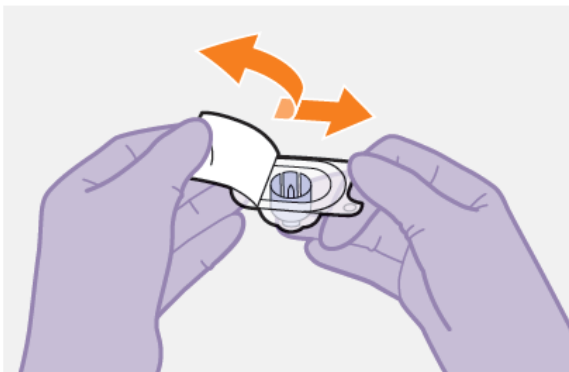
5. Remove vial cap



- Remove the cap from the vial.
- Wipe the rubber stopper with an alcohol swab.

Do not allow anything to touch the rubber stopper after wiping it.

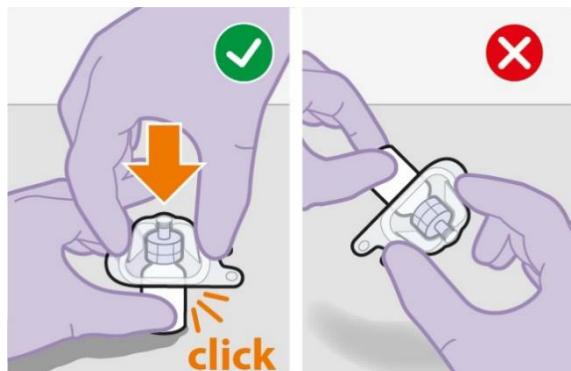
6. Peel open vial adaptor



- Peel off the paper backing from the vial adaptor packaging.

Note: Do not remove the adaptor from its packaging for the next step. The adaptor **will not** fall out when its packaging is turned upside down.

7. Attach vial adaptor



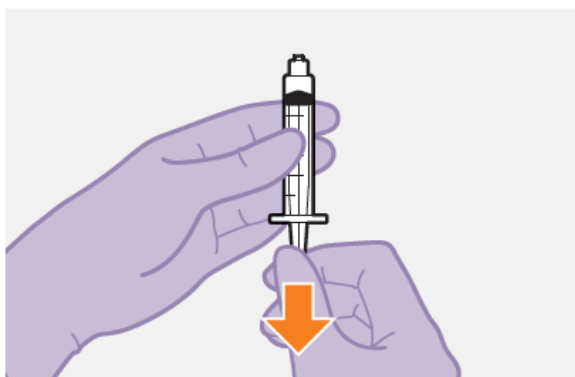
- Place the vial on a flat surface.
- Press the vial adaptor straight down onto the vial, as shown.
- The vial adaptor should click securely into place.

8. Lift off the packaging



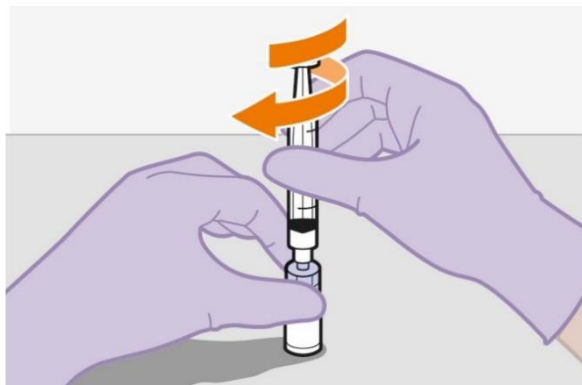
- Lift off the vial adaptor packaging, as shown.

9. Prepare syringe



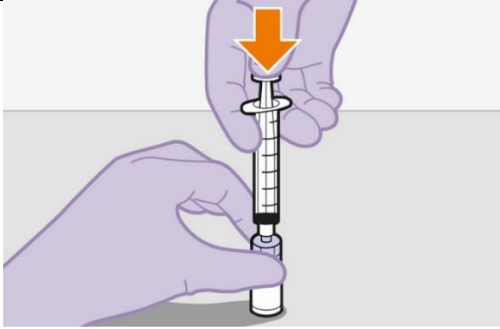
- Remove the syringe from its packaging.
- Draw 1 mL of air into the syringe. This will make it easier to draw up the liquid later.

10. Attach syringe



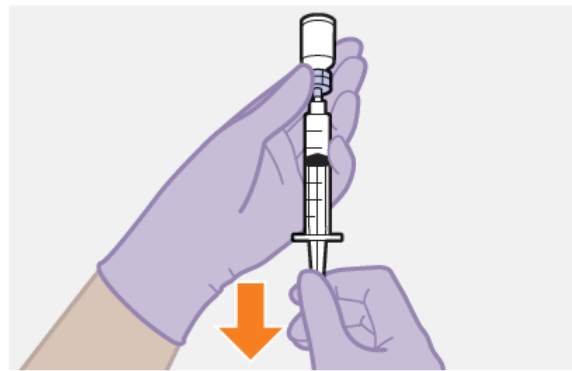
- Hold the vial adaptor and vial firmly, as shown.
- Screw the syringe firmly onto the vial adaptor.

