

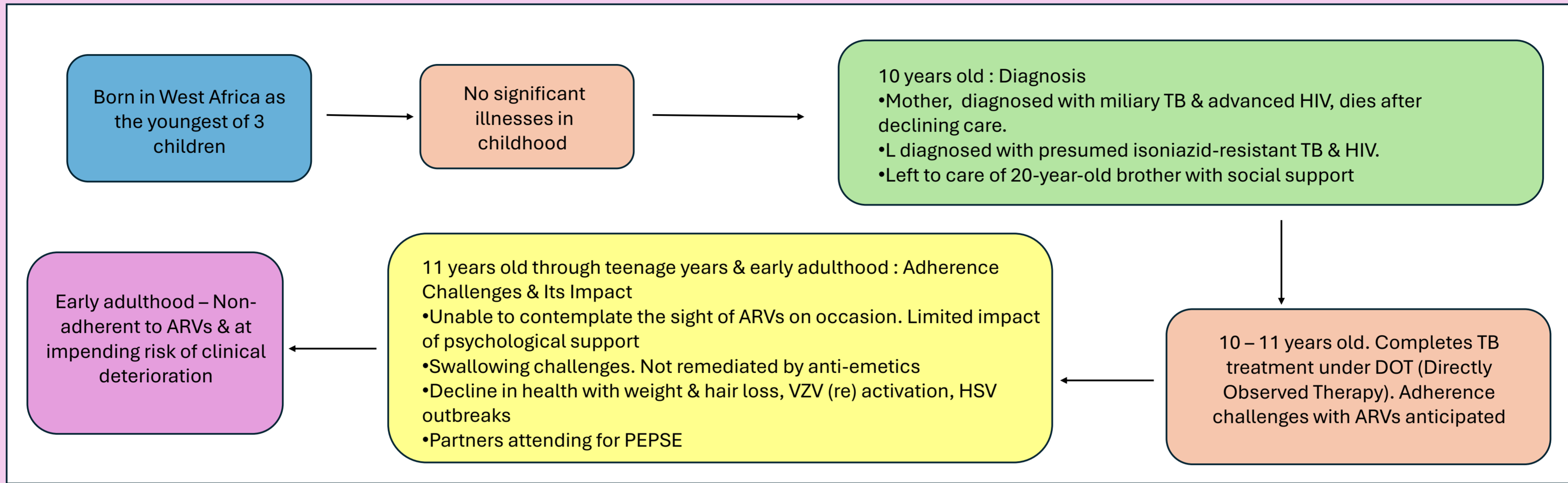
Hope for the future? Long-acting injectable antiretroviral therapy in a viraemic individual with a complex adherence history

Baldip Kaur, Bibi Nazmeen Dinally, Yvonne Vaughan-Gordon, Claire Robertson, Steve Welch

Introduction

- Long-acting (LA) injectables, consisting of Cabotegravir 600mg IM and Rilpivirine 900mg IM given every 8 weeks have transformed the landscape of modern anti-retroviral therapy (ART) for people living with HIV (PLWH) ¹
- These treatments are licensed in virologically suppressed individuals ≥ 12 years and weighing ≥ 35 kg
- There are limited data for the use of these in viraemic individuals however this is a clinically important and appealing choice to young individuals with adherence issues to oral ART.
- Initial findings from the IMPAACT 2017 (MOCHA, More Options for Children and Adolescents) study highlighted high rates of virological suppression, no virological failures and good tolerability and acceptability in young people with perinatally acquired HIV².
- Emerging data internationally about the use of LA-ART in viraemic young PLWH are equally promising thus offering an alternative choice for achieving viral suppression ^{3,4}
- Real-life data in England about the use of LA-ART in viraemic young PLWH with complex adherence challenges remains minimal

