

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)

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Key Takeaways

- In real-world US healthcare settings, people with HIV-1 who switched to cabotegravir plus rilpivirine long-acting (CAB + RPV LA) had decreases from baseline to Month 24 in psychological challenges associated with HIV-1 treatment**
- Most people had increased treatment satisfaction, fewer concerns about CAB + RPV LA treatment, and multiple benefits with more frequent clinic visits at Month 24 compared with baseline**

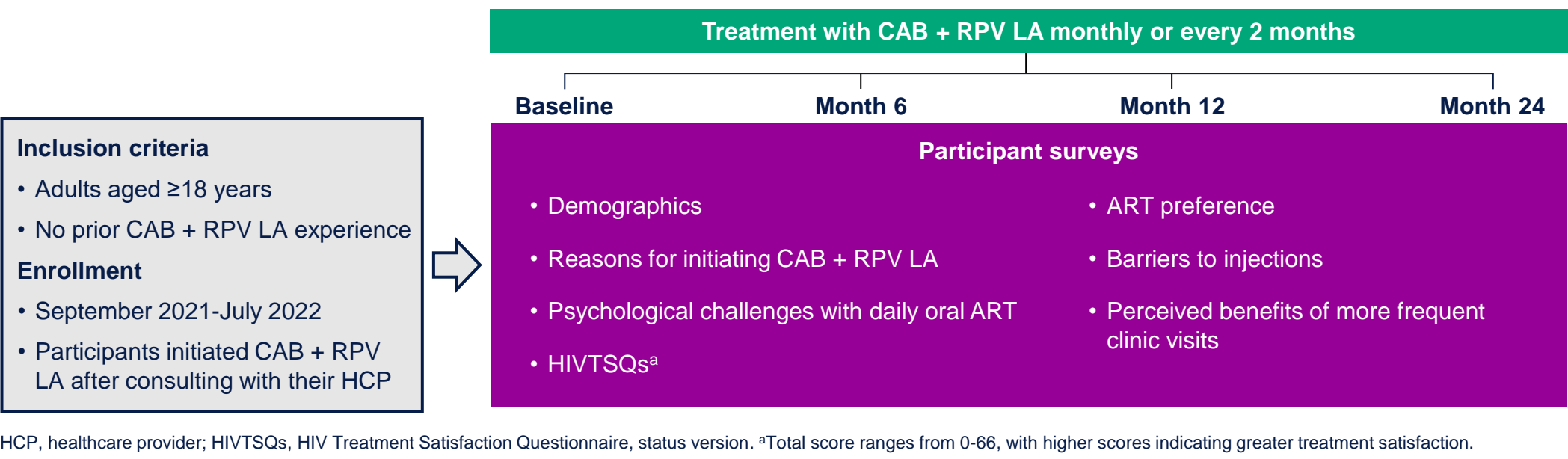
Introduction

- Cabotegravir (CAB) + rilpivirine (RPV) is the first complete long-acting (LA) regimen administered monthly or every 2 months recommended by treatment guidelines for maintenance of virologic suppression^{1,2}
- CAB + RPV LA demonstrated non-inferiority vs daily oral antiretroviral therapy (ART) in phase 3/3b clinical trials³⁻⁵
- Less frequent dosing with CAB + RPV LA may improve psychological challenges associated with daily oral ART⁶
- The perspectives of people with HIV-1 and their experiences with CAB + RPV LA are valuable real-world evidence that can supplement clinical trial data
- We evaluated long-term CAB + RPV LA use in BEYOND, one of the first real-world evidence studies of CAB + RPV LA in US healthcare settings
- Here, we present participant-reported outcomes and perspectives at baseline and Month 24 in adults with HIV-1 who switched to CAB + RPV LA in the BEYOND study