11. Press the plunger



- Press the plunger all the way down to push the air into the vial.

12. Slowly draw up dose



- Invert the syringe and vial, and slowly withdraw as much of the liquid as possible into the syringe. There might be more liquid than the dose amount.

Note: Keep the syringe upright to avoid leakage.

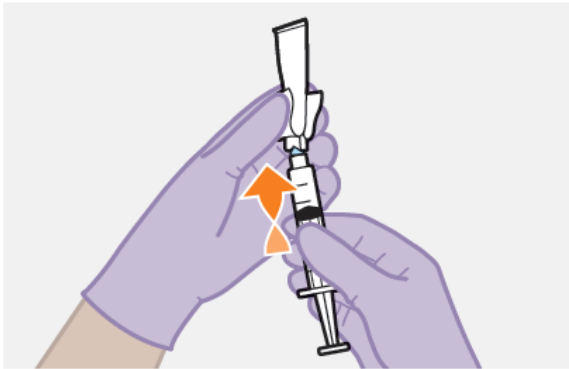
13. Unscrew syringe



- Hold the syringe plunger firmly in place as shown to prevent leakage. It is normal to feel some back pressure.
- Screw the syringe off the vial adaptor, holding the vial adaptor as shown.

Note: Check that the cabotegravir suspension looks uniform and white to light pink.

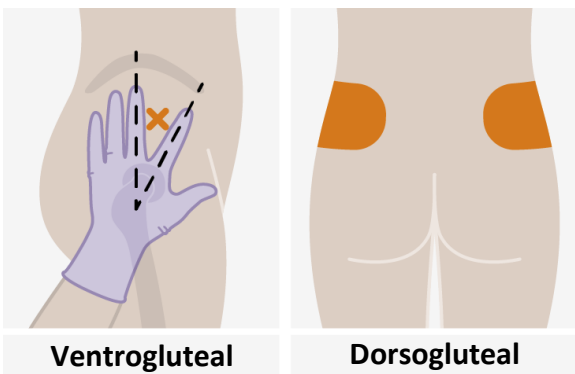
14. Attach needle



- Peel open the needle packaging part way to expose the needle base.
- Keeping the syringe upright, firmly twist the syringe onto the needle.
- Remove the needle packaging from the needle.

Injection

15. Prepare injection site



Injections must be administered to the gluteal sites.

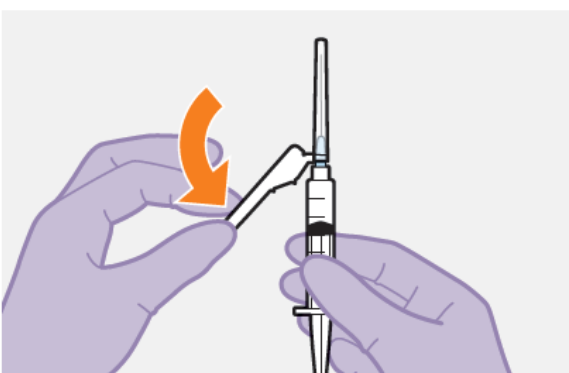
Select from the following areas for the injection:

- Ventrogluteal (recommended)
- Dorsogluteal (upper outer quadrant)

Note: For gluteal intramuscular use only.

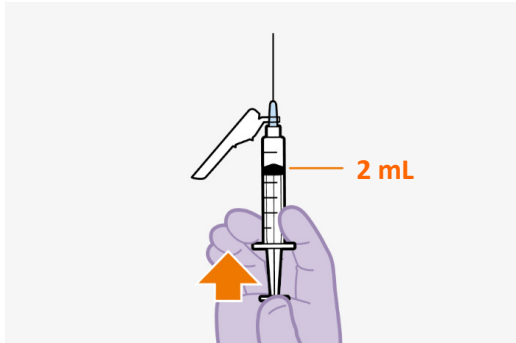
Do not inject intravenously.

16. Remove cap



- Fold the needle guard away from the needle.
- Pull off the injection needle cap.

17. Remove extra liquid



- Hold the syringe with the needle pointing up. Press the plunger to the 2 mL dose to remove extra liquid and any air bubbles.

Note: Clean the injection site with an alcohol swab. Allow the skin to air dry before continuing.

