REAL-WORLD EXPERIENCE WITH LONG-ACTING INJECTABLE CABOTEGRAVIR/RILPIVIRINE ANTIRETROVIRAL THERAPY IN PEOPLE LIVING WITH HIV

C. LASALA AZA1, M. GARCIA RUIZ1, A. LAGUNA ALCANTARA1, S. GUIJARRO HERRERA1, E. SANCHEZ YAÑEZ1, I. MOYA CARMONA1.
1HOSPITAL UNIVERSITARIO VIRGEN DE LA VICTORIA, PHARMACY DEPARTMENT, MALAGA, SPAIN.

BACKGROUND AND IMPORTANCE

Long-acting injectable antiretroviral therapy (ART) with cabotegravir/rilpivirine (CAB/RPV) offers an alternative to daily oral treatment for people living with HIV (PLWHIV). It may improve adherence and patient satisfaction, supporting a person-centred approach. Real-world evidence outside clinical trials remains limited.

AIM AND OBJECTIVES

To describe the effectiveness of long-acting injectable CAB/RPV in PLWHIV in real-world clinical practice

MATERIALS AND METHODS

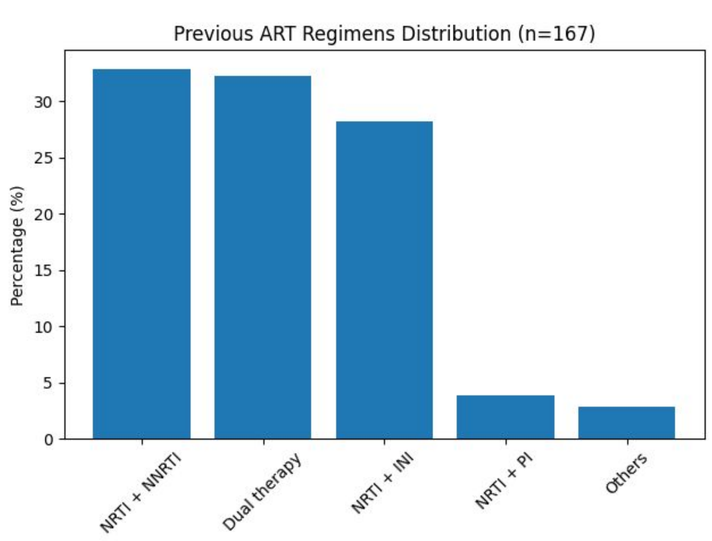
- Single-centre, retrospective observational study at a secondary-level hospital including PLWHIV who initiated injectable CAB/RPV between January 2023-March 2025.
- Collected variables: sex, age, years since diagnosis, weight/body mass index (BMI), baseline viral load (VL), CD4 count, CD4/CD8 ratio, previous ART regimen and medication possession ratio (MPR). Effectiveness was defined as achieving or maintaining undetectable VL (VL<50 copies/mL). Only patients with ≥12 weeks of therapy were included. Reasons for discontinuation were recorded.

RESULTS

- 167 patients were included (92.4% male). Age 45±12 years. Time since diagnosis 11±6 years. Weight 77.9±13.7 kg (n=161), BMI 25.8±3.9 kg/m² (n=63).

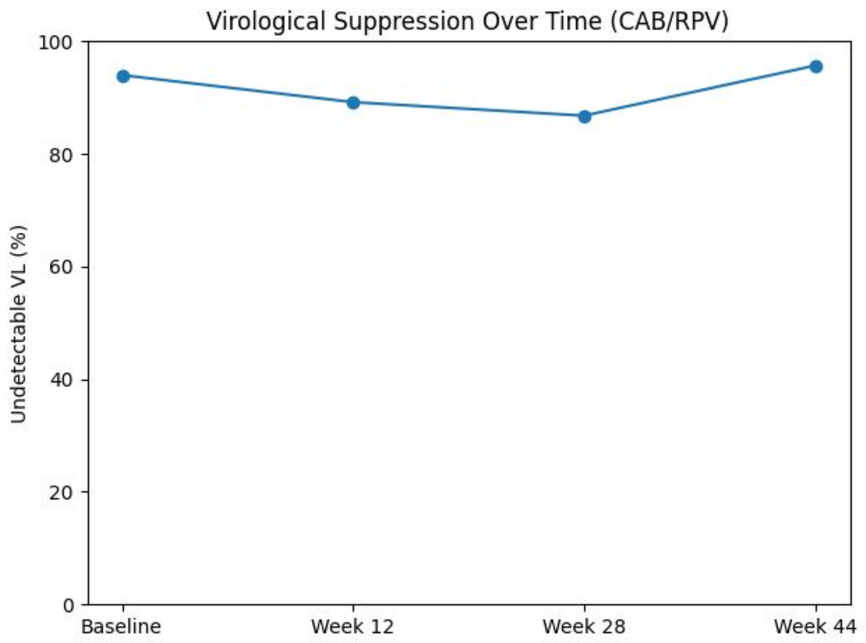
- At baseline, 94% (157/167) had undetectable VL, 6% detectable VL (mean 188±251 copies/mL). Mean CD4 count 872±385 cells/µL; CD4/CD8 ratio 0.97±0.48 (n=148).

- Previous ART regimens: nucleotide/nucleoside reverse transcriptase inhibitor (NRTI) + non-nucleoside reverse transcriptase inhibitor (NNRTI): 32.9% (55/167), dual therapy: 32.3% (54/167), NRTI + integrase inhibitor: 28.2% (47/167), NRTI + protease inhibitor: 3.8% (6/167), others: 2.8% (5/167). No patient received prior oral CAB/RPV before starting the injectable regimen. Mean MPR was 94% (20–100%).



- Effectiveness CAB/RPV:
  - Week 12±8 (n=148), 89.2% undetectable VL; CD4 925±478 (n=63). 10.8% VL >50 copies/mL, mean VL 638 ±257 (median 77 copies/mL).
  - Week 28±8 (n=76), 86.8% undetectable VL; CD4 880±429 (n=42). 13.2% VL >50 copies/mL, mean VL 100±46 (median 102 copies/mL).
  - Week 44±8 (n=23), 95.7% undetectable VL; CD4 785±254 (n=14). 1 patient VL >50 copies/mL, mean VL 116.

- 5.4% (9/167) discontinued treatment: 1.8% (3/167) due to adverse events (injection-site reaction, local pain, dry skin) and 3.6% (6/167) by patient preference. No discontinuations related to virological failure.



CONCLUSION AND RELEVANCE

Long-acting injectable CAB/RPV was effective and well-tolerated. Virological suppression at week 44 was similar to pivotal trials, despite including patients with VL >50 copies/mL at baseline. Detectable viremia was rare and low-level. No treatment interruptions for lack of efficacy were observed, and discontinuations due to adverse events were minimal.

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