Methods

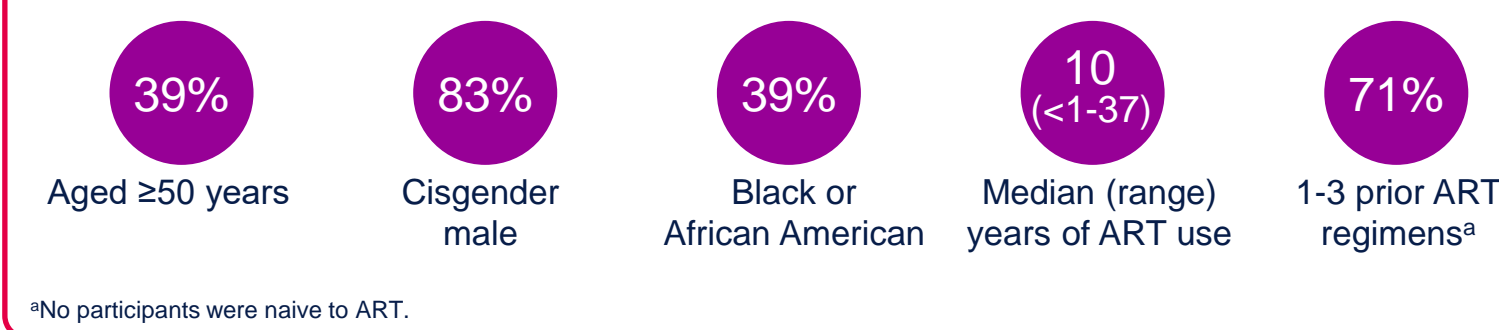
- BEYOND is a 2-year, prospective, observational study in people with HIV-1 initiating CAB + RPV LA monthly or every 2 months at 27 sites in the United States
- 308 participants enrolled and completed baseline surveys; 195 participants completed Month 24 surveys within the allotted response window of ± 1 month

