Among all initiators, 221 (80%) individuals had ≥1 ARV resistance data based on HIV genotype test results. Baseline resistance data was available for 1 of the individuals with CVF, who had high-level resistance to both NNRTI and NRTI prior to CAB+RPV initiation; no resistance data was available at CVF, and no suppression has been observed on D/C/F/TAF.

RESULTS

- 278 ART-experienced virologically suppressed individuals initiated CAB+RPV LA [Figure 1; Table 1]. Median follow-up time after the first injection was 10 months (IQR 5-13) with median of 5 injections (IQR 3-7). 82% were on bimonthly dosing schedule.

- 246 (88%) of CAB+RPV initiators remained on the regimen at the end of follow-up [Figure 2]; among those who discontinued CAB+RPV, none had reported injection site reaction.

- 71% of initiators received all injections on-time (within the dosing window, ±7 days of scheduled injection date); 89% of all injections were administered on time. Among those with late injections, the median delay was 7 days (IQR 3, 21) past the dosing window.

- Among all initiators, 221 (80%) individuals had ≥1 recorded follow-up VL. Those with no follow-up VLs had a median of 1 injection (IQR 1-2).

- Among individuals with documented VL while on regimen, 213 (96%) had all follow-up VLs <200 copies/mL, with 196 (89%) undetectable at last recorded VL [Figure 3].

- 2 (0.9%) individuals discontinued CAB+RPV LA after one unsuppressed VL, meeting criteria for CVF.

CONCLUSIONS

- Among ART-experienced adults initiating CAB+RPV with undetectable viral load, the vast majority continued the regimen and maintained virologic suppression throughout the follow-up period.

- CVF was rare, suggesting high effectiveness of CAB+RPV in real-world settings.

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FOR MORE INFORMATION:

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