High acceptability and persistence of long-acting injectable cabotegravir/rilpivirine in Australian primary care: early real-world implementation data from people with HIV and healthcare workers - the ICAROS study

B. Eu[1,7], M. Traeger[2,8], H. Lau[3], N. Roth[3]. J. Roney[3], C. Burnett[4], D. Russell[5], J. Cordon[6], Baker D[10] , M. Stoové[2,8,9] [1] University of Melbourne, Melbourne, Australia, [2] Burnet Institute, Melbourne, Australia, [3] Alfred Hospital, Melbourne, Australia, [4] Living Positive Victoria, Melbourne, Australia, [5] James Cook University, Cairns, Australia, [6] National Association of People with HIV, Sydney, Australia, [7]Prahran Market Clinic, Melbourne, [8]Monash University, Victoria, [9]Deakin University, Victoria ,[10] East Sydney Doctors

Corresponding presenter : beng@prahranmarketclinic.com

BACKGROUND

Long-acting injectable cabotegravir/rilpivirine (CAB/RPV-LA) offers an alternative to daily oral antiretroviral therapy for people living with HIV (PLHIV). While clinical trials have demonstrated high efficacy and treatment satisfaction, there is limited real-world evidence on early implementation, particularly in primary care-led settings. We examined acceptability, early persistence and implementation experiences following national approval of CAB/RPV-LA in Australia in 2022.

METHODS

We conducted a prospective observational study of PLHIV initiating CAB/RPV-LA and healthcare workers (HCWs) involved in prescribing/administering treatment, recruited from primary and tertiary clinics between May 2023–January 2025. PLHIV completed surveys at baseline, 6 and 12 months, and HCW completed surveys at baseline and 12 months. Surveys assessed treatment acceptability and appropriateness (AIM/IAM 5-point scales), quality of life (PozQoL 5-point scale), and treatment persistence.

RESULTS

Table 1. Type of clinic (n=105)
* Participants enrolled from **23 different sites**

Clinic type	n (%)
GP clinic	82 (78.1)
Sexual Health Clinic	17 (16.2)
Hospital	6 (5.7)

Table 2. Baseline Demographics

Characteristic	N (%)
Age at baseline, median (IQR)	49 (39-57)
Cisgender male	94 (89.5)
Cisgender female	8 (7.6)
Non-binary assigned male sex at birth	3 (2.9)
Aboriginal or Torres Straight Islander	1 (1.0)
Gay or bisexual male	94 (89.5)
Person who injects drugs	8 (7.6)
Lives in a rural area	3 (2.9)
Culturally and linguistically diverse background	15 (14.3)
Years living with HIV, median (IQR)	13 (8-19)

Table 3. PozQoL scores for ICAROS participants

PozQoL — A validated scale to measure the health-related quality of life of people living with HIV

Score Range	Low QoL	Moderate QoL	High QoL	Very High QoL
PozQoL (overall QoL)	≤ 2.84	2.85 – 3.53	3.54 – 4.14	≥ 4.15

	PozQoL Score (mean)	
Baseline (n=105)	3.65	
At six months (n=85)	3.80	
At 12 months (n=74)	3.81	p=0.098
*HIV Futures 10	3.42	

*__HIV Futures 10__ is the tenth iteration of a major long-running study monitoring the health, wellbeing and quality of life of Australians living with HIV

Figure 1. Participant-reported experience at 12 months following CAB+RPV LA initiation

