



# PREFER-LA: People with HIV (PWH) in the United States with Prior Adherence Challenges with Oral Antiretroviral Therapy (ART) Prefer Cabotegravir + Rilpivirine Long-Acting (CAB+RPV LA) Therapy After Switch

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## Key Takeaways

- ➔ Among PWH with previous adherence challenges to oral ART, concerns with switching to CAB+RPV LA injection were alleviated after the switch and CAB+RPV LA was preferred due to numerous benefits.
- ➔ The most common reason (among both PWH and HCPs) for switching to CAB+RPV LA was to improve treatment adherence.
- ➔ 95.0% of HCPs reported that they foresee PWH remaining on CAB+RPV LA long term.
- ➔ 89.9% of PWH stated they would be very likely to recommend CAB+RPV LA to similarly non-adherent PWH.

## Introduction

- The LATITUDE trial demonstrated that CAB+RPV LA is superior in efficacy compared to daily oral ART in PWH with documented prior adherence challenges.<sup>1</sup>
- Adherence to daily oral ART can be compromised by stigma, pill fatigue, forgetfulness, and life circumstances such as work or family demands.<sup>2</sup>
- The real-world experiences of PWH from PREFER-LA (Perspectives on Treatment with CAB+RPV LA Injectable Therapy from PWH in the United States (US) with Prior Adherence Challenges to Oral ART) are presented here.

## Methods

- PREFER-LA was an observational real-world study of PWH from across the US receiving CAB+RPV LA for ≥6 months to ≤18 months with documented adherence challenges to prior oral ART.
- The objective was to characterize the perspectives of PWH with historical adherence challenges with ART following switch to CAB+RPV LA injectable therapy and to understand how their perception of ART has changed on LA therapy.
- The study consisted of cross-sectional surveys of PWH and healthcare providers (HCP) and retrospective medical chart review (eCRF) (Figure 1). Each PWH's survey responses were matched to their medical record data.

Figure 1. Study Components



Table 1. Adherence challenges to prior oral ART were defined as:

<b>Situational non-adherence:</b>	PWH who achieved viral suppression on prior oral ART but then experienced viremia >200 copies/mL in the 12 months before switching
<b>Sub-optimal adherence:</b>	PWH who self-report sub-optimal adherence but may maintain control of HIV
<b>Intermittent adherence:</b>	PWH who self reported good adherence then had a treatment interruption of more than 4 weeks before resuming
<b>Non-adherent:</b>	Evidence of non-adherence including documented inability or unwillingness to take oral medication or poor virologic response

Baseline eCRF data showed that sub-optimal adherence was the most frequently reported challenge with prior oral ART, reported in 60.4%. Non-adherence was reported in 26.4%, situational non-adherence in 18.2%, and intermittent adherence in 3.8%.

**Abbreviations:** ART, antiretroviral therapy; CAB+RPV LA, Cabotegravir and rilpivirine Long acting; eCRF, electronic case report form; HCP, Healthcare professional; IQR, Interquartile range; LA, Long-acting; PWH, Person/people with HIV; US, United States

## Results

- Median age of participants (n=159) was 43 years old, median time since HIV diagnosis was 14.0 years, and the majority were Black or African American (56.6%) (Table 1).
- The median length of time PWH were on CAB+RPV LA at the time of survey was 1 year.

Table 1. Baseline Characteristics

PWH Characteristics and Demographics (eCRF, n=159)			
<b>Age, median years (IQR)</b>	43 (32.0-53.0)	<b>Hispanic, n (%)</b>	44 (28.4)
<50 years, n (%)	107 (67.3)	<b>Non-Hispanic, n (%)</b>	111 (71.6)
<b>Race, n (%)</b>		<b>Gender Identity, n (%)</b>	
Black or African American	90 (56.6)	Cisgender man	97 (61.0)
White	46 (28.9)	Cisgender woman	27 (17.0)
A race(s) not listed here	20 (12.6)	Gender identity not listed	18 (11.3)
Native American, American Indian, or Alaskan Native	7 (4.4)	Prefer not to say	10 (6.3)
Prefer not to say	4 (2.5)	Transgender woman	4 (2.5)
Asian	2 (1.3)	Non-binary/Gender queer	3 (1.9)
Middle Eastern or North African	1 (0.6)	Transgender man	0 (0)
Native Hawaiian or other Pacific Islander	0 (0)	Intersex	0 (0)

