

People With HIV in the United States (US) Switching to Cabotegravir + Rilpivirine Long-Acting (CAB+RPV LA) From Oral Antiretroviral Therapy (ART) Have Numerous Real-World Benefits, Including High Adherence and Treatment Satisfaction

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Key Takeaways

- Majority of PWH receiving CAB+RPV LA were highly adherent to their treatment regimen with 92% adhering to injection schedules; only 64% were fully adherent to prior oral ART
- Furthermore, 93% of healthcare providers and 95% of PWH reported high satisfaction with the CAB+RPV LA regimen
- PWH on CAB+RPV LA had high health-related quality of life scores, indicating a positive impact on well-being
- Most PWH found it easy to fit injection visits into their schedules, appreciated the benefits of in-person visits for injections, and preferred the CAB+RPV LA regimen

Introduction

- CAB+RPV LA is the only complete HIV regimen with less frequent (monthly or every 2 months) dosing than daily oral ART
- This study evaluates real-world utilization of CAB+RPV LA and characterizes the experiences of healthcare providers (HCPs) and people with HIV (PWH) receiving CAB+RPV LA in the US

Methods

- Data was obtained from the Adelphi HIV Disease Specific Programme^{TM1-4}, a real-world, cross-sectional survey collecting retrospective longitudinal data of HCPs and PWH on CAB+RPV LA* over two periods (Jul 2021-Mar 2022 and Sept 2023-Feb 2024)
- HCPs reported demographics, clinical characteristics, and adherence for PWH on CAB+RPV LA aged ≥18 years
- PWH surveys included treatment satisfaction, treatment preference and health-related quality of life (HRQoL) (HIV-specific PozQoL⁵⁻⁶ [score range 13-65], and EQ-5D-5L-US⁷⁻⁹ [score range 0-1])
- Data was analyzed descriptively

Results

- HCPs (n=77) reported data for 237 PWH on CAB+RPV LA treatment for a median [IQR] of 1.0 [0.5, 1.7] years (n=202) at time of data collection,
 - 30% were prescribed CAB+RPV oral lead-in (n=205)
 - 65% received CAB+RPV LA every 2 months (n=205)
- 28 PWH completed a full survey; partial answers were provided by up to 40 participants
 - Mean age was 42.3 years, 20% were cisgender female, 43% were non-white (n=205) (Table 1)

HCP and PWH-Reported Reasons for Choosing to Initiate CAB+RPV LA

- Top HCP-reported reasons for initiating CAB+RPV LA were tolerability (51%) and virologic potency (50%) (Figure 1A)
- Top PWH-reported reasons for initiating CAB+RPV LA were “more convenient for my life” (43%) and “more convenient when travelling” (36%) (Figure 1B)