BEYOND Study Design

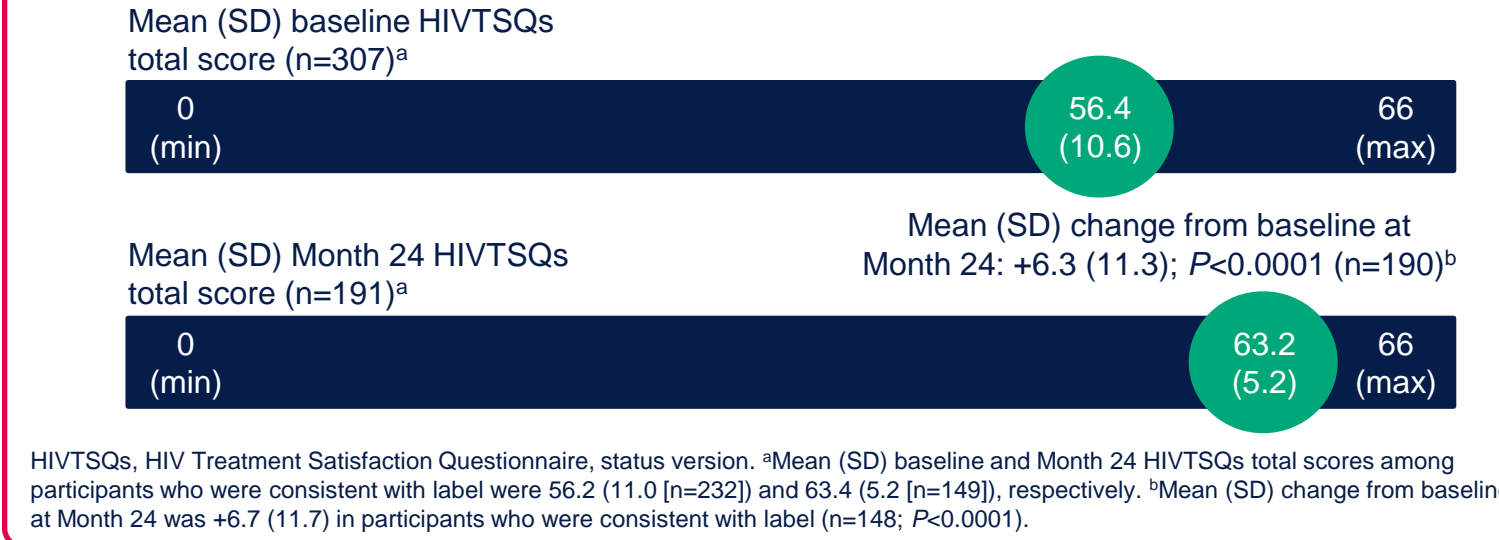


Results

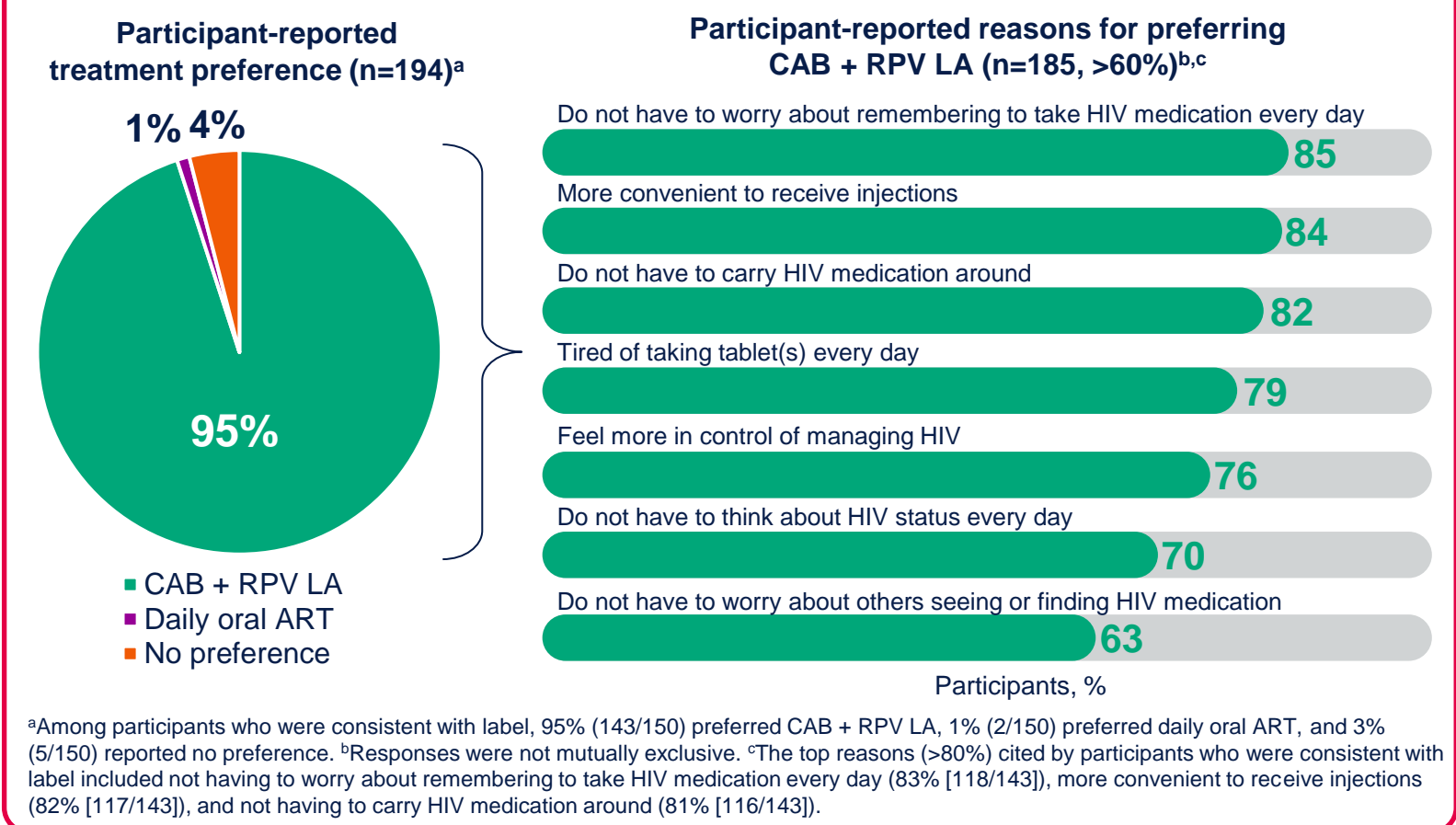
Participant Characteristics (N=308)