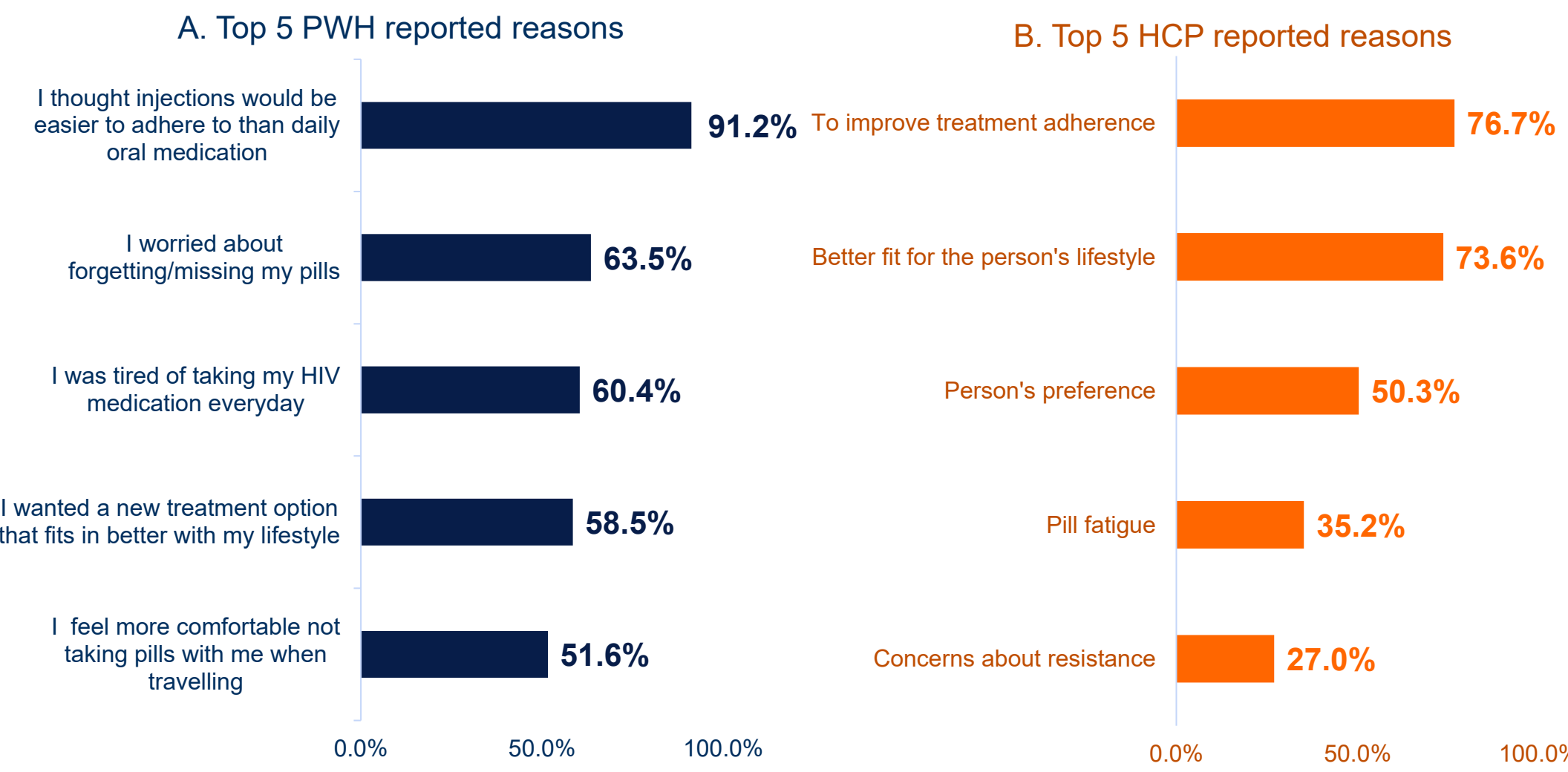
<b>Length of time person has been diagnosed with HIV-1, median (IQR) (years)</b>	11.7 (5.7-21.0)
<b>Number of previous ART regimens received prior to starting CAB+RPV LA, median (IQR)</b>	2.0 (1.0-4.0)
<b>Length of time person has been receiving CAB+RPV LA, median (IQR) (months)</b>	11.9 (8.5-14.5)