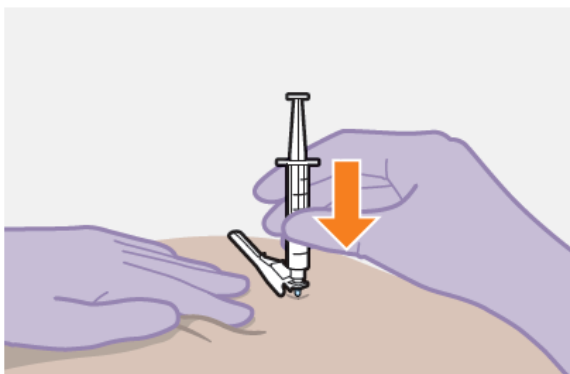
18. Stretch skin



Use the z-track injection technique to minimise medicine leakage from the injection site.

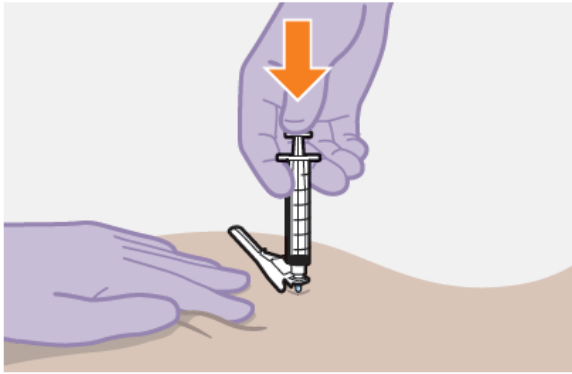
- Firmly drag the skin covering the injection site, displacing it by about an inch (2.5 cm).
- Keep it held in this position for the injection.

19. Insert needle



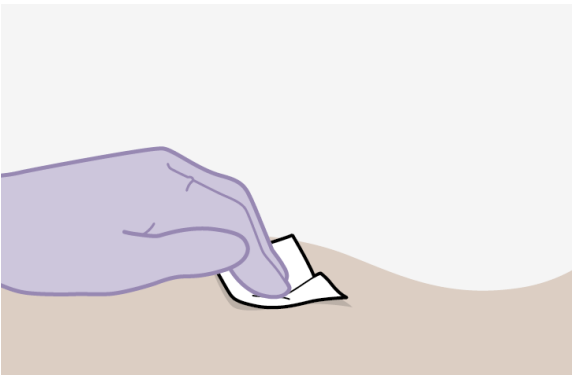
- Insert the needle to its full depth, or deep enough to reach the muscle.

20. Inject dose



- Still holding the skin stretched – slowly press the plunger all the way down.
- Ensure the syringe is empty.
- Withdraw the needle and release the stretched skin immediately.

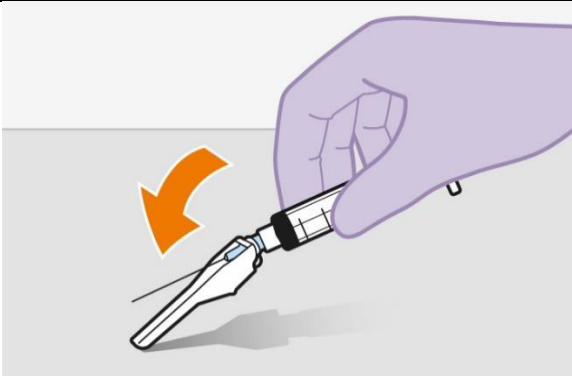
21. Assess the injection site



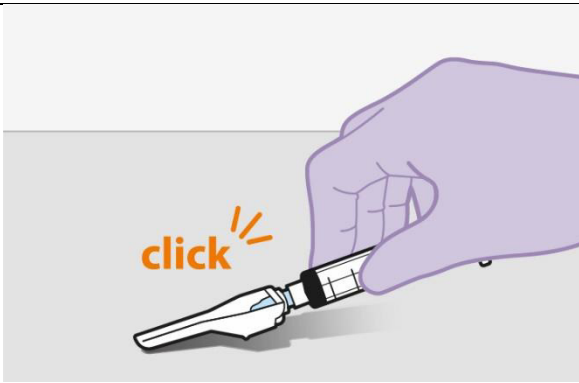
- Apply pressure to the injection site using a gauze.
- A small bandage may be used if a bleed occurs.

Do not massage the area.

22. Make needle safe

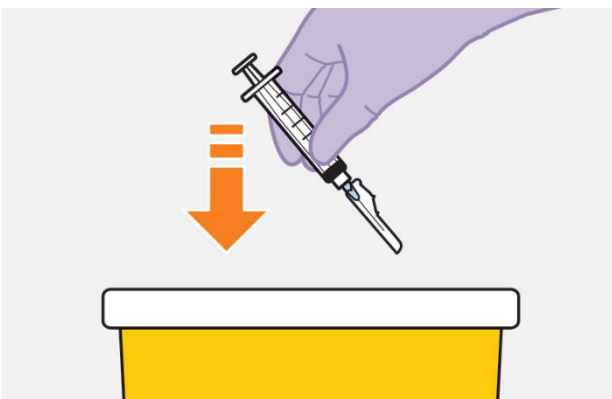


- Fold the needle guard over the needle.
- Gently apply pressure using a hard surface to lock the needle guard in place.
- The needle guard will make a click when it locks.