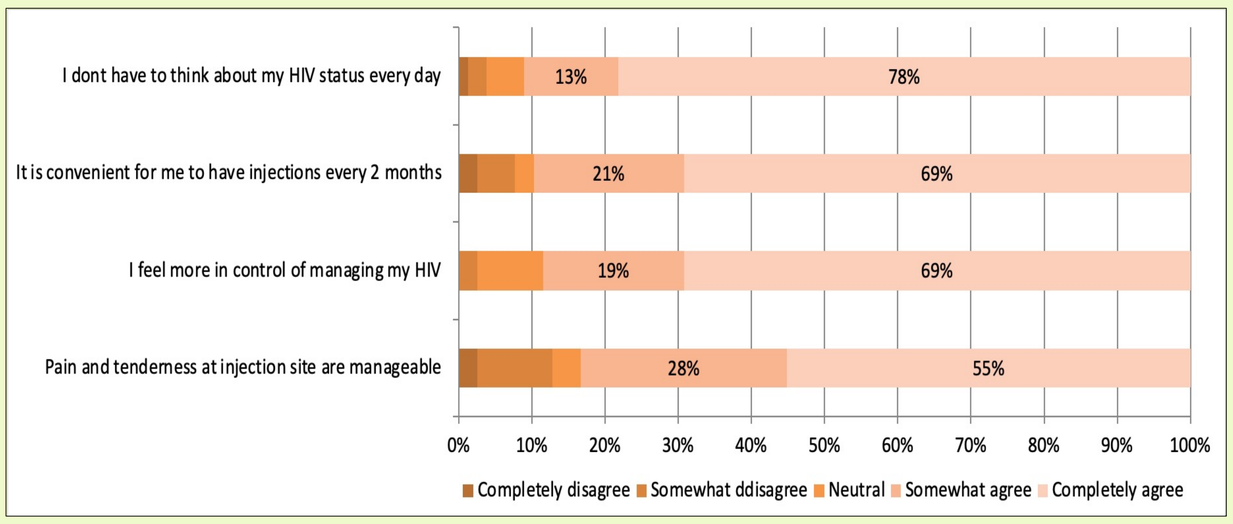


Figure 2. PLHIV barriers and facilitators to ongoing CAB/RPV at 12 months

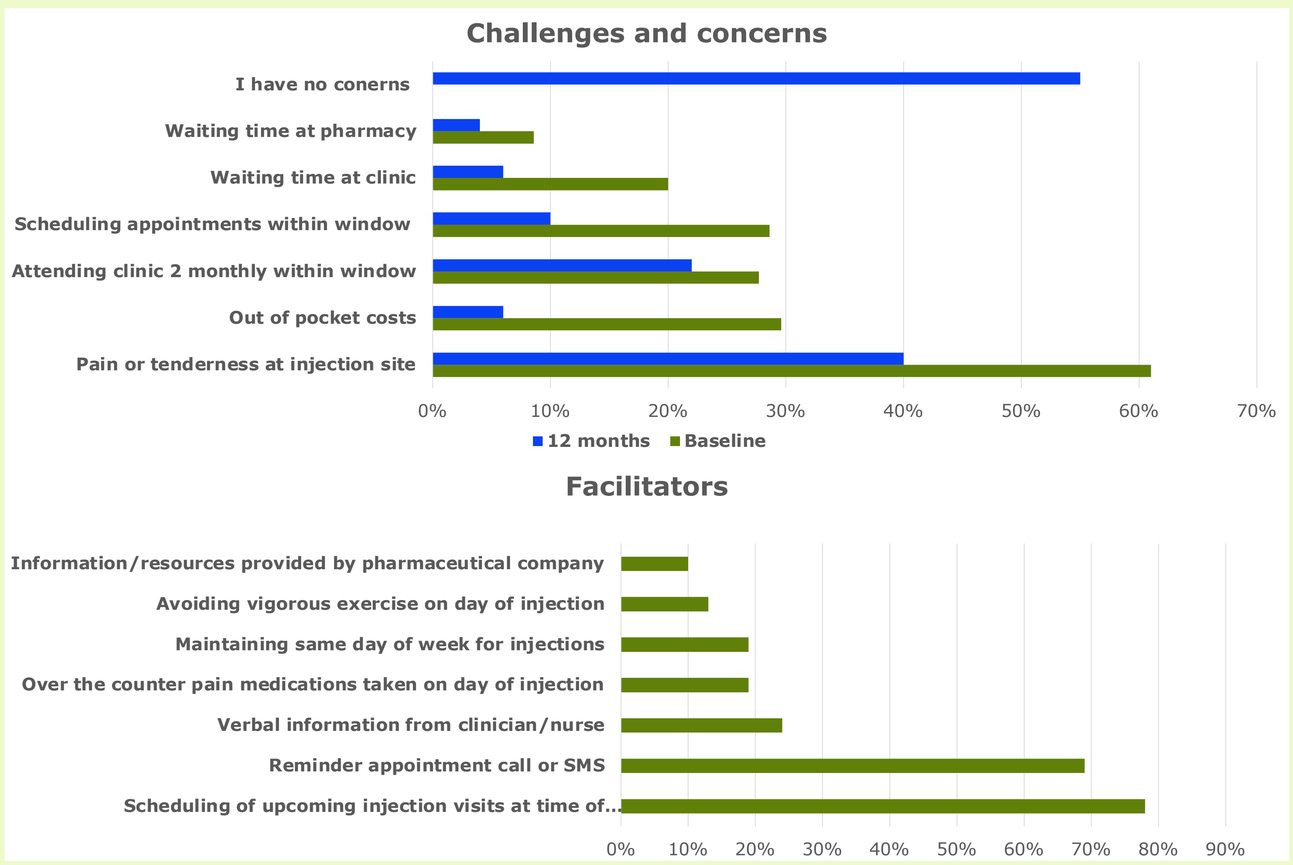
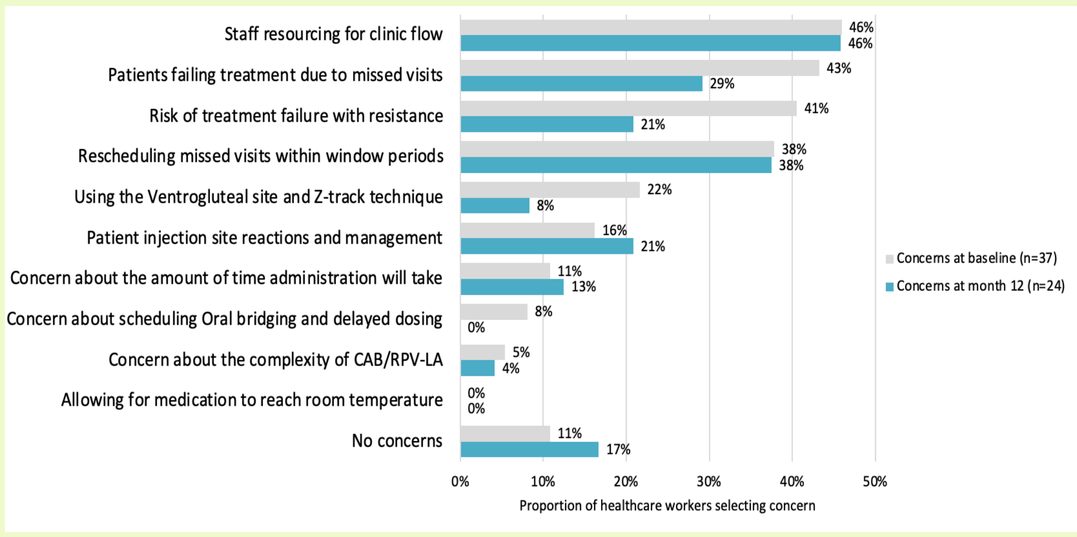