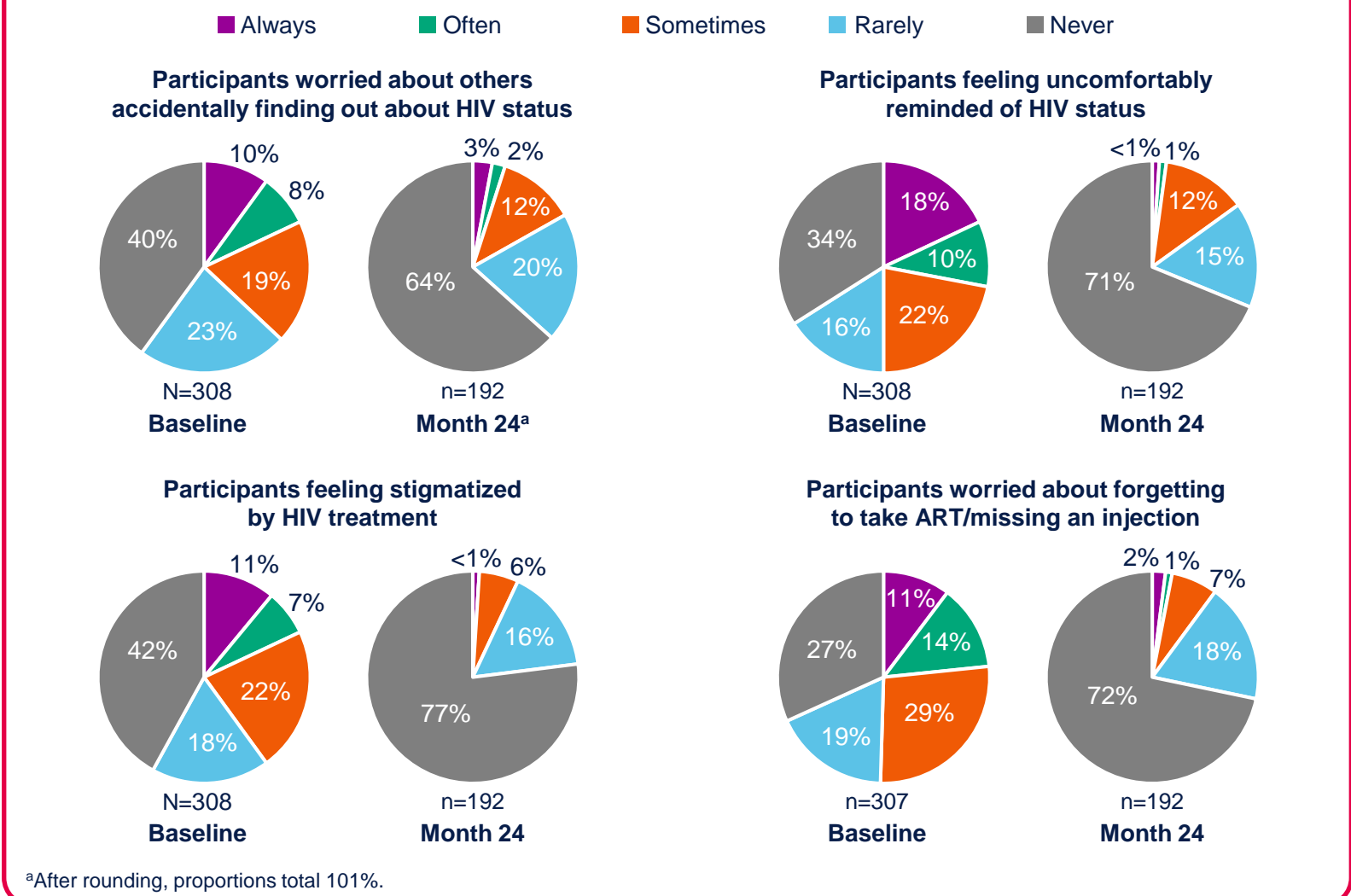
Treatment Satisfaction Improved From Baseline to Month 24 With CAB + RPV LA



