Perspectives of People Living With HIV (PWH) 24 Months Following a Switch to Cabotegravir and Rilpivirine Long-Acting (CAB+RPV LA) in an Observational Real-world US Study (BEYOND)

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**Presenting on behalf of the authors.*

Key Takeaways

- **In real-world US healthcare settings, people with HIV-1 who switched to cabotegravir plus rilpivirine long-acting (CAB+RPV LA) had decreases from baseline to Month 24 in psychological challenges associated with HIV-1 treatment**
- **Most people had increased treatment satisfaction, fewer concerns about CAB+RPV LA treatment, and multiple benefits with more frequent clinic visits at Month 24 compared with baseline**

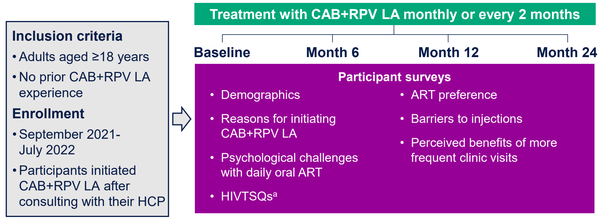
Introduction

- Cabotegravir (CAB) + rilpivirine (RPV) is the first complete long-acting (LA) regimen administered monthly or every 2 months recommended by treatment guidelines for maintenance of virologic suppression[1,2]
  - CAB+RPV LA demonstrated non-inferiority vs daily oral antiretroviral therapy (ART) in phase 3/3b clinical trials[3-5]
  - Less frequent dosing with CAB+RPV LA may improve psychological challenges associated with daily oral ART[6]
- The perspectives of people with HIV-1 and their experiences with CAB+RPV LA are valuable real-world evidence that can supplement clinical trial data
- We evaluated long-term CAB+RPV LA use in BEYOND, one of the first real-world evidence studies of CAB+RPV LA in US healthcare settings
- Here, we present participant-reported outcomes and perspectives at baseline and Month 24 in adults with HIV-1 who switched to CAB+RPV LA in the BEYOND study

Methods

- BEYOND is a 2-year, prospective, observational study in people with HIV-1 initiating CAB+RPV LA monthly or every 2 months at 27 sites in the United States
- 308 participants enrolled and completed baseline surveys; 195 participants completed Month 24 surveys within the allotted response window of ±1 month

BEYOND Study Design



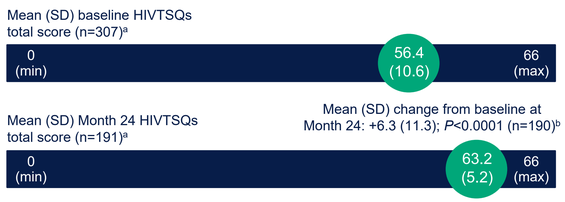
HCP, healthcare provider; HIVTSQs, HIV Treatment Satisfaction Questionnaire, status version. [a]Total score ranges from 0-66, with higher scores indicating greater treatment satisfaction.

Results

Participant Characteristics (N=308)

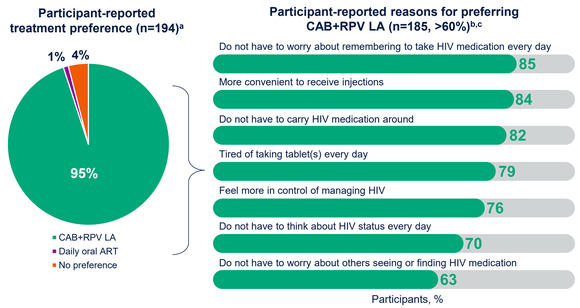
[a]No participants were naive to ART.

Treatment Satisfaction Improved From Baseline to Month 24 With CAB+RPV LA



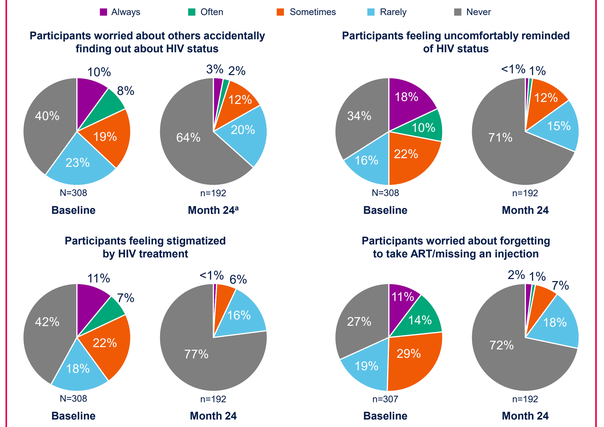
HIVTSQs, HIV Treatment Satisfaction Questionnaire, status version. [a]Mean (SD) baseline and Month 24 HIVTSQs total scores among participants who were consistent with label were 56.2 (11.0 [n=232]) and 63.4 (5.2 [n=149]), respectively. [b]Mean (SD) change from baseline at Month 24 was +6.7 (11.7) in participants who were consistent with label (n=148; $P<0.0001$).