Table 4. IAM and AIM score for participants on treatment and health care workers

AIM (Acceptability of Intervention Measure) and IAM (Intervention appropriateness measure) (5-point Likert scale.)

		Baseline n=105	at 12months n=78
Participants on treatment	IAM score	4.60	4.49 p=0.4
	AIM score	4.65	4.50. p=0.3
		Baseline n=37	**At 12 months n=24**
Health care workers	IAM score	4.14	4.15. p=0.6
	AIM score	4.24	4.30. p=0.2

Figure 3. Healthcare worker-reported concerns regarding CAB/RPV-LA implementation at baseline and 12 months)



78 of 105 participants completed the month 12 survey
74 of 78 participants remained on CAB/LA (94.9%)
Reasons for stopping – Pain (n=3), Inconvenience (n=2), Mood change (n=1) (multiple responses for some participants)
No virological failures reported

CONCLUSIONS

Early real-world implementation of CAB/RPV-LA in Australia is **highly acceptable** to PLHIV and healthcare workers, **feasible within primary care**, and associated with **high treatment persistence**. **No virological failures** were reported in this study. These findings support broader scale-up of long-acting injectable HIV treatment with targeted implementation support.

Acknowledgements -ICAROS is an investigator sponsored study funded by Viiv Healthcare

Conflicts of interest disclosure – Eu B- speaker payments and advisory boards – Viiv Healthcare

Presented at AIDS 2026, the 26th International AIDS Conference

All findings from this study are free from commercial bias.

AIDS 2026 26–31 July

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