

Clinical Outcomes at Month 24 After Initiation of Cabotegravir and Rilpivirine Long Acting (CAB + RPV LA) in an Observational Real-World Study (BEYOND)

Gary Blick,¹ Lizette Santiago-Colon,² David Richardson,³ Bintu Sherif,³ Laurie Zografos,³ Cathy Schubert,⁴ Deanna Merrill,⁴ Paula Teichner,⁴ Cindy Garriss⁴

¹Healthcare Advocates International, Stratford, CT, USA; ²HOPE Clinical Research, San Juan, Puerto Rico; ³RTI Health Solutions, Research Triangle Park, NC, USA; ⁴ViiV Healthcare, Durham, NC, USA

Perspectives of People With HIV-1 24 Months Following a Switch to Cabotegravir and Rilpivirine Long-Acting (CAB + RPV LA) in an Observational Real-World US Study (BEYOND)

Franco Felizarta,¹ Ogechika Alozie,² Ryan Miller,³ Kate Nelson,⁴ Maria Reynolds,⁴ David Richardson,⁴ Kaitlin Nguyen,⁵ Paula Teichner,⁵ Cindy Garriss⁵

¹Private Practice, Bakersfield, CA, USA; ²Sunset West Health, El Paso, TX, USA; ³Cleveland Clinic Infectious Disease, Cleveland, OH, USA; ⁴RTI Health Solutions, Research Triangle Park, NC, USA; ⁵ViiV Healthcare, Durham, NC, USA

Background

The BEYOND study is a study in the United States exploring an HIV treatment option that could make life easier for people living with HIV. This treatment, called cabotegravir plus rilpivirine long-acting (CAB + RPV LA), is a long-acting regimen that requires fewer doses than the usual daily pills. Previous studies have shown that it is as effective as taking HIV medicine daily and may help with reducing the stress of remembering to take medication every day.

What treatment was studied here?

This study focused on CAB + RPV LA, an HIV treatment given once a month or every 2 months by injection. It is designed to keep HIV under control for people who have already controlled HIV with other medications.

What was the purpose of this study?

The study aims to see how well CAB + RPV LA works over 2 years in real-life situations. Researchers wanted to understand how effective it is, how easy it is for people to take the

treatment on time, how well they tolerate it, and what people think and feel about the treatment.

Who took part in the study and how was the treatment studied?

The study included 308 adults (aged 18 years and older) with HIV who had not tried CAB + RPV LA before. Most people were less than 50 years old, male, and White (48%) or Black or African American (39%). They had been on previous HIV treatment for a median of 10 years, and most had tried 1 to 3 different treatments before. The study took place at 27 locations in the United States from September 2021 to July 2022, with check-ins at the start and then at 6, 12, and 24 months.

What are the research findings?

After 2 years, HIV remained under control in most people, with few experiencing treatment failure. People also generally stuck to the recommended injection schedule, with 87% of injections given on time. Side effects were reported by some, but serious ones were rare. A small number of people stopped treatment due to injection site reactions or pain.

The study found that people were much happier with their treatment, with treatment satisfaction improving after switching to CAB + RPV LA. By the end of the study, 95% preferred CAB + RPV LA over daily pills, mainly because they did not have to remember to take medication every day and liked the convenience of injections. People also felt less stressed about their treatment; they were less concerned about forgetting to take their medicine or about others finding out that they have HIV. Additionally, they did not feel uncomfortably reminded of their HIV status every day or stigmatized by their treatment after switching to CAB + RPV LA. Concerns about injection pain and other side effects decreased over time, and people appreciated more frequent clinic visits, which helped them feel more in control of their HIV and improved their relationships with healthcare providers.

What does this mean for people with HIV?

For people with HIV, CAB + RPV LA offers an effective long-term treatment that keeps the virus undetectable. Its high rates of on-time injections and low rates of treatment failure suggest CAB + RPV LA continues to work well for an extended time in people with HIV in real-life situations.

Additionally, switching to CAB + RPV LA could mean feeling more satisfied and facing fewer challenges with HIV treatment. The less frequent dosing schedule might make it easier to stick to the treatment and feel more in control of managing HIV, potentially leading to better health outcomes.

Conclusions

The BEYOND study shows that CAB + RPV LA is effective and durable over the long-term, similar to results from clinical trials. It maintains high rates of undetectable virus and has low discontinuation rates due to injection site reactions, making it a strong option for keeping HIV under control over time. Additionally, people switching to CAB + RPV LA had higher treatment satisfaction and fewer challenges with HIV treatment over 2 years compared with prior HIV treatments. People strongly preferred this treatment over daily pills and experienced less stress and stigma about their treatment in real-life situations. These results support CAB + RPV LA as a good long-term option for people with HIV.

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