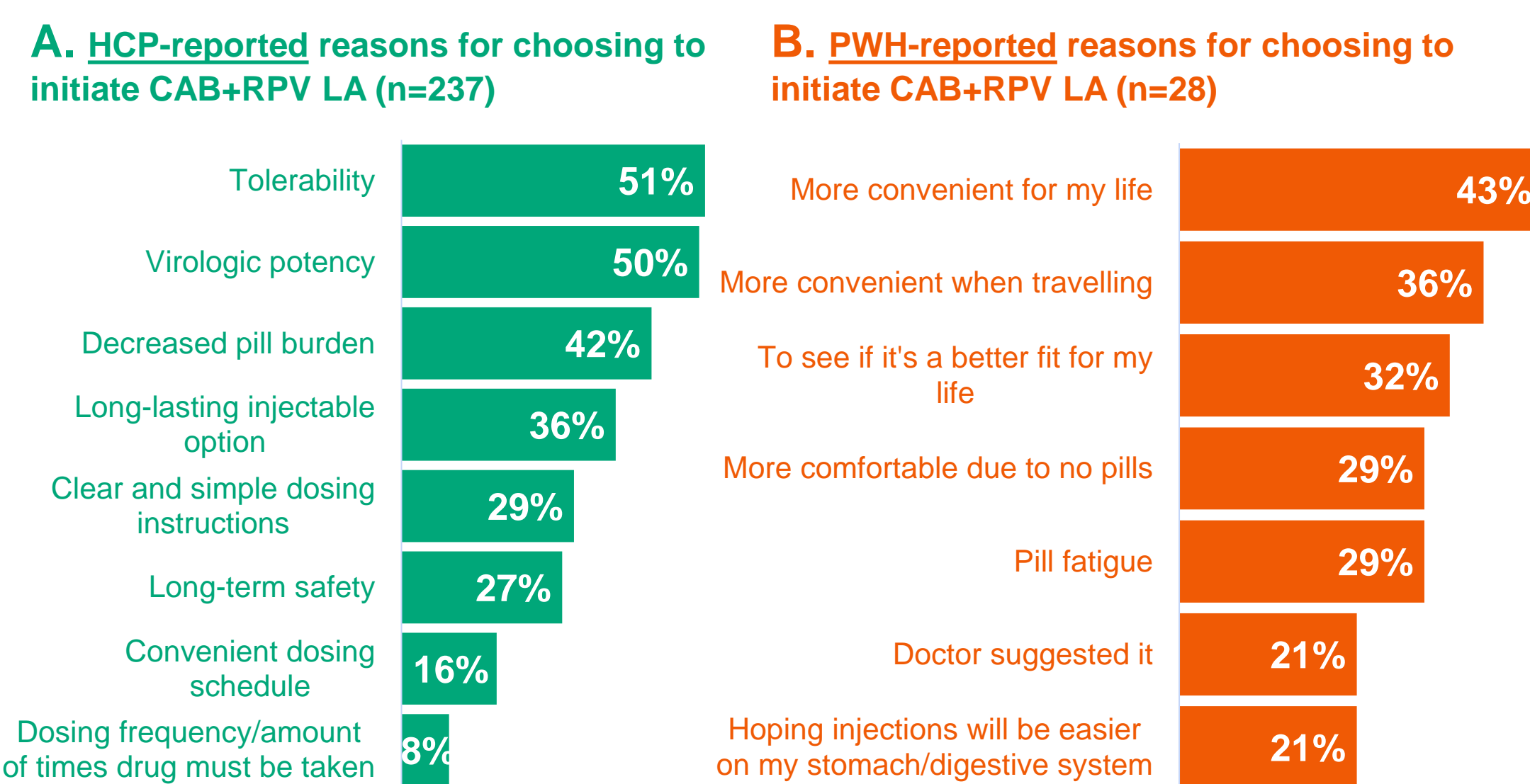
*The commercial name CABENUVA was used instead of CAB+RPV LA in surveys with PWH to aid recall with their treatment

Table 1. PWH on CAB+RPV LA Demographics (N=237)

Demographic	CAB+RPV LA (N=237)
Age, mean (SD)	42.3 (11.0)
Gender Identity (%)	
Cisgender woman	48 (20.2%)
Cisgender man	175 (73.8%)
Transgender woman	4 (1.7%)
Transgender man	4 (1.7%)
Other identity*	6 (2.5%)
Race [†] (n=205)	
White	116 (56.7%)
Black (African American, African, Caribbean)	56 (27.3%)
Other Race	35 (17.0%)
Hispanic, Latin, or Spanish (n=205)	
Yes	164 (80%)
Unknown	3 (1%)
Length of time on CAB+RPV LA, median years (IQR) (n=202)	1.0 (0.5, 1.7)

*Non-binary/genderqueer, Intersex, or Other identity
[†]More than one response was allowed

Figure 1. Top Reasons for Choosing to Initiate CAB+RPV LA as Reported by HCP (A) and PWH (B)*



*Multiple selections allowed

PWH-Reported HIV Treatment Burden and HRQoL

- PWH had high HRQoL (PozQoL median summary score 51.00 and EQ-5D-5L-US median score 0.90) (Figure 2)
- Including injection visits in their schedule was easy/extremely easy for most PWH (82%) (Figure 3)

Acknowledgments: This study was funded by ViiV Healthcare. The analysis described here used data from the Adelphi Real World DSP. The DSP is a wholly owned Adelphi Real World product. ViiV Healthcare is one of multiple subscribers to the DSP.

