The ICAROS Study - high acceptability and persistence of Long-acting injectable cabotegravir/rilpivirine in Australian primary care: early real-world implementation date from people with HIV and healthcare workers

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Background: Long-acting injectable cabotegravir/rilpivirine (CAB/RPV-LA) offers an alternative to daily oral antiretroviral therapy for people living with HIV (PLHIV). While clinical trials have demonstrated high efficacy and treatment satisfaction, there is limited real-world evidence on early implementation, particularly in primary care-led settings. We examined acceptability, early persistence and implementation experiences following national approval of CAB/RPV-LA in Australia in 2022.

Methods: We conducted a prospective observational study of PLHIV initiating CAB/RPV-LA and healthcare workers (HCWs) involved in prescribing/administering treatment, recruited between May 2023–January 2025. PLHIV and HCW participants completed surveys at different time points. Surveys assessed treatment acceptability and appropriateness, quality of life.

Results: A total of 105 PLHIV and 37 HCWs participants were enrolled. PLHIV participants had a mean age of 48.6 years; and 78% initiated CAB/RPV-LA in primary care. Common reasons for switching included interest in new treatments (48.6%), convenience for travel (42.9%), reduced concern about forgetting medication (48.6%), and relief from daily reminders of HIV (38.1%). 94.2% reported their initiation visit took <30 minutes, which 89.5% found acceptable. Quality of life remained stable. Treatment persistence among PLHIV was high, with 100% (85/85) retained on CAB/RPV-LA at 6 months and 95% (76/80) at 12 months. At 12 months, 89.4% were satisfied with CAB/RPV-LA. Reasons for stopping CAB/RPV-LA related to injection pain and inconvenience of 2-monthly injections; no cessation was due to treatment failure. HCW participants reported early concerns related to staffing, scheduling, and resistance risk, but fewer concerns and improved workflow over time. Acceptability and appropriateness were high among both PLHIV and HCWs at baseline and follow-up.

Conclusion: Early real-world implementation of CAB/RPV-LA in Australia is highly acceptable to PLHIV and healthcare workers, feasible within primary care, and associated with high early treatment persistence. These findings support broader scale-up of long-acting injectable HIV treatment with targeted implementation support.

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