

Real-World Utilization of Cabotegravir/Rilpivirine Long-Acting Injectable: An Observational Analysis of Adherence and Persistence Using a Patient Support Program in Canada

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Background

Managing HIV effectively is essential for maintaining health and well-being. This is typically done through antiretroviral therapy (ART), which often requires daily pills. However, daily medication can be challenging due to factors like forgetfulness or stigma. The long-acting injectable ART, cabotegravir/rilpivirine (CAB+RPV LA), offers an alternative by reducing the frequency of medication intake. Approved in Canada in March 2020, this treatment can be administered once a month or every 2 months, making it easier for individuals to adhere to their medication schedule.

What treatment was studied here?

The focus of this study is on CAB+RPV LA, a type of ART for individuals who are already virally suppressed (undetectable viral load) with other treatments. CAB+RPV LA is administered via injection either monthly or every 2 months, rather than daily as with oral medication. This approach aims to simplify adherence to treatment plans and reduce the stigma associated with daily pill-taking.

What was the purpose of this study?

This study aimed to evaluate how well people with HIV in Canada and enrolled in the CAB+RPV LA Patient Support Program are adhering to and continuing on their medication. The focus was on understanding how this treatment is utilized in everyday life, outside of controlled clinical trials, by examining real-world usage and outcomes.

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

The study involved 628 adults living with HIV and enrolled in the CAB+RPV LA Patient Support Program who began using CAB+RPV LA between October 2022 and May 2024. Participants were monitored for up to 12 months following their first injection. The majority were men (76.1%), with an average age of 46.6 years. Many had public insurance (59.6%) and previously used single-tablet ART regimens (87.5%). Researchers analyzed adherence and continuation of treatment, considering different dosing schedules and insurance types.

What are the research findings?

Participants demonstrated high adherence (94.9%) and continuation (96.8%) with CAB+RPV LA over 12 months. Those receiving injections every 2 months showed better adherence (98.2%) and continuation (98.2%) compared to monthly injections (59.5% adherence; 81.8% continuation). These findings indicate high adherence and persistence with CAB+RPV LA, which is crucial for the maintenance of viral suppression, and also suggest that less frequent dosing improves adherence and continuation. Individuals with private insurance had higher adherence (99.4%) and continuation (99.4%) than those with public insurance (91.8% adherence; 94.9% continuation). Additional support from a patient support program may also contribute to successful treatment.

What does this mean for people with HIV?

For individuals living with HIV, CAB+RPV LA offers an option that may simplify adherence to treatment plans. By reducing medication frequency, this injectable therapy can help address common challenges associated with daily pill-taking, such as forgetfulness or stigma, leading to better viral control and improved health outcomes.

Conclusions

The study shows that people in real-world settings maintain high adherence and continuation with CAB+RPV LA, similar to clinical trial results. Long-acting ART regimens like CAB+RPV LA may be particularly beneficial for those who find daily oral regimens difficult, offering improved treatment continuity and potentially enhancing quality of life.

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