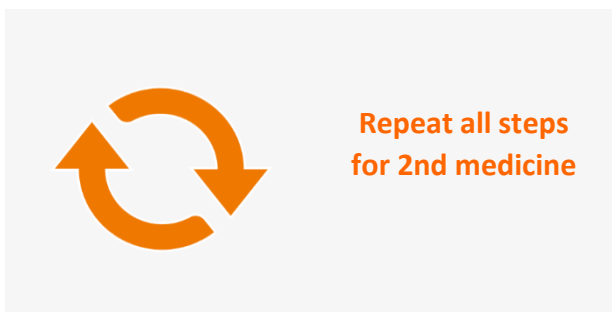
After injection

23. Dispose safely



- Dispose of used needles, syringes, vials and vial adaptors according to local health and safety laws.

Repeat for 2nd medicine



If you have not yet injected both medicines, use the steps for preparation and injection for rilpivirine which has its own specific Instructions for Use.

Questions and Answers

1. How long can the medicine be left in the syringe?

Once the suspension has been drawn into the syringe, the injection should be used immediately, from a microbiological point of view.

Chemical and physical in-use stability has been demonstrated for 2 hours at 25°C.

2. Why do I need to inject air into the vial?

Injecting 1 mL of air into the vial makes it easier to draw up the dose into the syringe.

Without the air, some liquid may flow back into the vial unintentionally, leaving less than intended in the syringe.

3. Does the order in which I give the medicines matter?

No, the order is unimportant.

4. If the pack has been stored in the fridge, is it safe to warm the vial up to room temperature more quickly?

It is best to let the vial come to room temperature naturally. However, you can use the warmth of your hands to speed up the warm up time, but make sure the vial does not get above 30°C.

Do not use any other heating methods.

5. Why is the ventrogluteal administration approach recommended?

The ventrogluteal approach, into the gluteus medius muscle, is recommended because it is located away from major nerves and blood vessels. A dorso-gluteal approach, into the gluteus maximus muscle, is acceptable, if preferred by the health care professional. The injection should not be administered in any other site.

Vocabria 3 mL injection Instructions for use:

Overview

A complete dose requires two injections: **VOCABRIA and rilpivirine**

3 mL of cabotegravir and 3 mL of rilpivirine.

Cabotegravir and rilpivirine are suspensions that do not need further dilution or reconstitution. The preparation steps for both medicines are the same. Carefully follow these instructions when preparing the suspension for injection to avoid leakage.

Cabotegravir and rilpivirine are for intramuscular use only. Both injections must be administered to the gluteal sites.

Note: The ventrogluteal site is recommended. **The administration order is not important.**



Storage information

- Do not store above 30°C
- Do not freeze.

Your pack contains

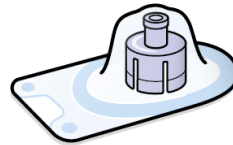
- 1 vial of cabotegravir
- 1 vial adaptor
- 1 syringe
- 1 injection needle (0.65 mm, 38 mm [23 gauge, 1.5 inches])

Consider the patient's build and use medical judgment to select an appropriate injection needle length.

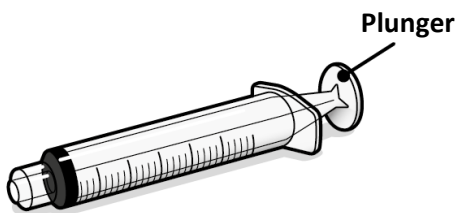
Cabotegravir vial



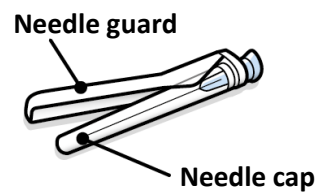
Vial adaptor



Syringe



Injection needle



You will also need

- Non-sterile gloves
- 2 alcohol swabs
- 2 gauze pads
- A suitable sharps container

Make sure to have the rilpivirine pack close by before starting.

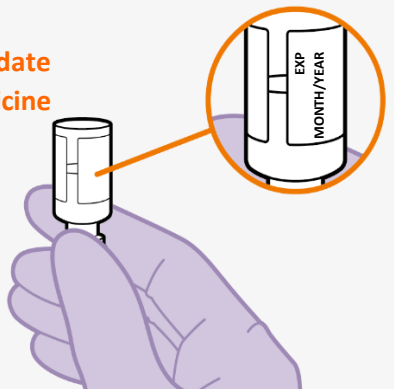
+ 1 rilpivirine 3-mL pack



Preparation

1. Inspect vial

Check expiry date
and medicine



- Check that the expiry date has not passed.
- Inspect the vial immediately. If you can see foreign matter, do not use the product.

Note: The cabotegravir vial has a brown tint to the glass.

Do not use if the expiry date has passed.

