PREFER-LA: People With HIV (PWH) in The United States With Prior Adherence Challenges With Oral Antiretroviral Therapy (ART) Prefer Cabotegravir + Rilpivirine Long-Acting (CAB+RPV LA) Therapy After Switch

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**Presenting on behalf of the authors.*

Key Takeaways

- **Among people with HIV-1 with previous adherence challenges to oral ART, concerns with switching to CAB+RPV LA injection were alleviated after the switch and CAB+RPV LA was preferred due to numerous benefits**
- **The most common reason (among both people with HIV-1 and HCPs) for switching to CAB+RPV LA was to improve treatment adherence**
- **95.0% of HCPs reported that they foresee people with HIV-1 remaining on CAB+RPV LA long term**
- **89.9% of people with HIV-1 stated they would be very likely to recommend CAB+RPV LA to similarly non-adherent people with HIV-1**

Introduction

- The LATITUDE trial demonstrated that CAB+RPV LA is superior in efficacy compared to daily oral ART in people with HIV-1 with documented prior adherence challenges[1]
- Adherence to daily oral ART can be compromised by stigma, pill fatigue, forgetfulness, and life circumstances such as work or family demands[2]
- The real-world experiences of people with HIV-1 from PREFER-LA (Perspectives on Treatment with CAB+RPV LA Injectable Therapy from PWH in the United States (US) with Prior Adherence Challenges to Oral ART) are presented here

Methods

- PREFER-LA was an observational real-world study of people with HIV-1 from across the US receiving CAB+RPV LA for ≥6 months to ≤18 months with documented adherence challenges to prior oral ART
- The objective was to characterize the perspectives of people with HIV-1 with historical adherence challenges with ART following switch to CAB+RPV LA injectable therapy and to understand how their perception of ART has changed on LA therapy
- The study consisted of cross-sectional surveys of people with HIV-1 and healthcare providers (HCP) and retrospective medical chart review (eCRF) (Figure 1). Each person with HIV-1's survey responses were matched to their medical record data.

Figure 1. Study Components

1 Cross-sectional survey of people with HIV-1
Evaluate experiences of historical oral ART use and perspectives of treatment with CAB+RPV LA
n=159

2 Retrospective medical chart review (eCRF)
Establish treatment history and clinical outcomes
n=159

3 Cross-sectional survey of HCPs
Assess expected adherence and understand benefits or disadvantages to overall health, well-being, and quality of life
n=13

Table 1. Adherence challenges to prior oral ART were defined as:

Situational non-adherence:	People with HIV-1 who achieved viral suppression on prior oral ART but then experienced viremia >200 copies/mL in the 12 months before switching
Sub-optimal adherence:	People with HIV-1 who self-report sub-optimal adherence but may maintain control of HIV
Intermittent adherence:	People with HIV-1 who self reported good adherence then had a treatment interruption of more than 4 weeks before resuming
Non-adherent:	Evidence of non-adherence including documented inability or unwillingness to take oral medication or poor virologic response

Baseline eCRF data showed that sub-optimal adherence was the most frequently reported challenge with prior oral ART, reported in 60.4%. Non-adherence was reported in 26.4%, situational non-adherence in 18.2%, and intermittent adherence in 3.8%.

Results

- Median age of participants (n=159) was 43 years old, median time since HIV diagnosis was 14.0 years, and the majority were Black or African American (56.6%) (Table 1)
- The median length of time people with HIV-1 were on CAB+RPV LA at the time of survey was 1 year

