RETROSPECTIVE MULTICENTER OBSERVATIONAL STUDY · 2023–2025

PERSISTENCE, ADHERENCE AND SECURITY OF CABOTEGRAVIR/RILPIVIRINE IN HIV PATIENTS

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01 · OBJECTIVES

To analyze the **persistence, adherence, and safety** of cabotegravir and rilpivirine (CAB/RPV) in a long-acting intramuscular formulation in patients living with HIV (PLHIV).

02 · METHODS

STUDY DESIGN

Retrospective multicenter observational study across **3 hospitals**. Patients receiving CAB/RPV July 2023–March 2025 with ≥3 doses.

DATA COLLECTED

Demographics, prior ART, viral load, CD4 counts at baseline & last visit, concomitant medications, adverse events.

PERSISTENCE & SAFETY

Measured in months to discontinuation with documented reasons. Adverse events recorded systematically.

DATA SOURCE

Outpatient pharmacy software + electronic medical records (EMR) for comprehensive patient data extraction.

03 · RESULTS

PATIENT DEMOGRAPHICS

57	17.5%	53.1
Total Patients	Female	Mean Age (yr)

ADHERENCE TO DOSING WINDOW

322 / 325 injections within dosing window.

✓ No drug interactions

CD4 CELL COUNT (CELLS/ML)

✓ 100% VL <50

All patients virologically suppressed

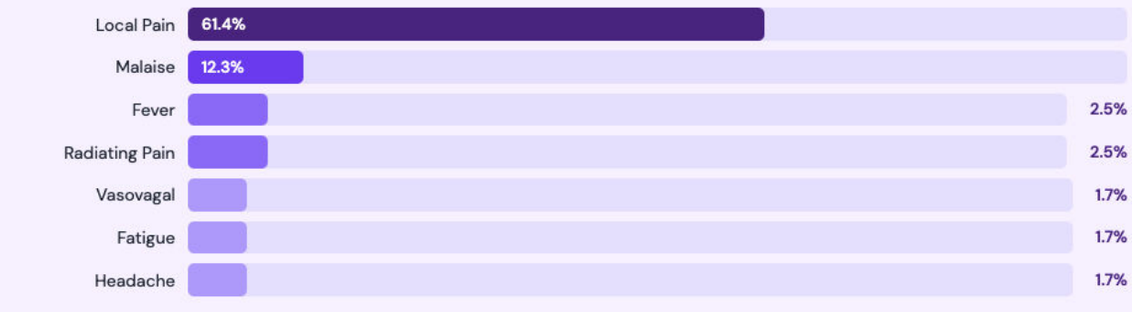
Persistence

9.6 months

DISCONTINUATIONS (N=10)

- Virological failure (n=2)
- Adverse reactions (n=5)
- Lost to follow-up (n=2)
- Acenocoumarol (n=1)

ADVERSE EVENTS PROFILE (% OF PATIENTS REPORTING)



04 · CONCLUSIONS

CAB/RPV long-acting IM appears **effective and safe** in real-world PLHIV

High adherence (99%) supports long-acting regimen feasibility in clinical practice

Importance of **AE monitoring** and early detection of virological failure