2. Wait 15 minutes



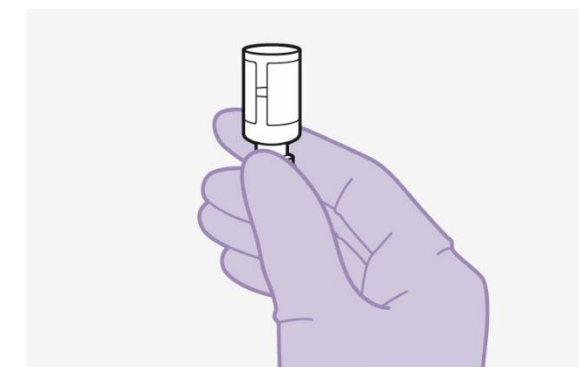
- If the pack has been stored in a fridge, remove and wait at least 15 minutes before you are ready to give the injection to allow the medicine to come to room temperature.

3. Shake vigorously



- Hold the vial firmly and vigorously shake for a full 10 seconds as shown.

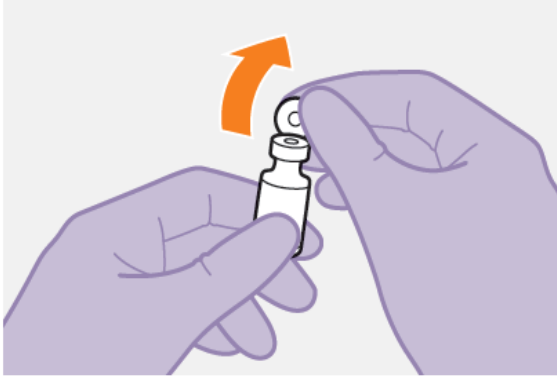
4. Inspect suspension



- Invert the vial and check the resuspension. It should look uniform. If the suspension is not uniform, shake the vial again.
- It is also normal to see small air bubbles.

Note: Vial preparation order is not important

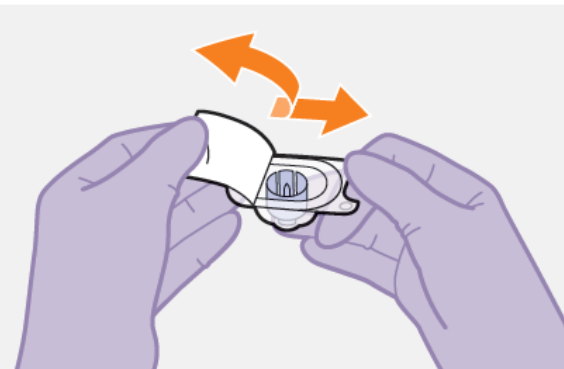
5. Remove vial cap



- Remove the cap from the vial.
- Wipe the rubber stopper with an alcohol swab.

Do not allow anything to touch the rubber stopper after wiping it.

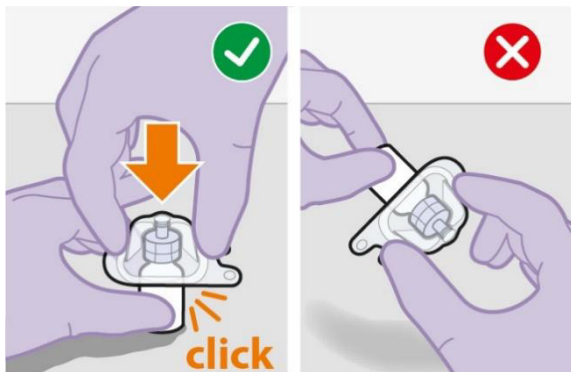
6. Peel open vial adaptor



- Peel off the paper backing from the vial adaptor packaging.

Note: Do not remove the adaptor from its packaging for the next step. The adaptor **will not** fall out when its packaging is turned upside down.

7. Attach vial adaptor



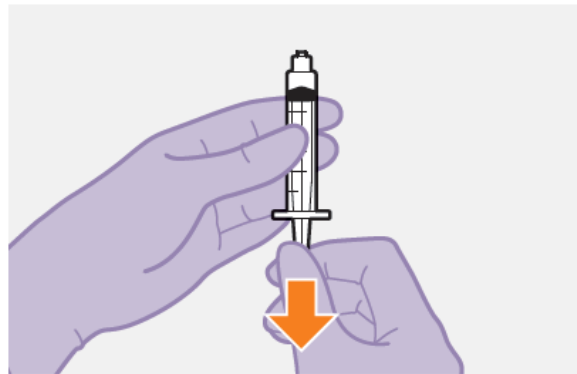
- Place the vial on a flat surface.
- Press the vial adaptor straight down onto the vial, as shown.
- The vial adaptor should click securely into place.

