

# LONG ACTING CABOTEGRAVIR/RILPIVIRINE UPTAKE, ADHERENCE AND DISCONTINUATION IN A HIGH HIV CASELOAD PUBLICLY FUNDED SEXUAL HEALTH SERVICE IN CENTRAL SYDNEY, NEW SOUTH WALES

## Authors:

Lim Y<sup>1,2</sup>, Bowden B<sup>1</sup>, Acklom, K<sup>1</sup>

<sup>1</sup> The Albion Center, South Eastern Sydney Local Health District, Sydney, NSW Australia <sup>2</sup> Port Kembla Sexual Health Service, Illawarra Shoalhaven Local Health, Wollongong, NSW, Australia

## Background:

Long acting Cabotegravir/Rilpivirine (*Cabenuva*) was listed on the Pharmaceutical Benefits Scheme on 1 April 2022, providing people living with HIV (PLHIV) an injectable alternative to oral antiretroviral therapy (ART). The Albion Center provides specialist HIV care to 1357 PLHIV with the majority being men who have sex with men (MSM).

## Methods:

Clients who commenced/received *Cabenuva* from 1 June 2022 to 31 March 2024 were included in this retrospective audit to assess *Cabenuva* uptake, adherence and discontinuation. Key data points included demographics, treatment duration, treatment adherence (defined as within +/- 7 days of the target dose date), reasons for non-adherence and discontinuation of *Cabenuva* at The Albion Center.

## Results:

46 PLHIV commenced/received *Cabenuva*. 91.3% were male, 8.7% female, 4.3% identified as Aboriginal or Torres Strait Islander. 95.7% were Medicare eligible. *Cabenuva* first dose median age was 41 years and median treatment duration was 11 months.

11 PLHIV discontinued *Cabenuva* at The Albion Centre. Three transferred to other services. Two travellers received one dose. Two discontinued due to site injection pain/reactions, two were lost to follow-up, one switched to injectables due to transient dysphagia and then was subsequently switched back to oral ARV and one individual died from non-HIV related causes.

35 PLHIV had an undetectable viral load (VL) or VL <20 copies and five had detectable VL at first dose. Three remained detectable at one month. 85.7% remained treatment adherent. Of five non-adherent clients, two missed appointments, one was a transfer of care to The Albion, one had delayed appointment due to COVID infection and one missed appointments due to prolonged hospital admission.

## Conclusion:

While *Cabenuva* uptake is relatively low at The Albion Centre, continuation and adherence rates are high possibly due to reduced local stigma and despite no financial incentivization. Further research into client self-selection characteristics and adherence factors would be beneficial to ascertain how similar adherence rates can be encouraged with *Cabenuva* use in other clinical settings.

## Disclosure of Interest Statement

The authors have no conflicts of interest to declare.