

Eligibility for long acting cabotegravir/ rilpivirine in youth aged 12-25 living with perinatally-acquired HIV

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Background



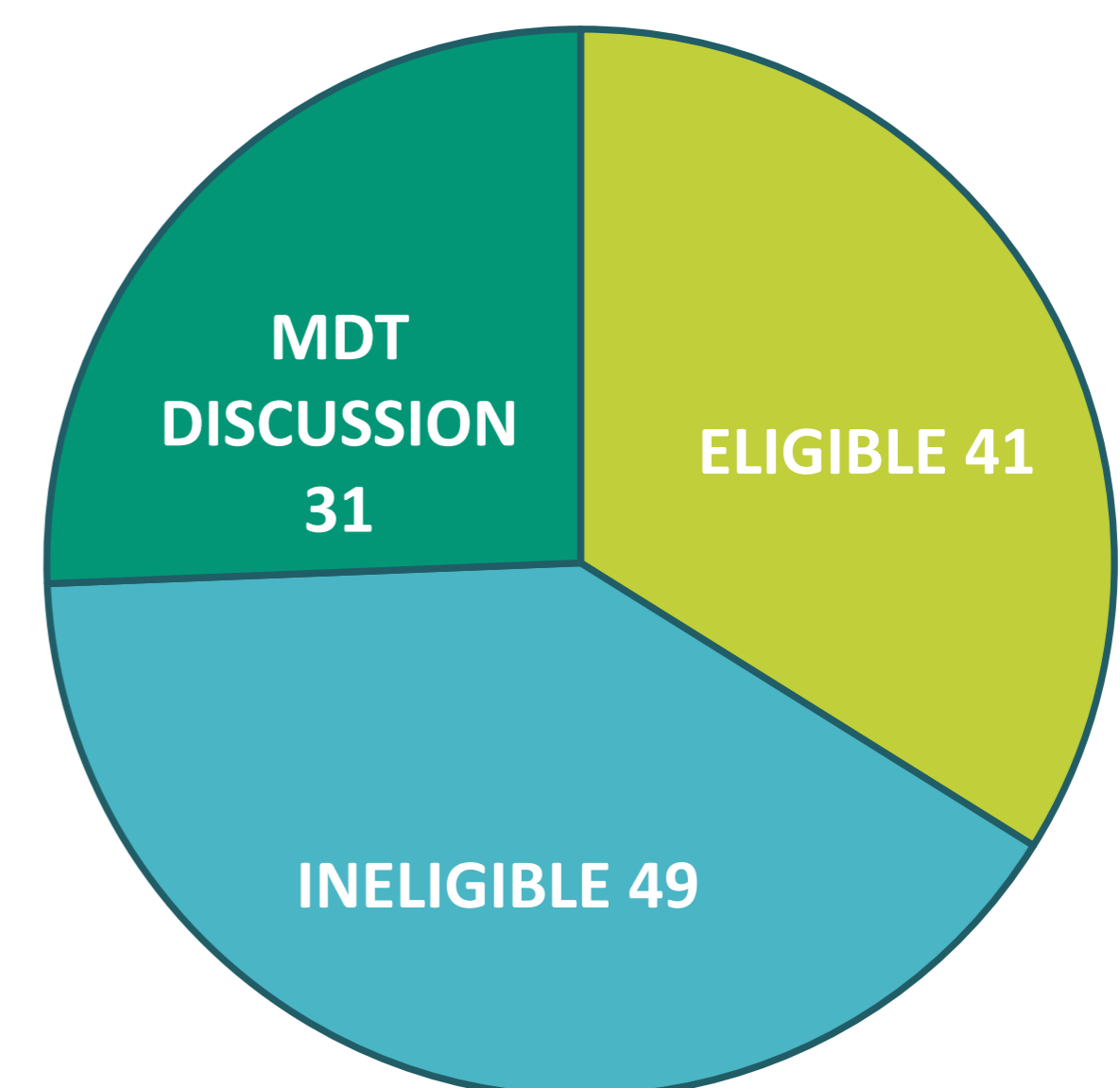
Long acting cabotegravir/ rilpivirine (LA-CAB/RPV) is a licensed recommended switch option for adults living with HIV on suppressive antiretroviral therapy (ART) as per the British HIV Association (BHIVA).¹



As long-acting injectable therapy, it is appealing for patients who find oral daily medication challenging, including some youth living with perinatally acquired HIV (YLWPaHIV) struggling with adherence.

This review aimed to identify YLWPaHIV potentially eligible for LA-CAB/RPV and describe reasons for ineligibility as compared to the BHIVA 2022 guidelines.

Figure 1: Eligibility for LA-CAB/RPV



❖ 49/121 (40%) were ineligible due to; resistance mutations (NNRTI: 44, INSTI: 1), HBV coinfection (1), BMI >35 (7) and recurrent loss to follow up (1).



31/121 (26%) YLWPaHIV would require multidisciplinary (MDT) risk benefit discussion regarding LA-CAB/RPV due to concerns around; adherence (6/31), BMI 30-35 (8/31), previous side effects with NNRTI (6/31) and historical periods off ART but without documented resistance (16/31).

Methods

All YLWPaHIV aged 12-25 years old by 1st January 2023 attending transition services in a London service were deemed eligible.

Data collected from electronic case records and anonymised in excel included: BMI, viral load, CD4 count, ART and history including adherence, hepatitis B coinfection and HIV subtype.

Virological failure on integrase inhibitors (INSTI) or Non-nucleoside reverse transcriptase inhibitors (NNRTI) and cumulative resistance mutations were also recorded.

Results

Table 1: Demographic Details of YLWPaHIV

| | |
|-------------------------|----------------------------|
| N | 121 (100%) |
| Median age | 20 years (IQR 18-23 years) |
| Under 18 years | 25 (21%) |
| Female | 69 (58%) |
| Black African/Caribbean | 89 (74%) |

❖ 41/121 (34%) met all BHIVA eligibility criteria for LA-CAB/RPV, of whom 2 were already established on LA-CAB/RPV. 8/41 eligible patients were under 18 years.

Conclusions



Only one third of YLWPaHIV met all of the BHIVA eligibility criteria. Only 2 of eligible patients were currently established on LA-CAB/RPV.



A further quarter may be eligible but are potentially at increased risk of virological failure. Eligible youth preferences are being sought however LA-CAB/RPV is as yet unlicensed for adolescents under 18 years.



A flexible and creative approach is necessary to successfully implement long-acting injectable therapies in transition services, such as offering access to medications out of hours.

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