eCRF, electronic case report form; IQR, interquartile range

## Reasons for Switching to CAB+RPV LA

- The primary driver for switching to CAB+RPV LA for both PWH and HCP focused on adherence (Figure 2A).
- The top PWH reported reason for switching to CAB+RPV LA was that they thought injections would be easier to adhere to than daily oral ART (Figure 2A).
- The top HCP reported reasons for switching to CAB+RPV LA were to improve treatment adherence and to better fit the person's lifestyle (Figure 2B).

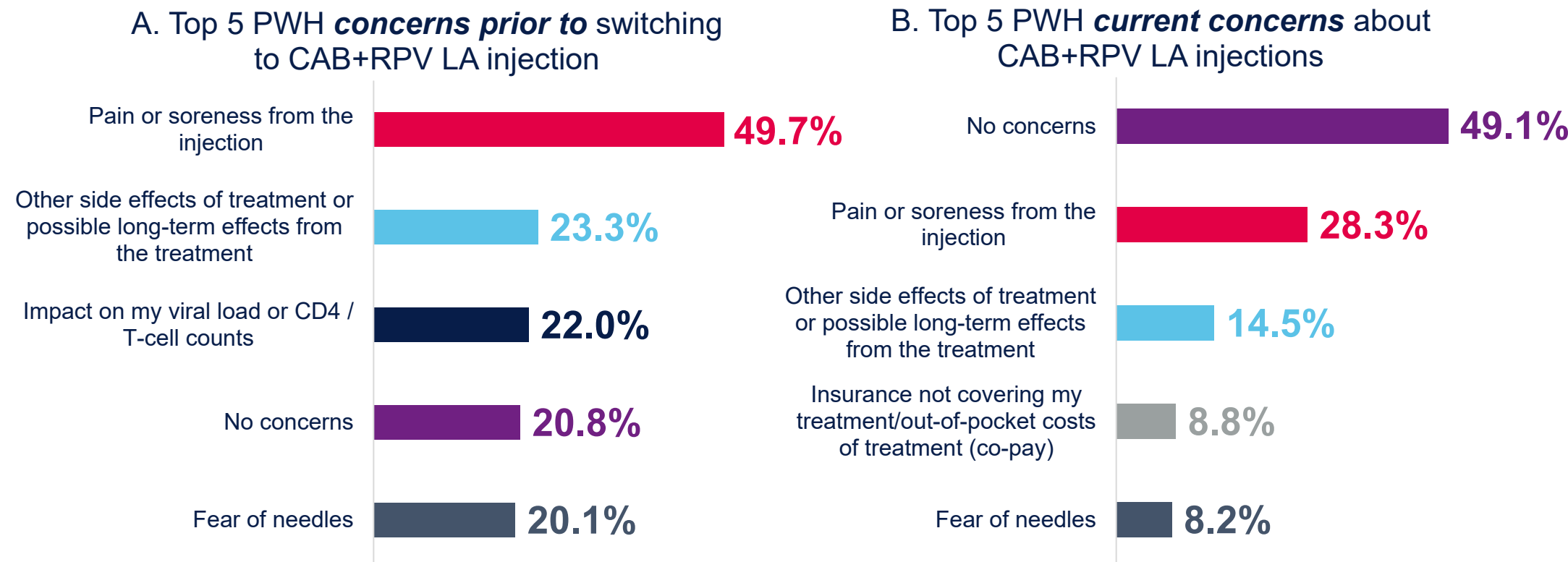
Figure 2. PWH (survey) and HCP (eCRF) reasons for switching to CAB+RPV LA (n=159, multiple choices allowed)



## Concern Regarding CAB+RPV LA Use

- After switching to CAB+RPV LA, concerns about "pain or soreness from injections" reduced by nearly half, "fear of needles" reduced by more than half and having "no concerns" increased by more than double (Figure 3A and 3B).