Figure 2. PWH-Reported HRQoL Scores Indicate High Quality of Life Among PWH

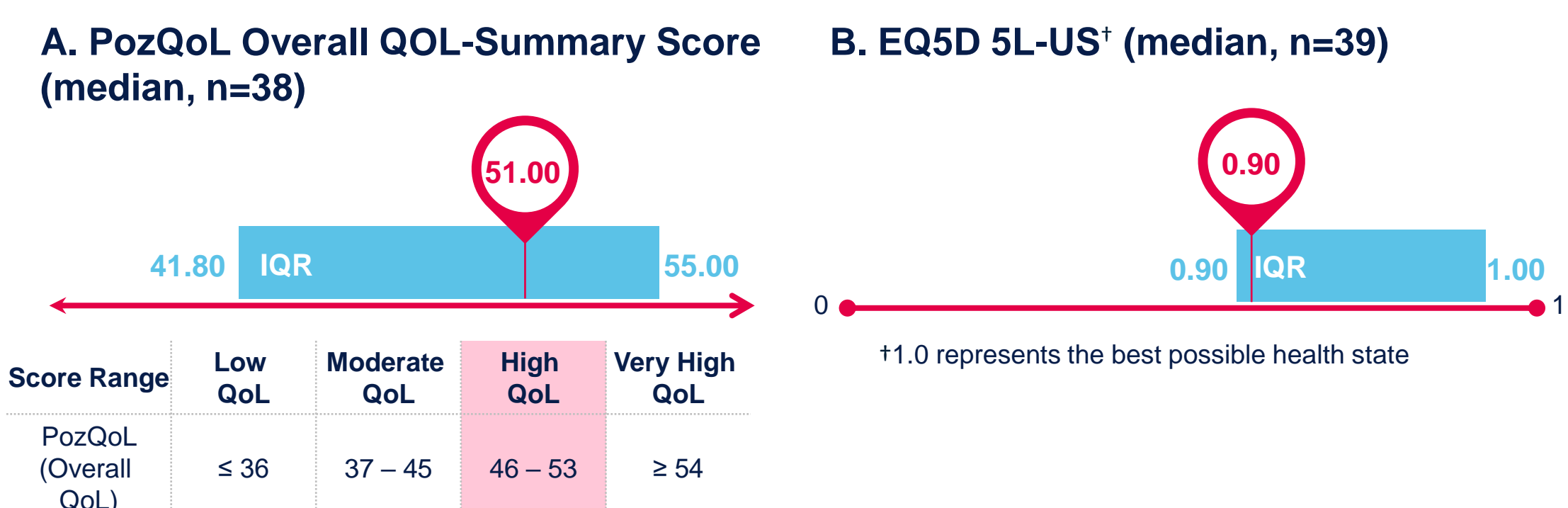


Figure 3. PWH-Reported Ease/Difficulty Including CAB+RPV LA Injection Visits in Their Schedule (n=28)