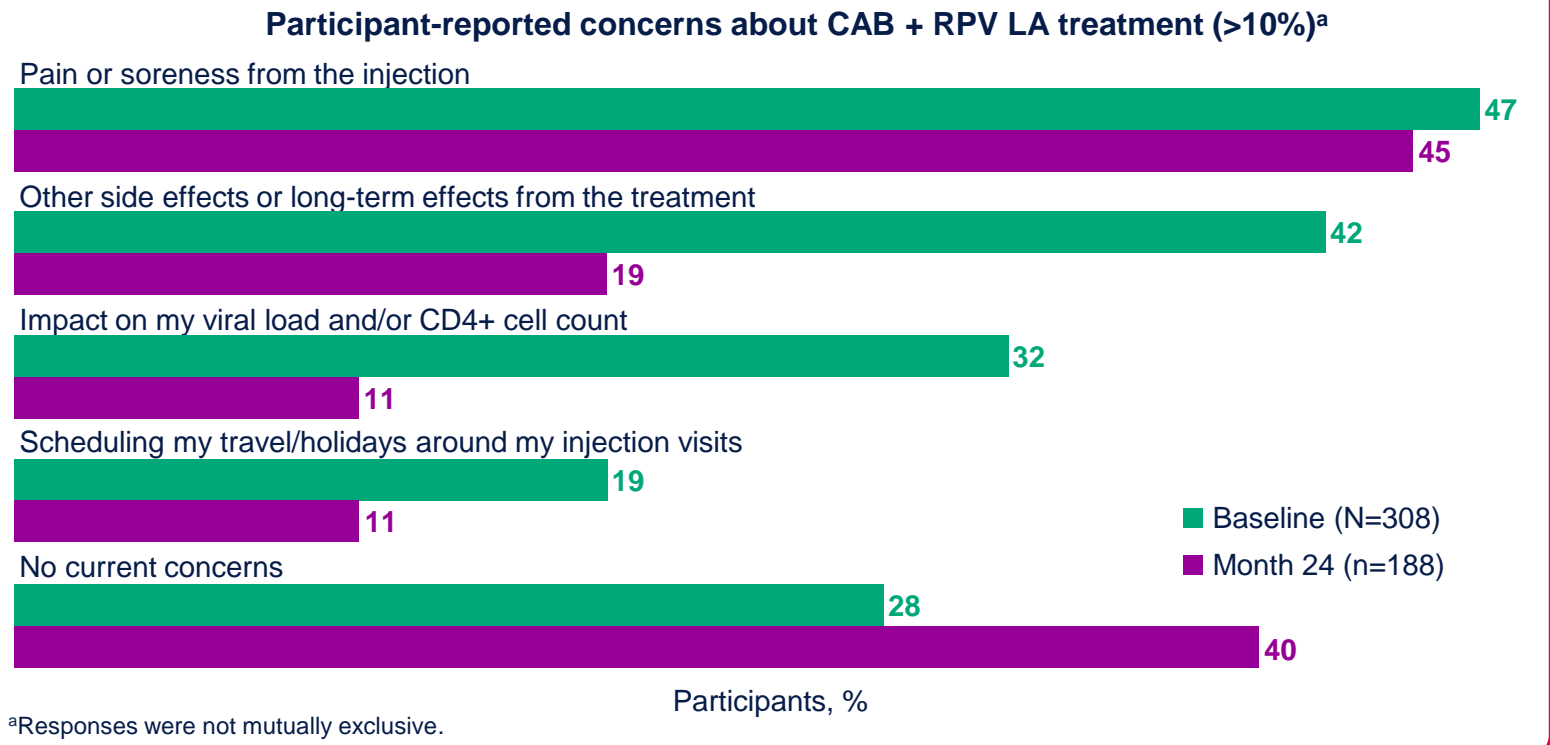
CAB + RPV LA Was Highly Preferred at Month 24