Figure 3. PWH concerns before and after switching to CAB+RPV LA (n=159, multiple choices allowed)



## Experience After Switching to CAB+RPV LA

- The majority of PWH agreed that switching to CAB+RPV LA has positively affected their overall health, quality of life, HIV control, and better fits their lifestyle (Figure 4).
- When prompted, PWH reported overall positive feelings towards CAB+RPV LA and more positive feelings towards themselves since switching to CAB+RPV LA (Figure 5).

Figure 4. Impacts that switching from daily oral ART to CAB+RPV LA has had on PWH (n=159)

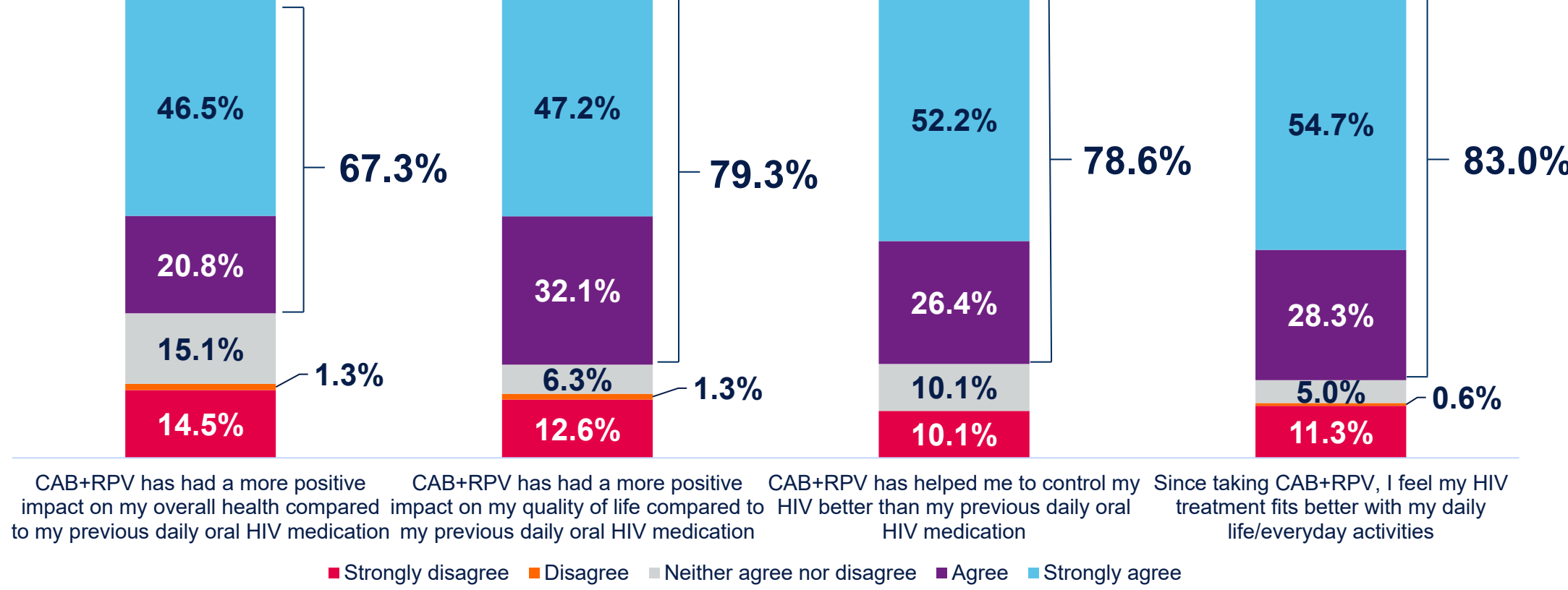
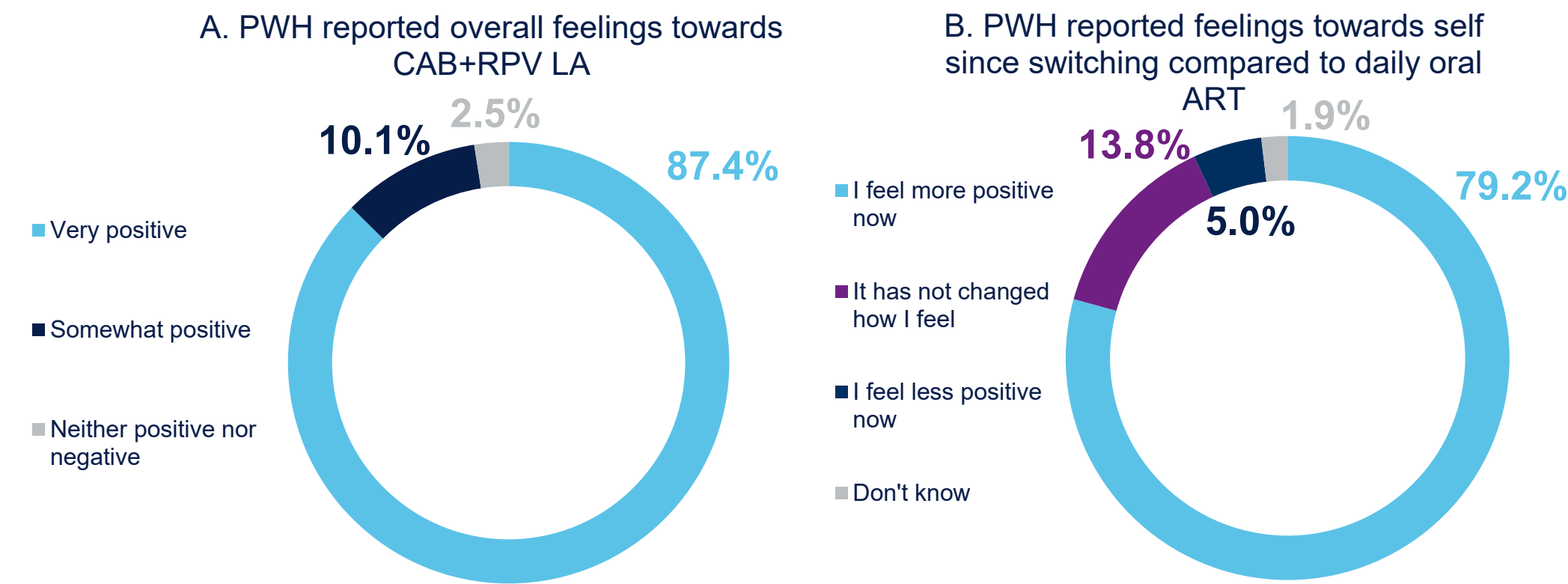