CAB+RPV LA Was Highly Preferred at Month 24



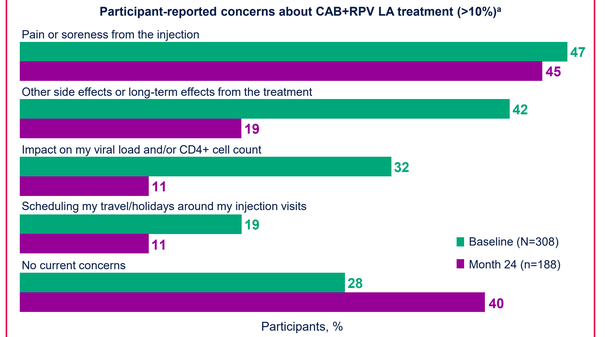
[a]Among participants who were consistent with label, 95% (143/150) preferred CAB+RPV LA, 1% (2/150) preferred daily oral ART, and 3% (5/150) reported no preference. [b]Responses were not mutually exclusive. [c]The top reasons (>80%) cited by participants who were consistent with label included not having to worry about remembering to take HIV medication every day (83% [118/143]), more convenient to receive injections (82% [117/143]), and not having to carry HIV medication around (81% [116/143]).

Psychological Challenges of HIV Treatment Improved After Switch to CAB+RPV LA



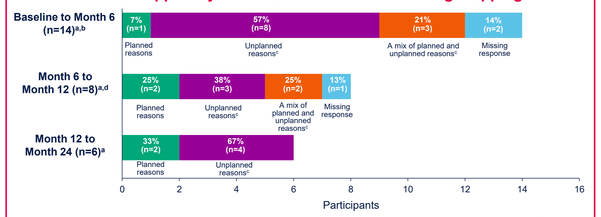
[a]After rounding, proportions total 101%.

Concerns About CAB+RPV LA Treatment Decreased From Baseline to Month 24



[a]Responses were not mutually exclusive.

Missed/Skipped Injections and Reasons for Missing/Skipping



[a]Participants who reported missed/skipped injections were not mutually exclusive/could be in both groups. [b]After rounding, proportions total 99%. [c]Participant-reported "unplanned" and "a mix of planned and unplanned" reasons for missed/skipped injections included insurance issues/treatment cost, appointment was canceled/rescheduled by clinic, work-related reasons, illness, personal responsibilities, and "other." [d]After rounding, proportions total 101%.

Participants Reported Multiple Benefits With More Frequent Clinic Visits After 24 Months on CAB+RPV LA

Participant-reported benefits of more frequent clinic visits (n=188, >50%)[a]

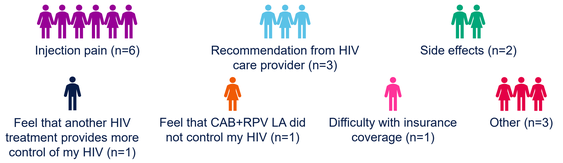
- **72%** "I feel my HIV is better controlled"
- **61%** "I feel like I have a better relationship with my HIV care provider"
- **65%** "I have more opportunities to discuss HIV treatment concerns"
- **60%** "I am more engaged in managing my HIV"
- **65%** "I have more opportunities to discuss other healthcare issues or concerns as they arise"

[a]Responses were not mutually exclusive.

Discontinuations

- 17/67 participants who discontinued CAB+RPV LA through Month 24 completed surveys at discontinuation

Reasons for discontinuing CAB+RPV LA



Conclusions

- Long-term perspectives of people with HIV-1 in BEYOND demonstrate that CAB+RPV LA is associated with improvements in psychological challenges related to HIV-1 treatment 24 months after switch
- Participants continued to have a strong preference for CAB+RPV LA over daily oral ART, increased treatment satisfaction, fewer treatment concerns, and more opportunities to engage with their HIV-1 care through 24 months

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References: 1. Cabenuva [prescribing information]. ViiV Healthcare; 2025. **2.** Panel on Antiretroviral Guidelines for Adults and Adolescents. https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf. Accessed May 16, 2025. **3.** Orkin et al. *N Engl J Med*. 2020;382:1124-1135. **4.** Ramgopal et al. *Lancet HIV*. 2023;10:e566-e577. **5.** Swindells et al. *N Engl J Med*. 2020;382:1112-1123. **6.** Thoueille et al. *J Antimicrob Chemother*. 2022;77:290-302.

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