Long term outcomes with Depot Cabotegravir/Rilpivirine in Australian General Practices

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Introduction

Many people living with HIV in Australia are treated in General Practice (GP) settings

Long-acting injectable medication is widely used for many chronic health conditions

Long-acting antiretroviral (ARV) treatment in the form of depot treatment with Cabotegravir/Rilpivirine (LA CAB/RPV) is a treatment that can replace the need for daily ARV medication

LA CAB/RPV has been widely available in Australia since 1/4/2022 when it was listed on the Pharmaceutical Benefits Schedule (PBS)

Method

Retrospective cohort of patients treated with LA CAB/RPV IM through phase 3 trials and post PBS listing in 4 GP clinics

Collected as part of a GP treatment audit

Results: Demographics

192 patients were treated with LA CAB/RPV

96% were male

Age range of 23 – 87

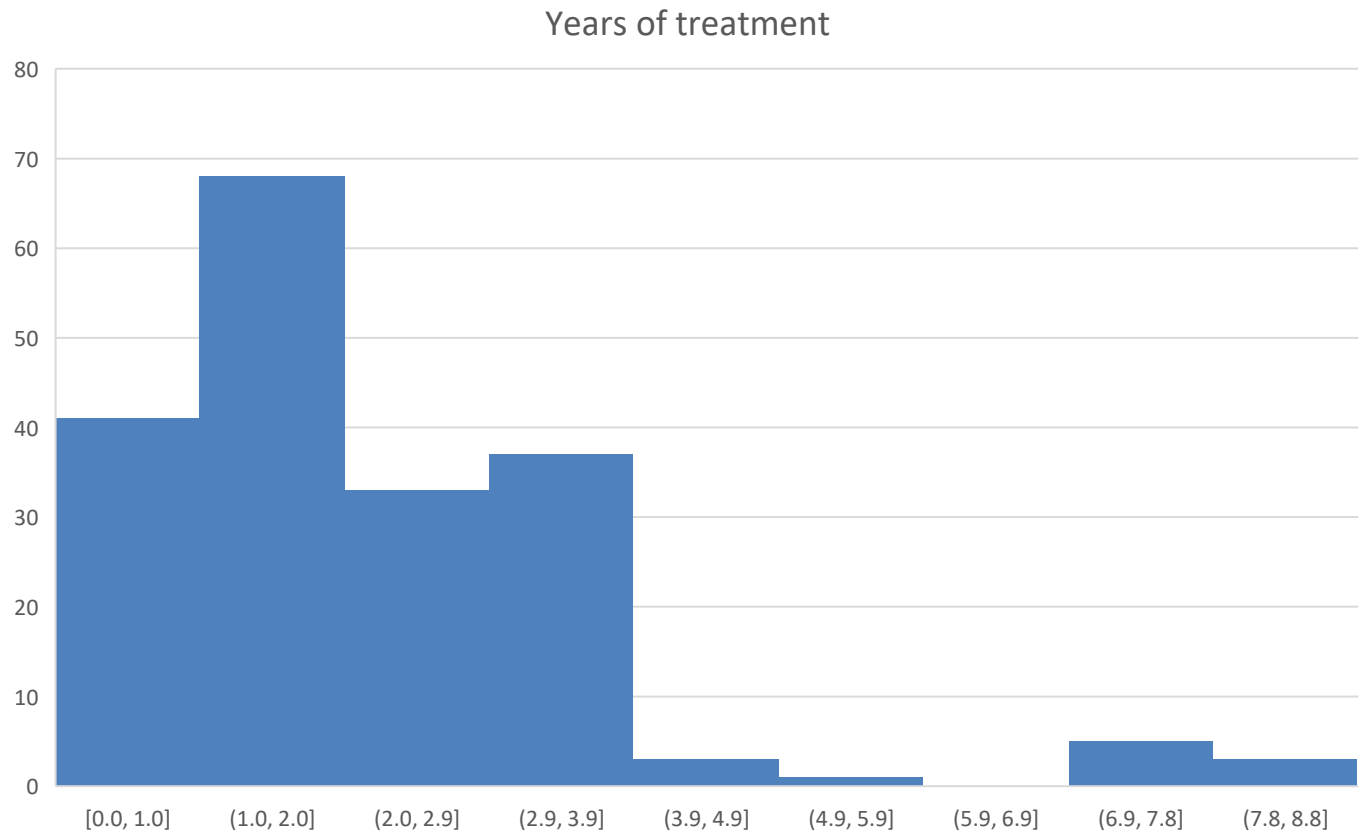
403 patient years of treatment

Median 22 months

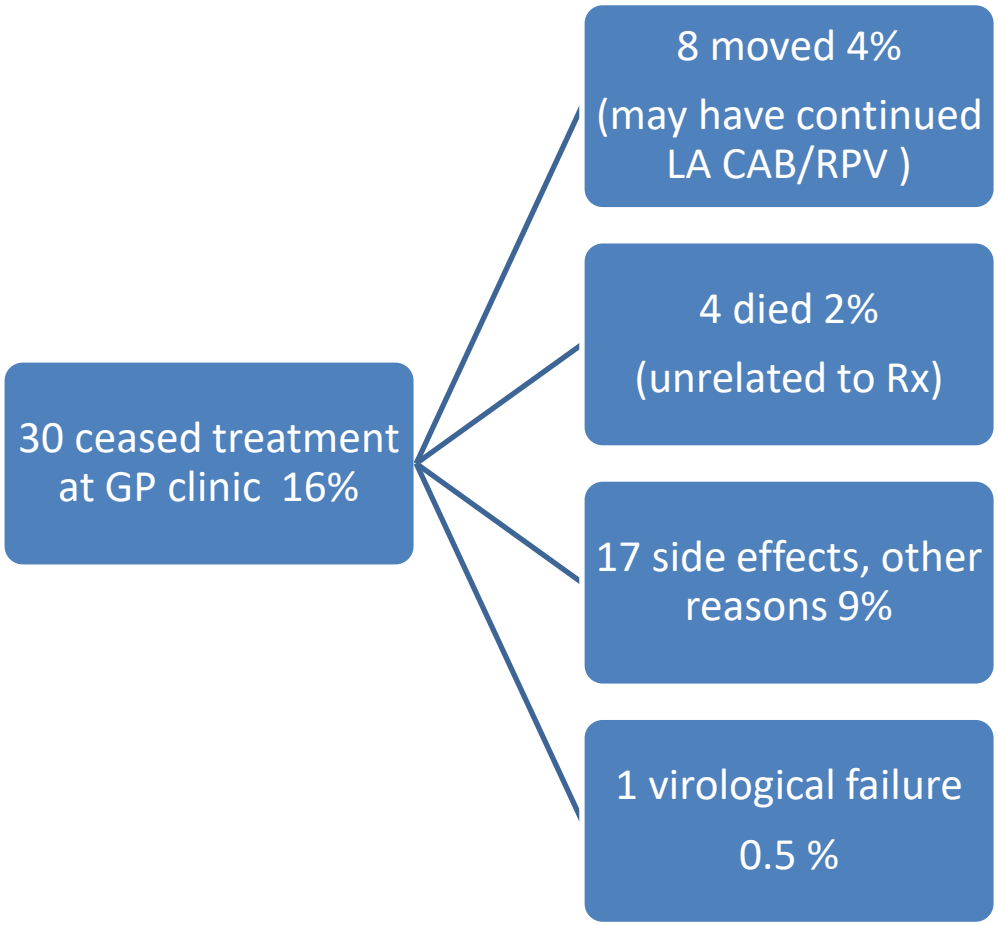