8. Lift off the packaging



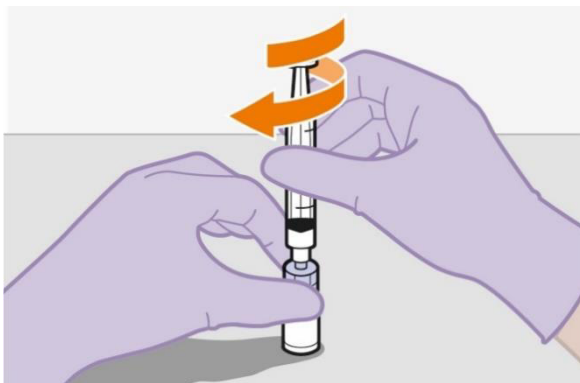
- Lift off the vial adaptor packaging, as shown.

9. Prepare syringe



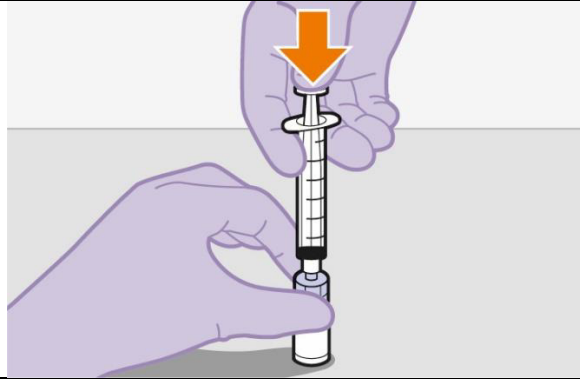
- Remove the syringe from its packaging.
- Draw 1 mL of air into the syringe. This will make it easier to draw up the liquid later.

10. Attach syringe



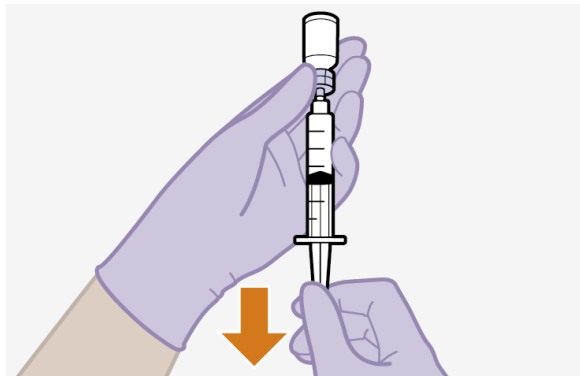
- Hold the vial adaptor and vial firmly, as shown.
- Screw the syringe firmly onto the vial adaptor.

11. Press the plunger



- Press the plunger all the way down to push the air into the vial.

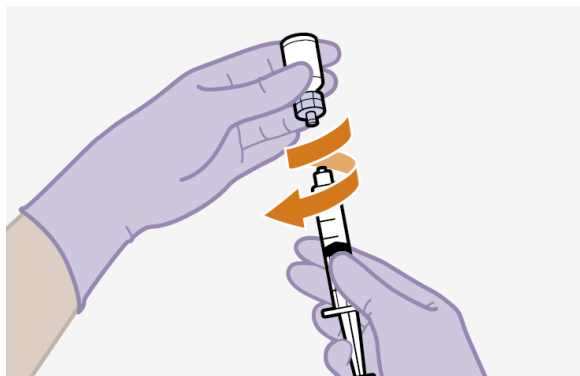
12. Slowly draw up dose



- Invert the syringe and vial, and slowly withdraw as much of the liquid as possible into the syringe. There might be more liquid than the dose amount.

Note: Keep the syringe upright to avoid leakage.

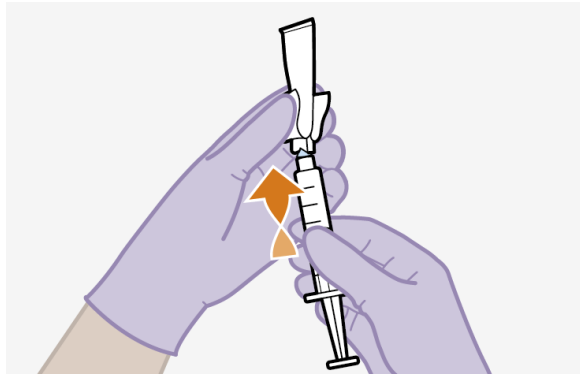
13. Unscrew syringe



- Hold the syringe plunger firmly in place as shown to prevent leakage. It is normal to feel some back pressure.
- Screw the syringe off the vial adaptor, holding the vial adaptor as shown.

Note: Check that the cabotegravir suspension looks uniform and white to light pink.

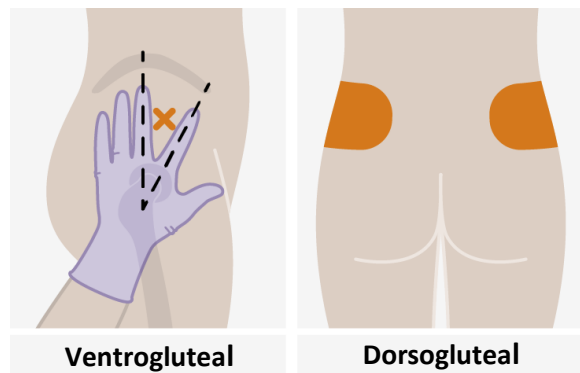
14. Attach needle



- Peel open the needle packaging part way to expose the needle base.
- Keeping the syringe upright, firmly twist the syringe onto the needle.
- Remove the needle packaging from the needle.