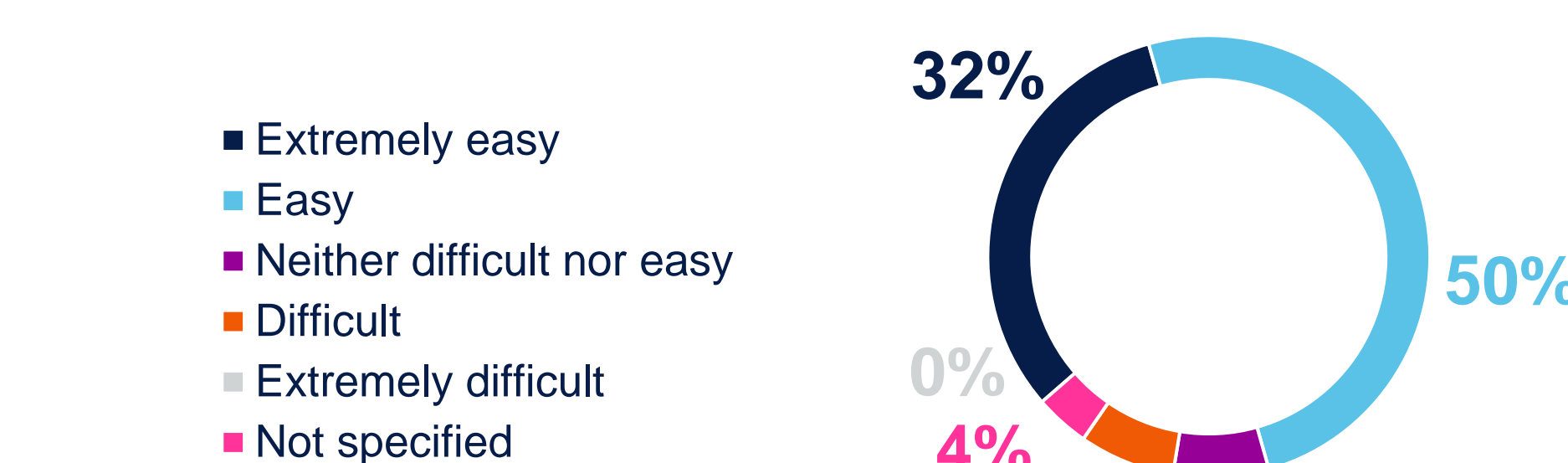


Figure 4. PWH-Reported Treatment Preference (n=28)