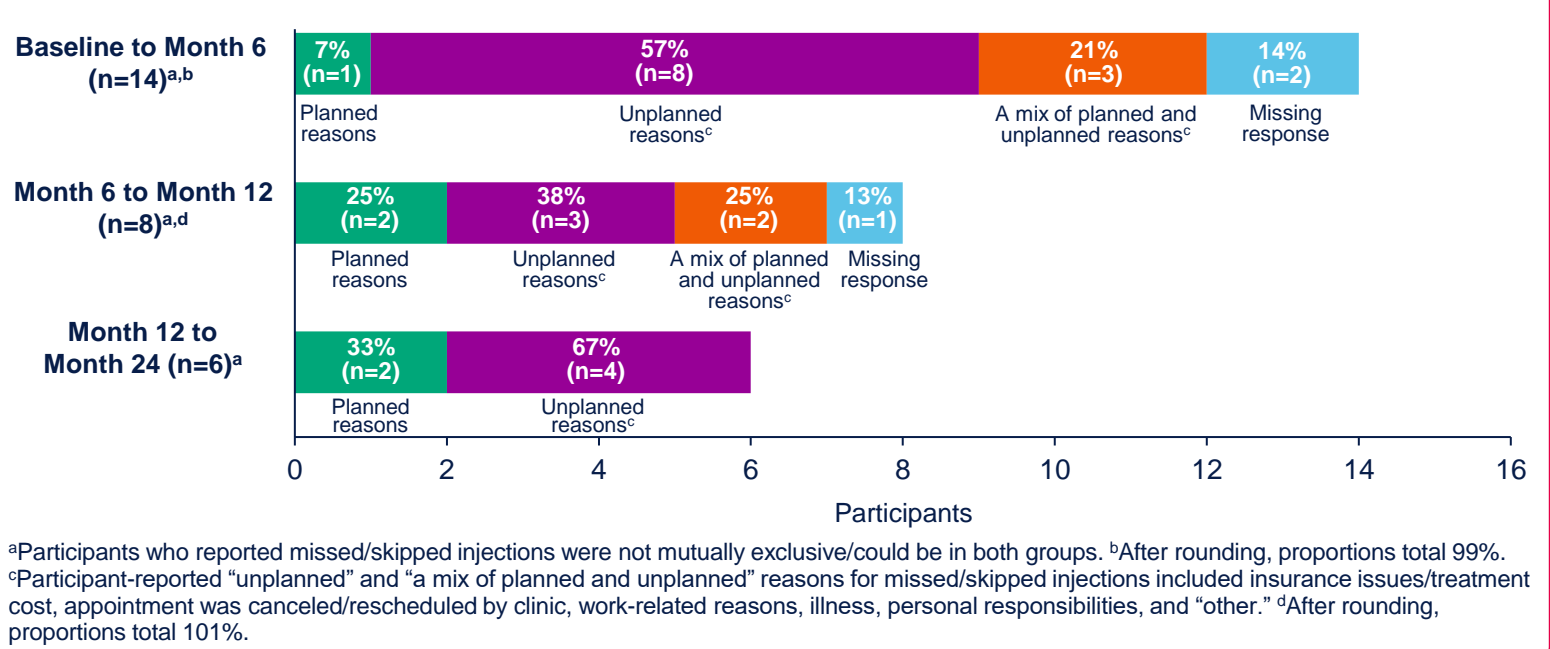
Psychological Challenges of HIV Treatment Improved After Switch to CAB + RPV LA



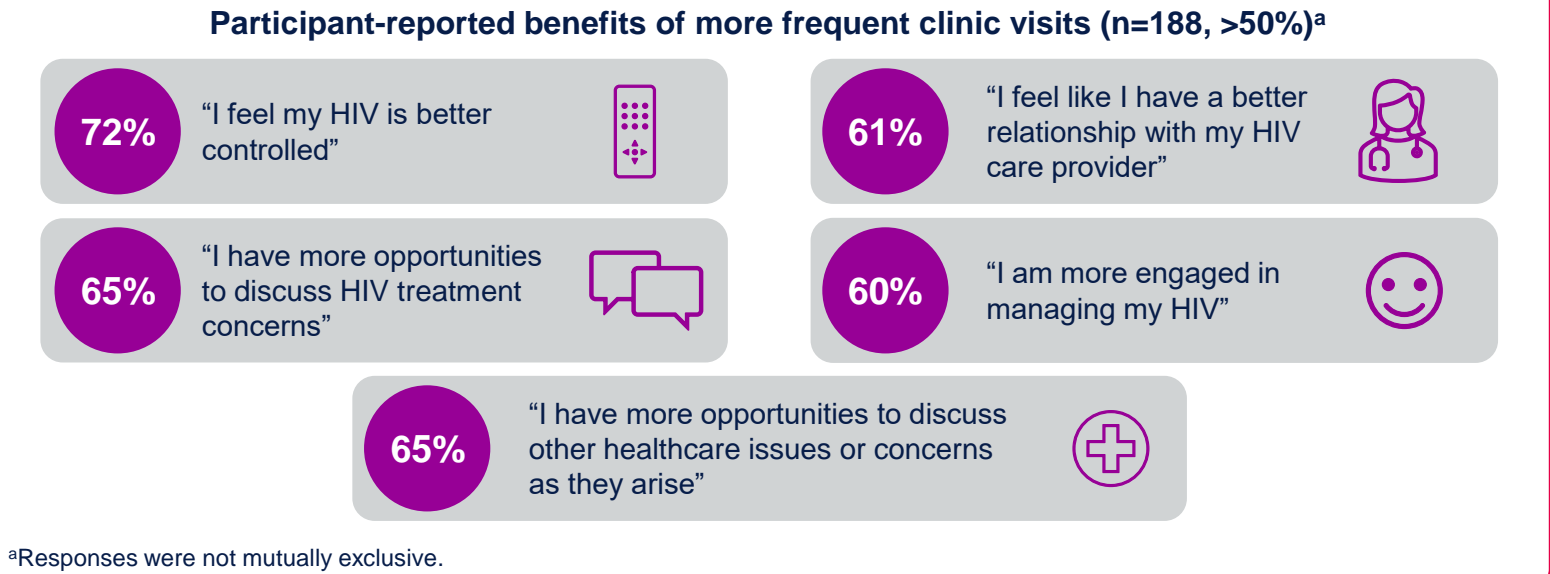
Concerns About CAB + RPV LA Treatment Decreased From Baseline to Month 24