Injection

15. Prepare injection site



Injections must be administered to the gluteal sites.

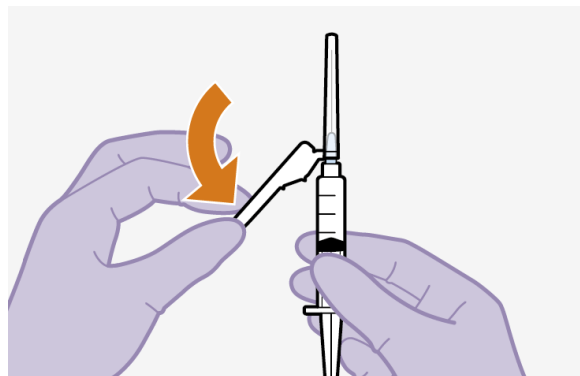
Select from the following areas for the injection:

- Ventrogluteal (recommended)
- Dorsogluteal (upper outer quadrant)

Note: For gluteal intramuscular use only.

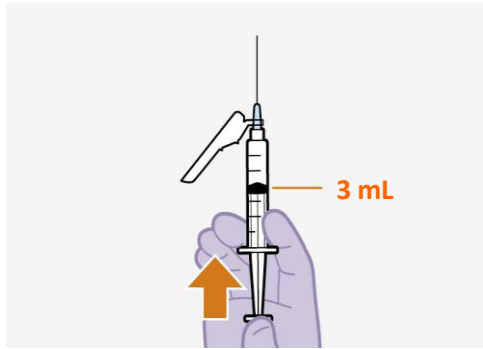
Do not inject intravenously.

16. Remove cap



- Fold the needle guard away from the needle.
- Pull off the injection needle cap.

17. Remove extra liquid



- Hold the syringe with the needle pointing up. Press the plunger to the 3 mL dose to remove extra liquid and any air bubbles.

Note: Clean the injection site with an alcohol swab. Allow the skin to air dry before continuing.

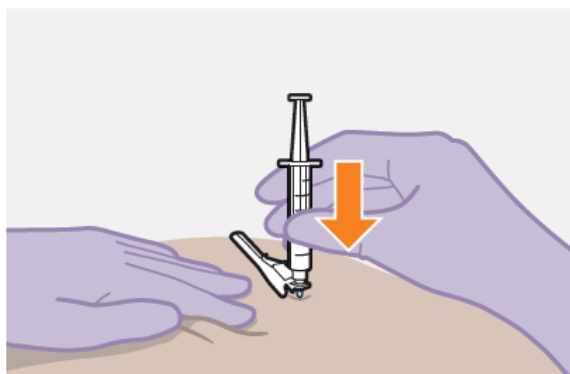
18. Stretch skin



Use the z-track injection technique to minimise medicine leakage from the injection site.

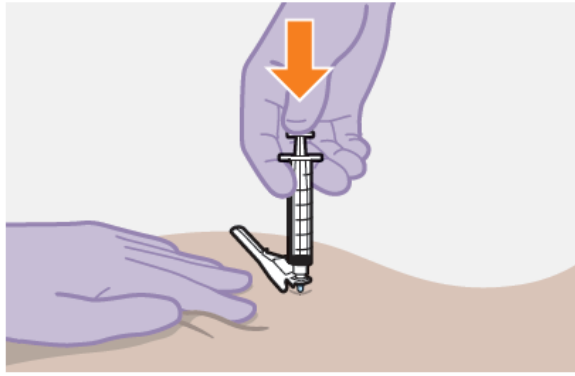
- Firmly drag the skin covering the injection site, displacing it by about an inch (2.5 cm).
- Keep it held in this position for the injection.

19. Insert needle



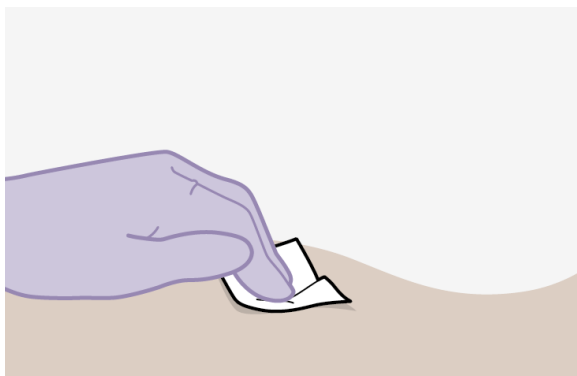
- Insert the needle to its full depth, or deep enough to reach the muscle.