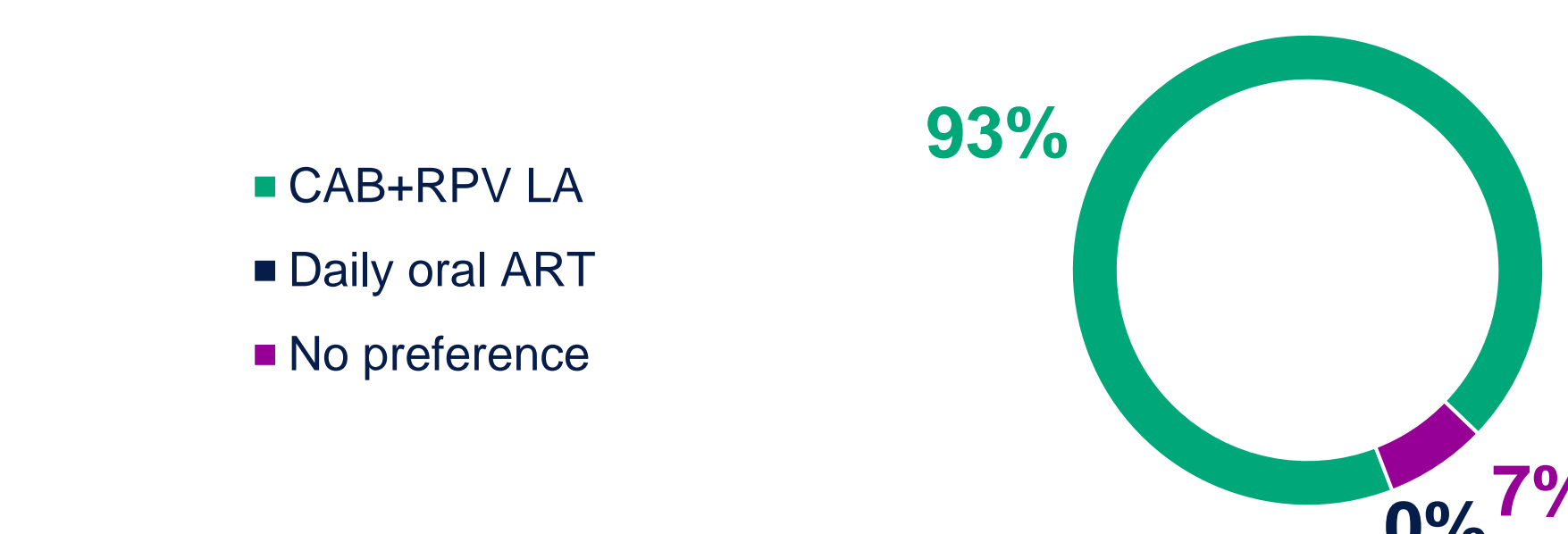
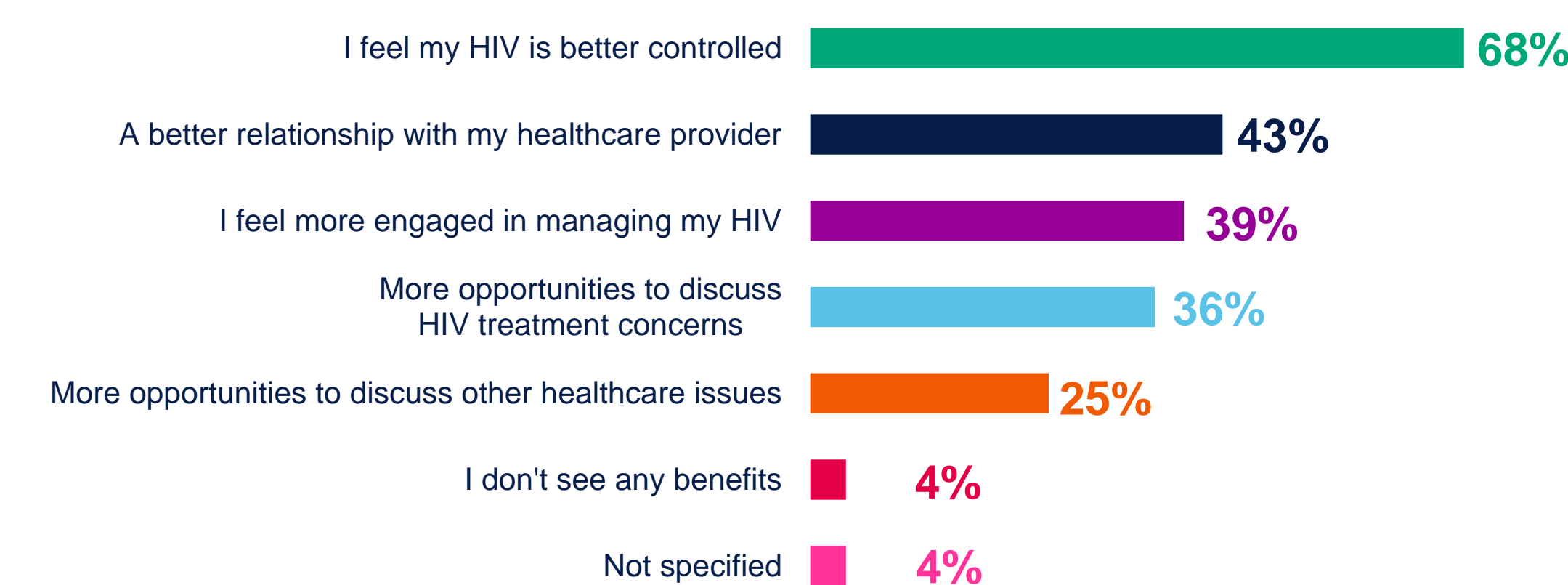


Figure 5. PWH-Reported Benefits of In-Person Visits to Receive CAB+RPV LA Injections (n=28)*



*Multiple selections allowed

References: 1. Anderson et al. *Curr Med Res Opin.* 2008;24:3063-3072. 2. Anderson et al. *Curr Med Res Opin.* 2023;39:1-9. 3. Babineaux et al. *Value Health.* 2016;17:A728. 4. Higgins et al. *Diabetes Metab Syndr Obes.* 2016;9:371-380. 5. Brown et al. *BMC Public Health.* 2018;18:527. 6. PozQoL. <https://www.pozqol.org/>. Accessed September 24, 2024. 7. PozQoL Project. PozQoL Scale Implementation Kit Version 2.0 September 2020. 2020. 8. Janssen et al. *Eur J Health Econ.* 2021;22:1467-1475. 9. EuroQoL. <https://euroqol.org/eq-5d-instruments/eq-5d-5l-about/>. Accessed September 24, 2024.

