

Implementation of the First Available Long-Acting HIV Medication (Cabotegravir/Rilpivirine) Into Routine Clinical Care

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Introduction. Cabotegravir/Rilpivirine (CAB/RPV) is the first long-acting HIV-injectable medication that maintains HIV suppression using bi-monthly injection. Long-acting injections (LAI) may improve medication adherence and perception of well-being but require coordinated care with a professional team. We evaluated LAI CAB/RPV effectiveness, tolerability, patient's perceived satisfaction and implementation practices in a real-world clinical practice.

Methods. Retrospective chart review of patients receiving CAB/RPV in an outpatient HIV clinic between July 2020 and July 2024. Descriptive data including baseline characteristics, CAB/RPV treatment response and tolerance were collected. A patient survey ascertaining patient satisfaction and experience was administered. Pharmacy implementation strategies were assessed.

Results. Among 51 individuals interested in CAB/RPV, 45 (88%) received insurance approval and 34 (67%) switched to CAB/RPV. All had baseline HIV VL <20 copies/mL. Median duration of CAB/RPV was 21 months (range 2-42 months). Only 4 (13%) individuals missed one injection. Thirty-three (97%) maintained HIV VL <50 copies/mL during treatment. On patient survey, satisfaction with CAB/RPV was rated as excellent (87%) or good (13%). Most noted improvement (76%) in emotional well-being after switching to CAB/RPV. All noted injection-site reactions described as minimal (45%) or moderate (36%). Only 12% experienced additional side effects. Ability to adhere to CAB/RPV was rated as excellent (68%) or good (29%). Half of respondents (50%) acknowledged being worried others would learn about their HIV diagnosis and 57% of those indicated worrying less after transitioning to CAB/RPV.

Conclusions. CAB/RPV excelled in maintaining HIV viral suppression, was well-tolerated, and met-or-exceeded expectations for the majority of patients.