Figure 5. PWH-reported feelings towards CAB+RPV LA and self (n=159)



## Preference for CAB+RPV LA

- Almost all PWH preferred CAB+RPV LA over daily oral ART and 90% of PWH were very likely to recommend CAB+RPV LA to other PWH with adherence challenges (Figure 6A and 6B).
- Tablet fatigue, convenience, reduced stigma, and remembering medication were among the top reasons for preferring CAB+RPV LA (Figure 7).

Figure 6. Treatment Preferences (n=159)

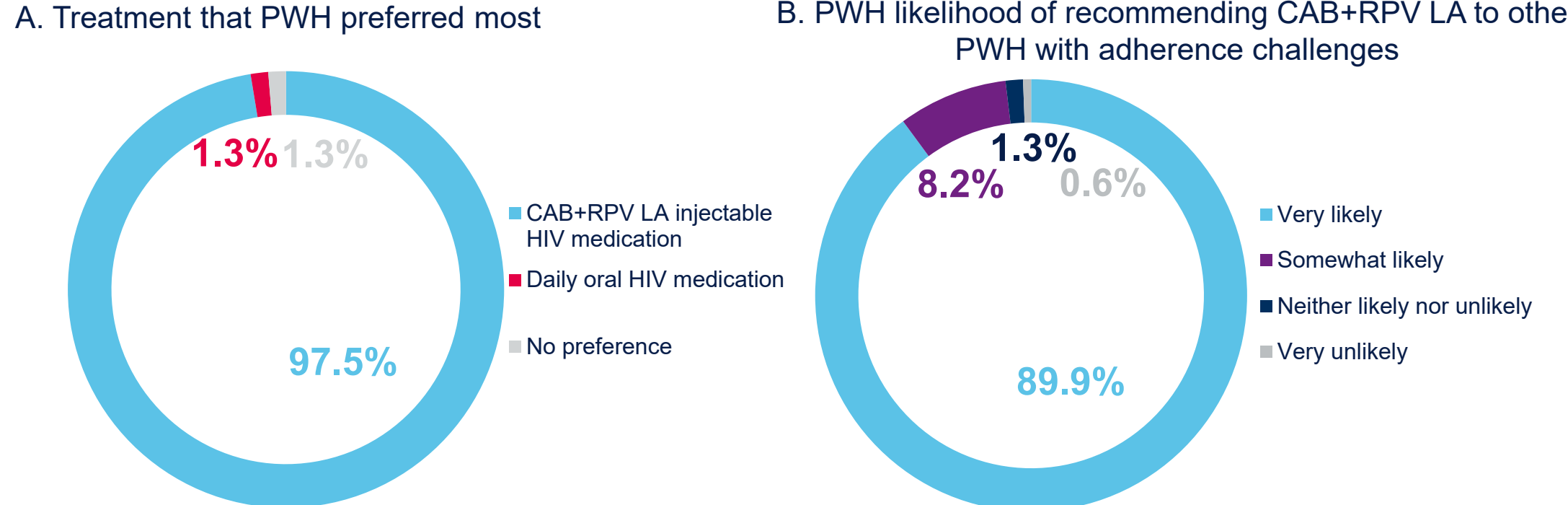
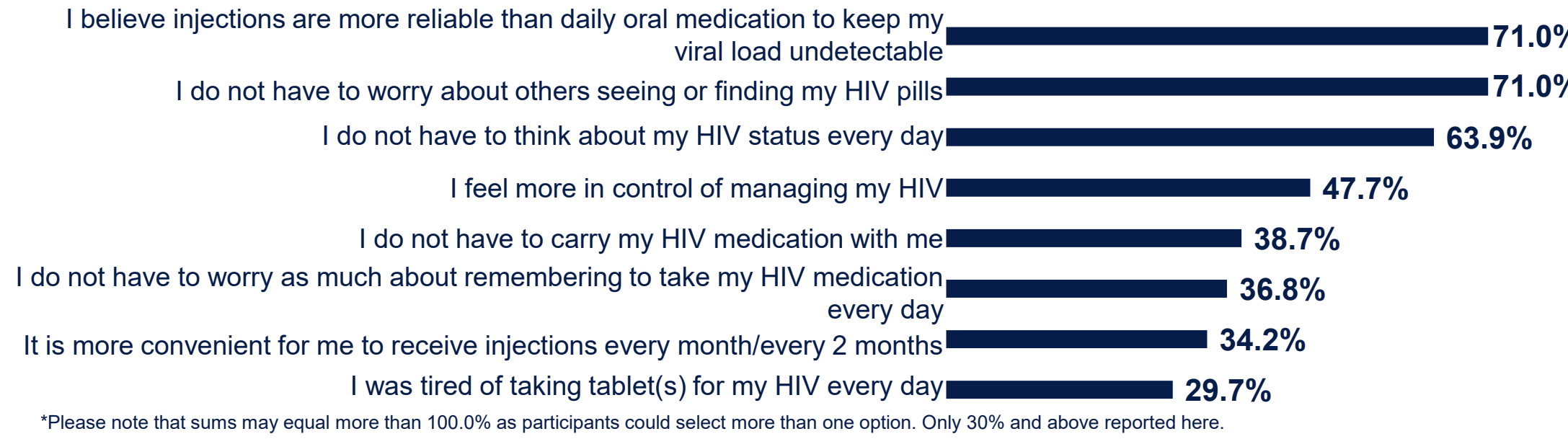