20. Inject dose



- Still holding the skin stretched – slowly press the plunger all the way down.
- Ensure the syringe is empty.
- Withdraw the needle and release the stretched skin immediately.

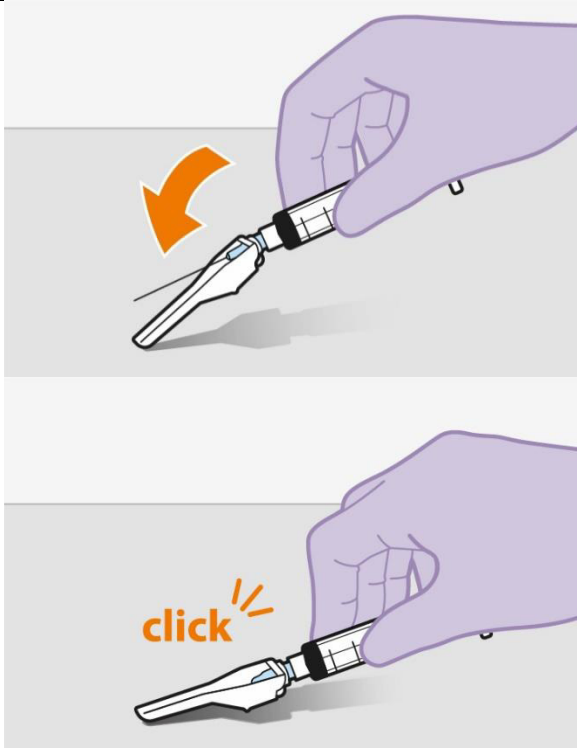
21. Assess the injection site



- Apply pressure to the injection site using a gauze.
- A small bandage may be used if a bleed occurs.

Do not massage the area.

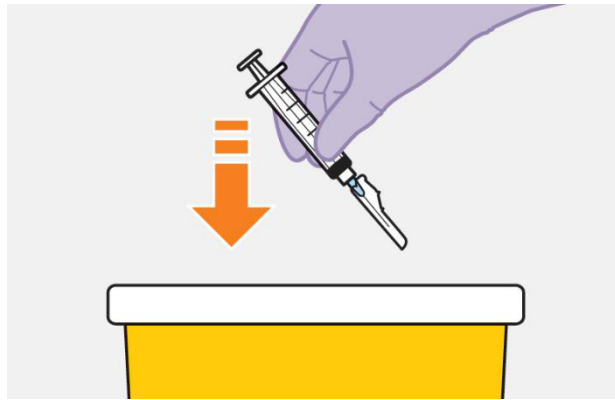
22. Make needle safe



- Fold the needle guard over the needle.
- Gently apply pressure using a hard surface to lock the needle guard in place.
- The needle guard will make a click when it locks.

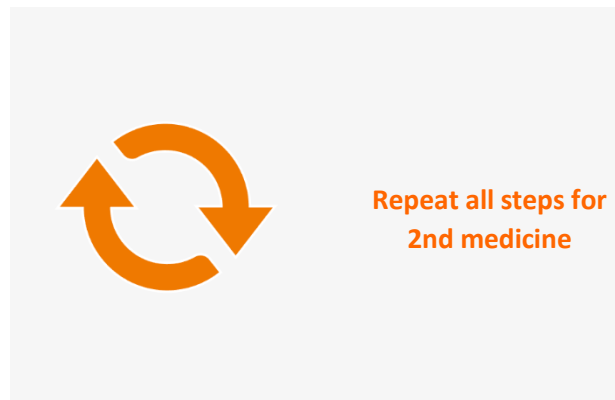
After injection

23. Dispose safely



- Dispose of used needles, syringes, vials and vial adaptors according to local health and safety laws.

Repeat for 2nd medicine



If you have not yet injected both medicines, use the steps for preparation and injection for rilpivirine which has its own specific Instructions for Use.

Questions and Answers

1. How long can the medicine be left in the syringe?

Once the suspension has been drawn into the syringe, the injection should be used immediately, from a microbiological point of view.

Chemical and physical in-use stability has been demonstrated for 2 hours at 25°C.

2. Why do I need to inject air into the vial?

Injecting 1 mL of air into the vial makes it easier to draw up the dose into the syringe. Without the air, some liquid may flow back into the vial unintentionally, leaving less than intended in the syringe.

3. Does the order in which I give the medicines matter?

No, the order is unimportant.

4. If the pack has been stored in the fridge, is it safe to warm the vial up to room temperature more quickly?

It is best to let the vial come to room temperature naturally. However, you can use the warmth of your hands to speed up the warm up time, but make sure the vial does not get above 30°C.

Do not use any other heating methods.

5. Why is the ventrogluteal administration approach recommended?

The ventrogluteal approach, into the gluteus medius muscle, is recommended because it is located away from major nerves and blood vessels. A dorso-gluteal approach, into the gluteus maximus muscle, is acceptable, if preferred by the health care professional. The injection should not be administered in any other site.