Background – L's journey to injectables

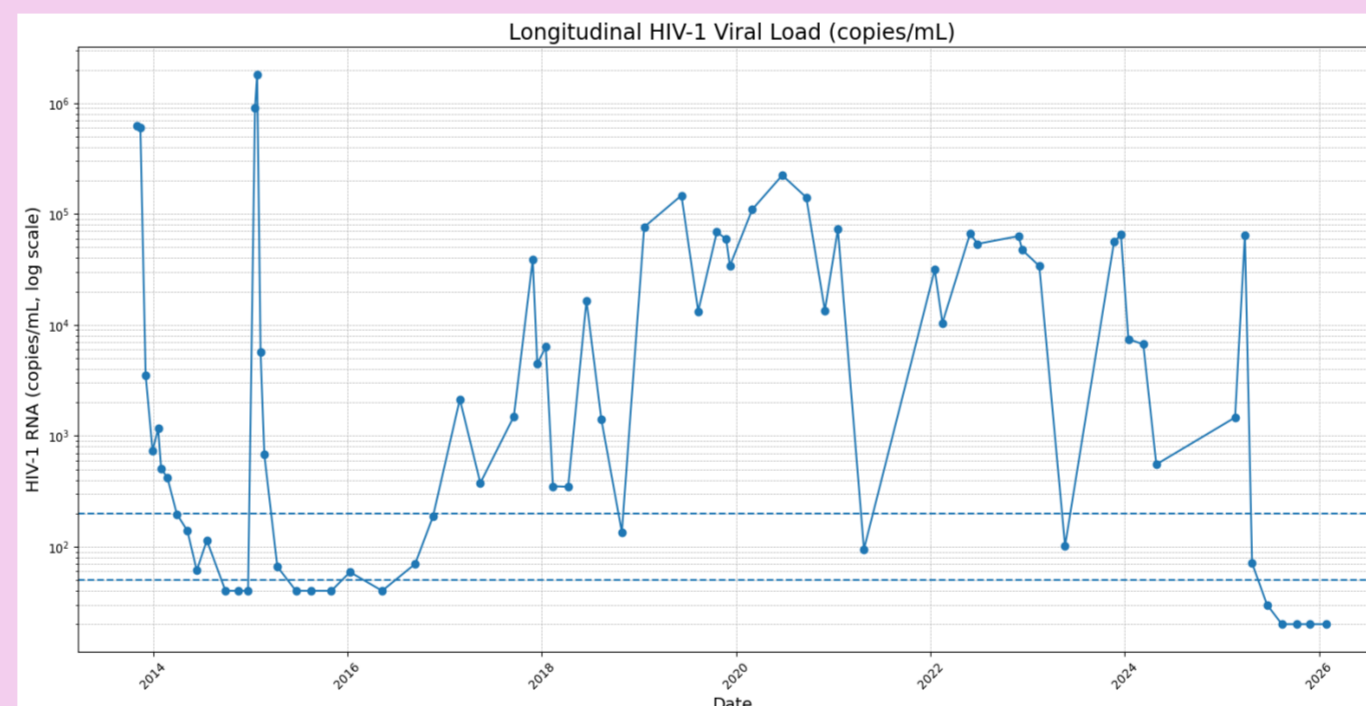
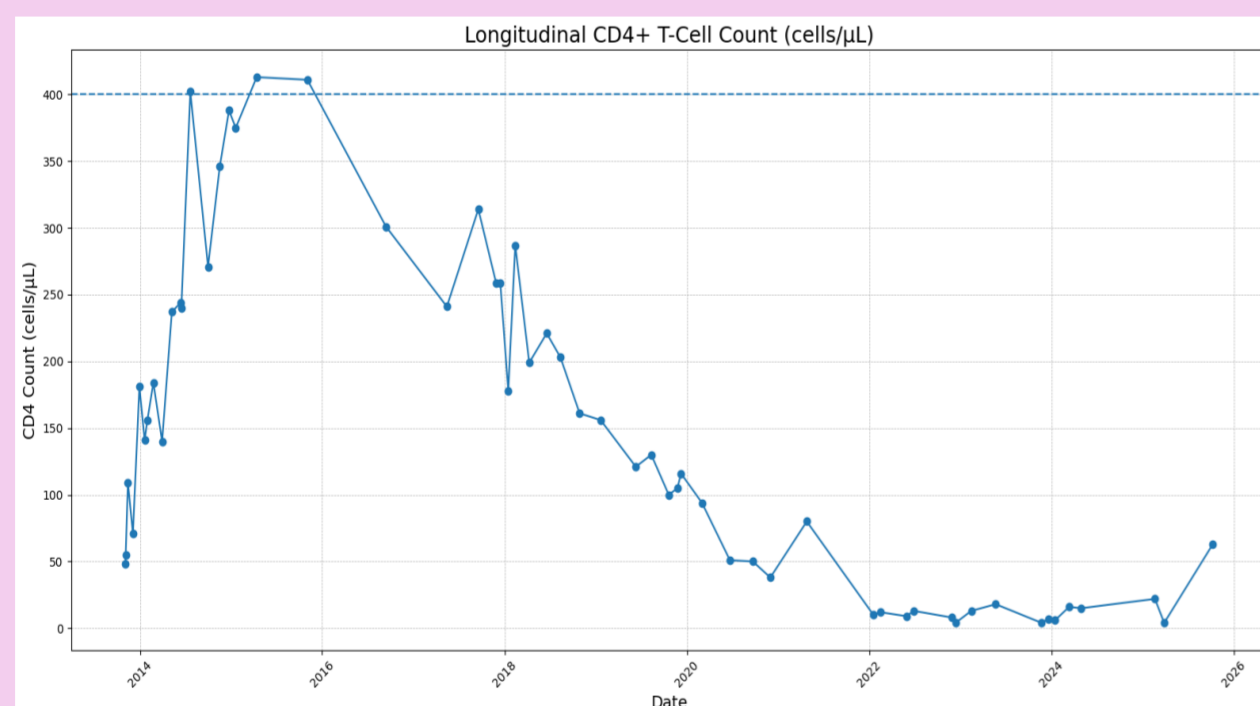


Antiretroviral Treatment History



In the quest for a palatable and tolerable regimen over the years, her ART regimen had undergone multiple changes **without evidence of viral drug resistance**.