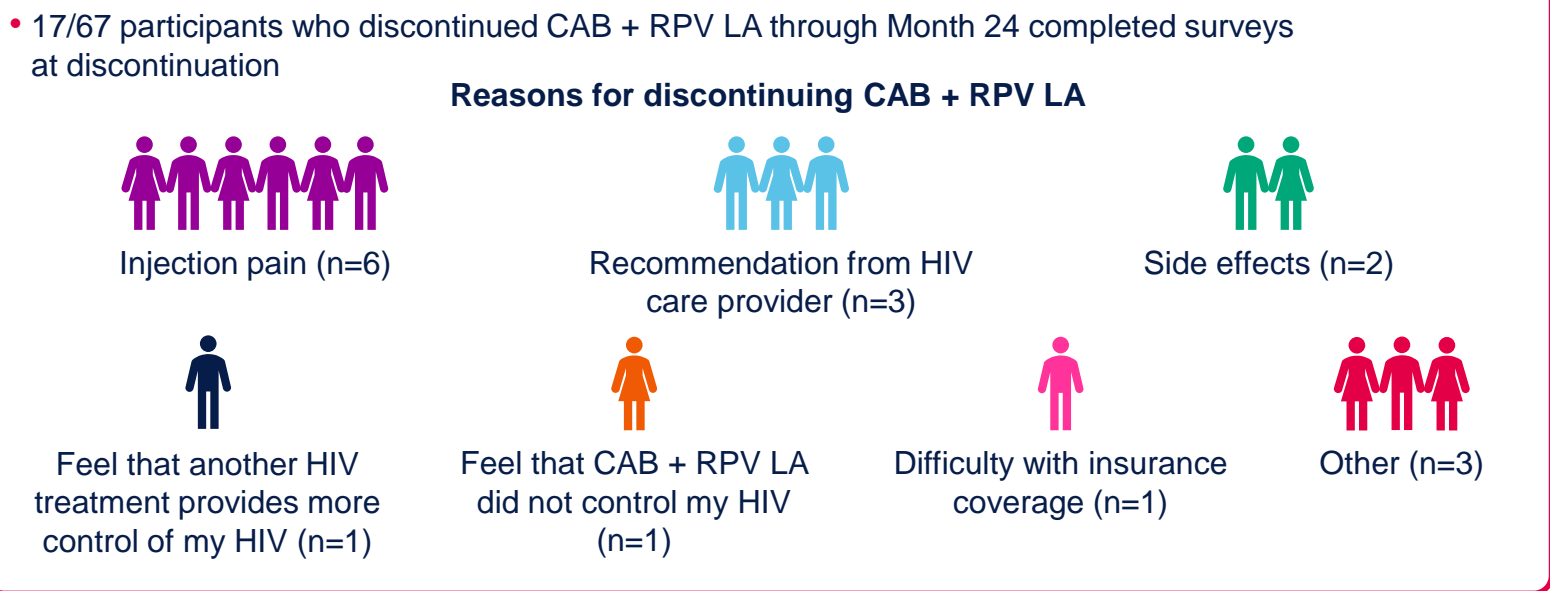
Missed/Skipped Injections and Reasons for Missing/Skipping



Participants Reported Multiple Benefits With More Frequent Clinic Visits After 24 Months on CAB + RPV LA



Discontinuations



Conclusions

- Long-term perspectives of people with HIV-1 in BEYOND demonstrate that CAB + RPV LA is associated with improvements in psychological challenges related to HIV-1 treatment 24 months after switch
- Participants continued to have a strong preference for CAB + RPV LA over daily oral ART, increased treatment satisfaction, fewer treatment concerns, and more opportunities to engage with their HIV-1 care through 24 months
- BEYOND Month 24 clinical outcomes are presented in Poster EP0178

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