Figure 7. PWH reasons for preferring CAB+RPV LA (n=159)



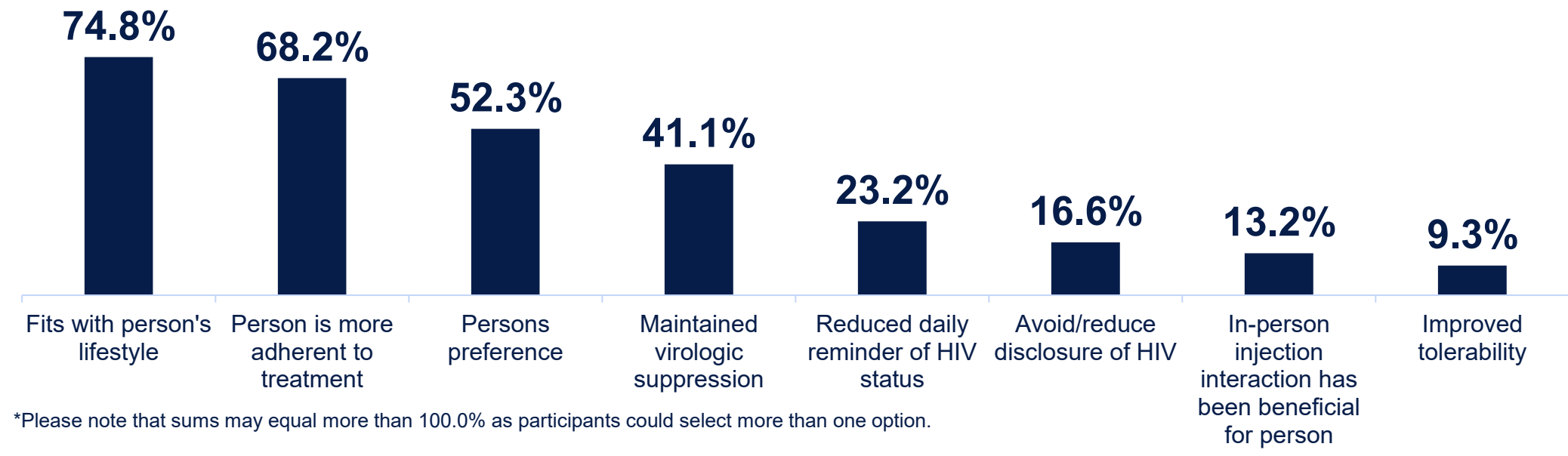
## Experiences Since Initiating CAB+RPV LA

- HCPs reported benefits from regular clinic visits, including ensured adherence, HIV control, and more opportunities to discuss health concerns (Figure 8).
- HCPs reported that PWH would remain on CAB+RPV LA long term for a variety of reasons (Figure 9).
- 95% of HCPs (151) reported that PWH would remain on CAB+RPV LA long term with only 1 HCP (0.6%) reporting that PWH would switch back to daily oral ART.

Figure 8. HCP reported benefits of implementing CAB+RPV LA for adherence challenged PWH (n=13)



Figure 9. HCP reported reasons for PWH remaining on CAB+RPV LA long-term (n=151)



## Conclusions

- In this observational real-world study, PWH who switched to CAB+RPV LA after experiencing prior adherence challenges on oral ART overwhelmingly preferred CAB+RPV LA due to numerous benefits of switching to a long-acting injectable.
- LA injectable medications such as CAB+RPV LA provide an option to PWH to improve adherence and perception of ART.

**References:** 1. Davis JM, et al. *Clin Infect Dis*. 2024;80(6):1349-1354. 2. Saghayam S and Wanke C. *Curr Opin HIV AIDS*. 2015;10(6):472-476.

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