Viral Load and CD4 counts since diagnosis



Zenith VL- 1,809,162 copies/ml
 Nadir VL - <20 copies/ml

ZenithCD4 – 413 cells/microlitre
 Nadir CD4 – 4 cells/microlitre

HIV Viral Loads

CD4 counts

Discussion

- Adherence and attendance challenges plagued L's HIV growing up – anticipated at the end of DOT and driven by her psychosocial situation and swallowing difficulties
- In the quest for a palatable and tolerable regimen over the years, her ART regimen had undergone multiple changes without evidence of viral drug resistance
- L was significantly immunocompromised with a CD4 count < 20 cells/microlitre for 4 consecutive years prior to commencing LA-ART, with a concern for clinical deterioration and death
- LA-ART was considered the last practical option for L despite not meeting all the strict eligibility pre-requisites recommended by BHIVA (including 'having a detectable viral load and being at risk of pregnancy')
- L started on LA-ART (without an oral lead-in) following approval in the MDT, local finance approval and support from the MDT and CHIVA support worker to attend clinic
- Within 3 months of LA-ART, L became virologically suppressed. She now has an improving CD4 count and BMI and has not missed any clinic visits for injectables

Conclusion

- This is a hugely successful case exhibiting the impact of LA-ART on those who need it most – patients who are immunocompromised due to the inability to take oral ART
- L, who is now 23, would likely have ended up very unwell with opportunistic infections if her treatment journey had not taken a path down LA-ART and this would have been a huge burden on her as well as the healthcare system
- She has always been very conscious about her appearance and regularly comes to clinic now, very proud of how she looks and the course that her condition has taken since switching her treatment
- More research is needed into the use of LA-ART in viraemic individuals and especially in those with perinatally acquired HIV

References

1. British HIV Association. 2024. BHIVA guidance on long-acting cabotegravir/rilpivirine for antiretroviral therapy: non-technical summary.
2. Lowenthal ED, Chapman J, Ohrenschaal R, Calabrese K, Baltrusaitis K, Heckman B, Yin DE, Agwu AL, Harrington C, Van Solingen-Ristea RM, McCoig CC, Adeyeye A, Kneebone J, Chounta V, Smith-Anderson C, Camacho-Gonzalez A, D'Angelo J, Bearden A, Crauwels H, Huang J, Buisson S, Milligan R, Ward S, Bolton-Moore C, Gaur AH; IMPAACT 2017 Collaborators.; IMPAACT 2017 Team. Acceptability and tolerability of long-acting injectable cabotegravir or rilpivirine in the first cohort of virologically suppressed adolescents living with HIV (IMPAACT 2017/MOCHA): a secondary analysis of a phase 1/2, multicentre, open-label, non-comparative dose-finding study. *Lancet HIV*. 2024 Apr;11(4):e222-e232. doi: 10.1016/S2352-3018(23)00301-6. PMID: 38538161; PMCID: PMC11061207.
3. Colasanti JA, Aldredge A, Niles-Carnes LV, Ochieng E, Pareek P, Robinson V, Anderson E, Castaneda M, Spralling H, Smith BL, Sumitani J, Paul Leue E, Moran CA, Lora M, Armstrong WS, Collins LF. Long-acting cabotegravir/rilpivirine, lenacapavir, and ibalizumab use among persons with HIV-1 viremia at a Ryan White-funded clinic in the urban U.S. South. *Clin Infect Dis*. 2025 Aug 1:ciaf425. doi: 10.1093/cid/ciaf425. Epub ahead of print. PMID: 40747944.
4. Pei PP, Jones M, Hu R, Chen W, Sax PE, Pandya A, Gandhi M, Eron JJ, Currier JS, Wilkin TJ, Reddy KP, Qoshe L, Hyle EP, Freedberg KA. Clinical Consequences of Delaying Implementation of Long-Acting Antiretroviral Therapy for People With HIV and Persistent Viremia in the United States. *Clin Infect Dis*. 2026 Feb 4;81(6):e591-e599. doi: 10.1093/cid/ciaf428. PMID: 40757869; PMCID: PMC12415887.