HCP and PWH-Reported Satisfaction and Preference for CAB+RPV LA

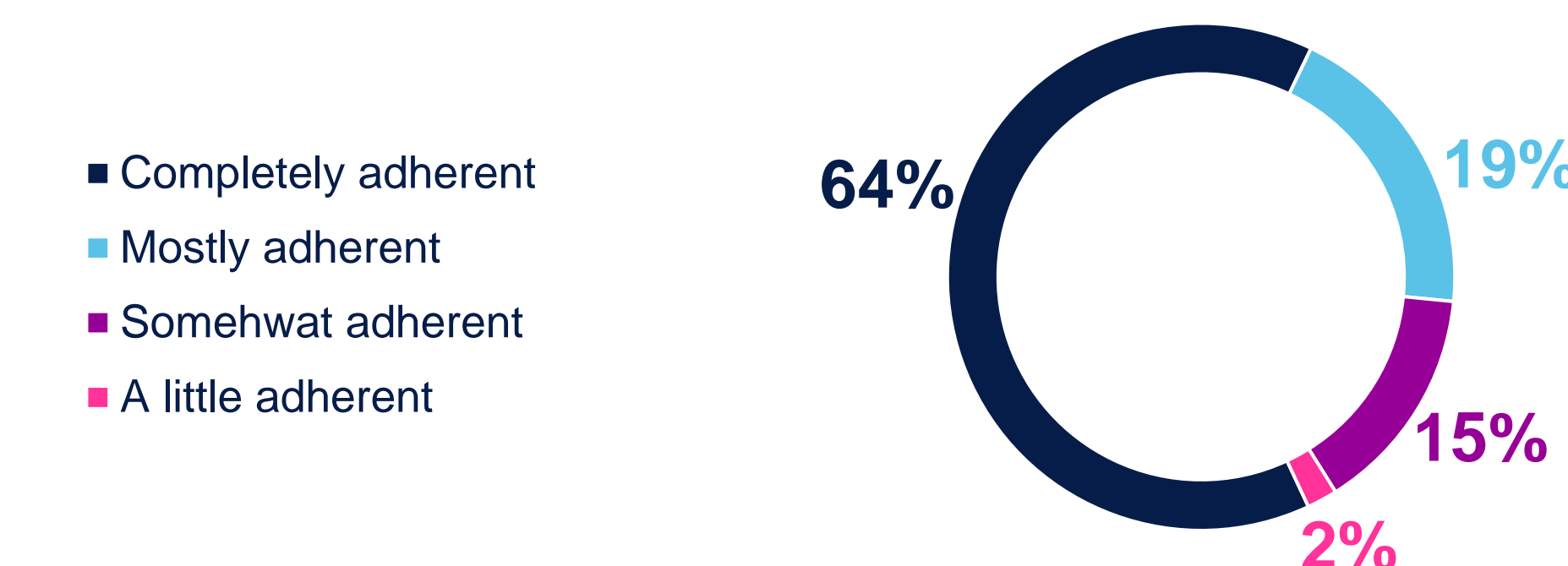
- HCP-reported treatment satisfaction was high (93% satisfied/very satisfied)
- Among PWH who completed the survey, 95% (38/40) were satisfied/very satisfied with CAB+RPV LA
- CAB+RPV LA was preferred by 93% (Figure 4), and PWH reported numerous benefits of in-person visits to receive CAB+RPV LA (Figure 5)
- 97% (27/28) of PWH on CAB+RPV LA were very likely or likely to recommend the CAB+RPV LA treatment to other people living with HIV if asked about it or it came up in discussion