Mean 25 months

Results: length of treatment

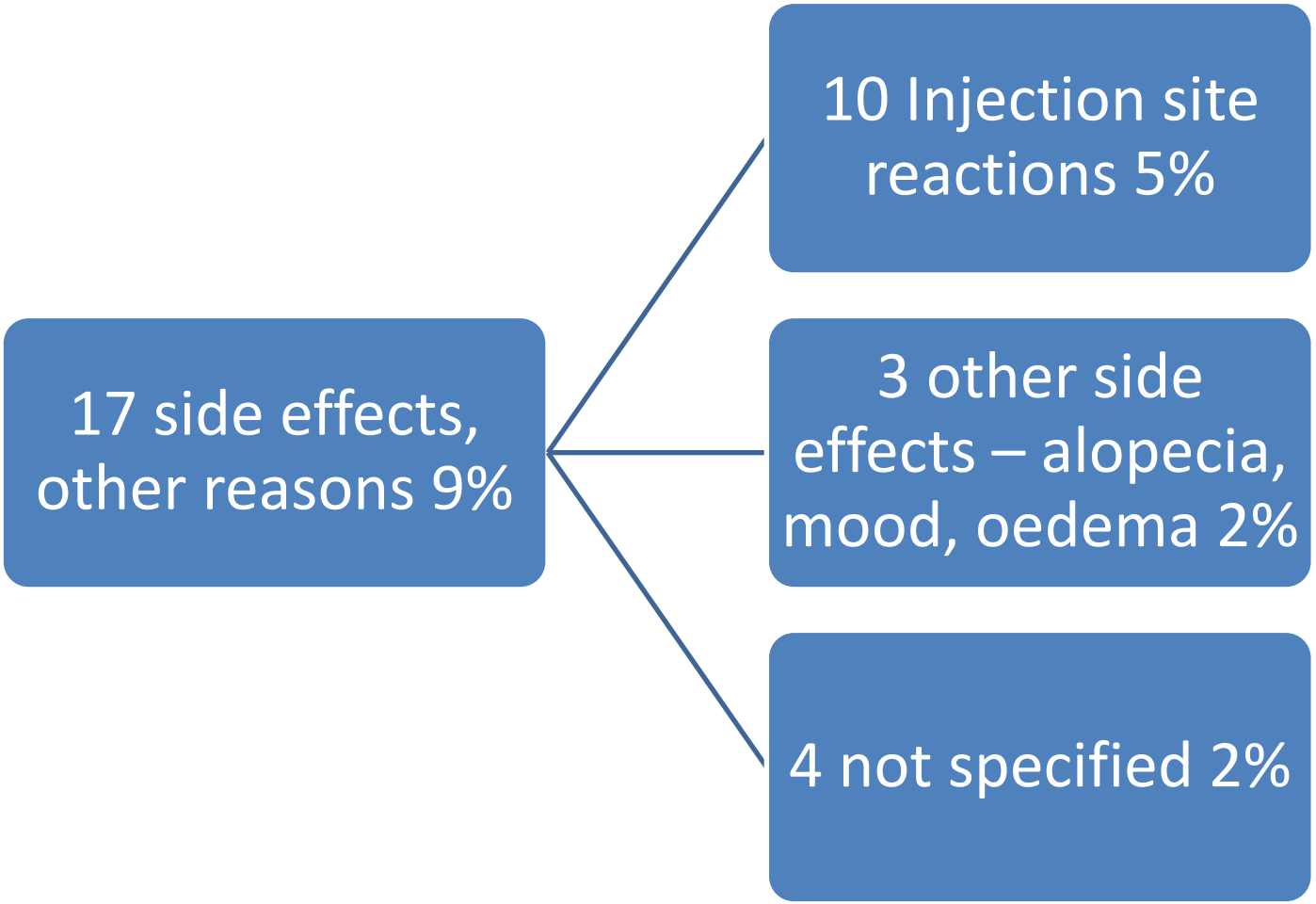
Treatment length range was 0 – 9 years



Results: Patient outcomes



Results: reasons for stopping



Virological failure*

56-year-old male, HIV +ve 1993

Multiple regimens, stopped and started Rx

26/3/2008 resistance to EFV,NVP, 3TC (K103N, M184V)

28/6/2013 resistance to EFV,NVP not to RPV

21/2/2019 nil resistance

19/12/22 taking EVG/COB/FTC/TAF) (Genvoya) + darunavir admitted with atrial fibrillation

Switched to dolutegravir/rilpivirine (Juluca), given apixaban

6/1/23 VL bdl

*patient provided consent for his data to be used in this presentation

Virological failure

20/2/23 – LA CAB/RPV

12/5/23 VL 555

15/6/23 VL 5880

INSTI Major Mutations:	E138EK • G140GS • Q148R
INSTI Accessory Mutations:	None
IN Other Mutations:	V31I • K111T • T112V • V201I

Integrase Strand Transfer Inhibitors	
bictegravir (BIC)	High-Level Resistance
cabotegravir (CAB)	High-Level Resistance
dolutegravir (DTG)	High-Level Resistance
elvitegravir (EVG)	High-Level Resistance
raltegravir (RAL)	High-Level Resistance

NRTI Mutations:	None
NNRTI Mutations:	K103N • E138K • P225H
RT Other Mutations:	E6D • I142IV • S162C • T200I

Nucleoside Reverse Transcriptase Inhibitors		Non-nucleoside Reverse Transcriptase Inhibitors	
abacavir (ABC)	Susceptible	**doravirine (DOR)**	Intermediate Resistance
zidovudine (AZT)	Susceptible	**efavirenz (EFV)**	High-Level Resistance
stavudine (D4T)	Susceptible	**etravirine (ETR)**	Potential Low-Level Resistance
didanosine (DDI)	Susceptible	**nevirapine (NVP)**	High-Level Resistance
emtricitabine (FTC)	Susceptible	**rilpivirine (RPV)**	Intermediate Resistance
lamivudine (3TC)	Susceptible		
tenofovir (TDF)	Susceptible		

Darunavir/r, TAF/FTC, last viral load = 54, CD4 = 482

Conclusion

LA CAB/RPV is an effective treatment for HIV in a General Practice setting with a low rate of treatment failure

LA CAB/RPV is generally well tolerated with the main reason for treatment discontinuation being injection site reaction

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