HCP and PWH-Reported Adherence on CAB+RPV LA

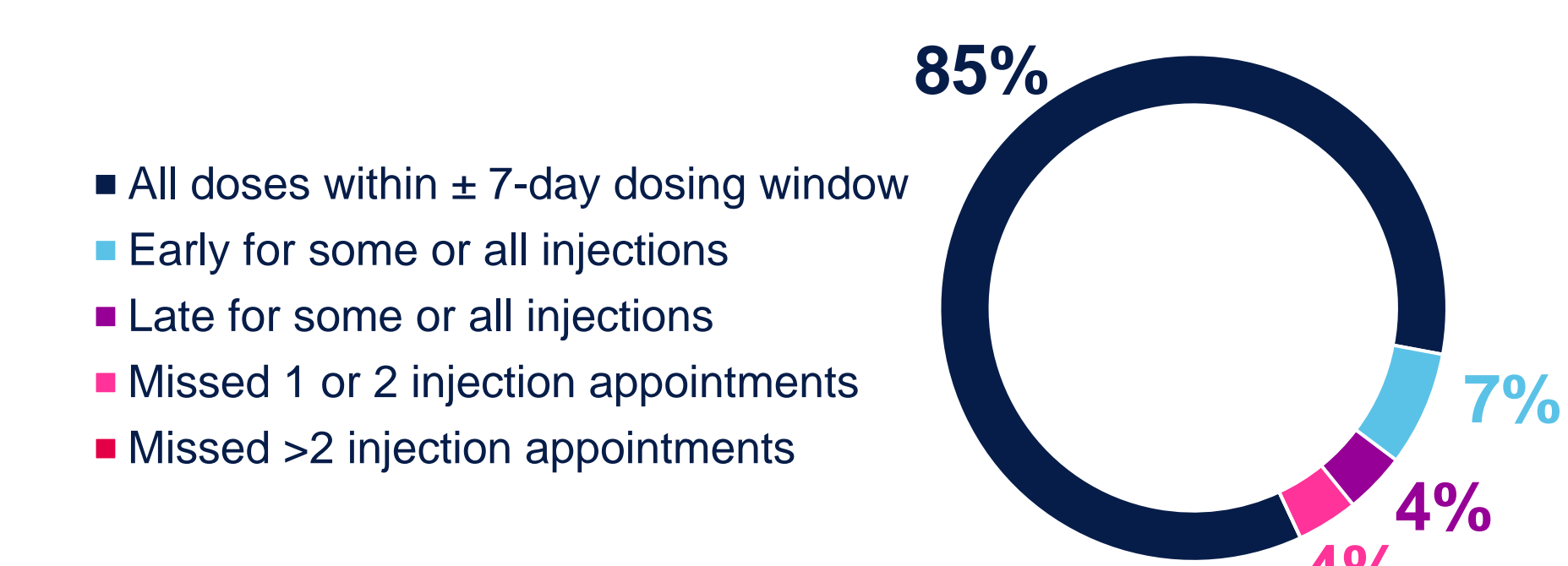
- High levels of HCP-reported adherence were seen: 92% (189/205) of PWH received injections either early or within ± 7-day dosing window even though only 64% (66/103) of PWH reported to be completely adherent to prior oral ART (Figure 6)
- The most likely reason reported by PWH to ever miss or skip their CAB+RPV LA injection was being “too busy” (50%, 14/28)

Figure 6. HCP and PWH-Reported Adherence

A. PWH-reported level of adherence taking prior oral ART regimens (n=103)



B. HCP reported adherence with CAB+RPV LA (n=205)



Conclusions

- PWH who switched to CAB+RPV LA overwhelmingly preferred long-acting over daily oral ART
- Additionally, PWH receiving CAB+RPV LA were adherent, highly satisfied, have high HRQoL, and reported benefits of in-person visits



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