Table 1. Baseline Characteristics

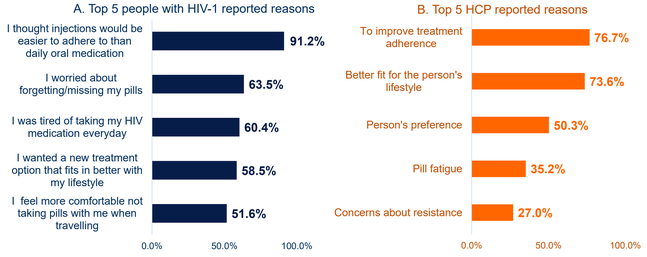
People With HIV-1 Characteristics and Demographics (eCRF, n=159)			
Age, median years (IQR)	43 (32.0-53.0)	**Hispanic, n (%)**	44 (28.4)
<50 years, n (%)	107 (67.3)	**Non-Hispanic, n (%)**	111 (71.6)
Race, n (%)		**Gender Identity, n (%)**	
Black or African American	90 (56.6)	Cisgender man	97 (61.0)
White	46 (28.9)	Cisgender woman	27 (17.0)
A race(s) not listed here	20 (12.6)	Gender identity not listed	18 (11.3)
Native American, American Indian, or Alaskan Native	7 (4.4)	Prefer not to say	10 (6.3)
Prefer not to say	4 (2.5)	Transgender woman	4 (2.5)
Asian	2 (1.3)	Non-binary/Gender queer	3 (1.9)
Middle Eastern or North African	1 (0.6)	Transgender man	0 (0)
Native Hawaiian or other Pacific Islander	0 (0)	Intersex	0 (0)
Length of time person has been diagnosed with HIV-1, median (IQR) (years)			11.7 (5.7-21.0)
Number of previous ART regimens received prior to starting CAB+RPV LA, median (IQR)			2.0 (1.0-4.0)
Length of time person has been receiving CAB+RPV LA, median (IQR) (months)			11.9 (8.5-14.5)

eCRF, electronic case report form; IQR, interquartile range.

Reasons for Switching to CAB+RPV LA

- The primary driver for switching to CAB+RPV LA for both people with HIV-1 and HCP focused on adherence (Figure 2A)
- The top people with HIV-1 reported reason for switching to CAB+RPV LA was that they thought injections would be easier to adhere to than daily oral ART (Figure 2A)
- The top HCP reported reasons for switching to CAB+RPV LA were to improve treatment adherence and to better fit the person's lifestyle (Figure 2B)

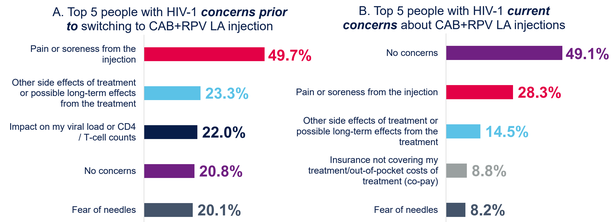
Figure 2. People with HIV-1 (survey) and HCP (eCRF) Reasons for Switching to CAB+RPV LA (n=159, Multiple Choices Allowed)



Concern Regarding CAB+RPV LA Use

- After switching to CAB+RPV LA, concerns about "pain or soreness from injections" reduced by nearly half, "fear of needles" reduced by more than half and having "no concerns" increased by more than double (Figure 3A and 3B)

Figure 3. People With HIV-1 Concerns Before and After Switching to CAB+RPV LA (n=159, Multiple Choices Allowed)



Experience After Switching to CAB+RPV LA

- The majority of people with HIV-1 agreed that switching to CAB+RPV LA has positively affected their overall health, quality of life, HIV control, and better fits their lifestyle (Figure 4)
- When prompted, people with HIV-1 reported overall positive feelings towards CAB+RPV LA and more positive feelings towards themselves since switching to CAB+RPV LA (Figure 5)

Figure 4. Impacts That Switching From Daily Oral ART to CAB+RPV LA Has Had on People With HIV-1 (n=159)

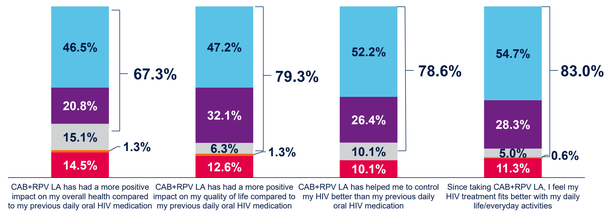
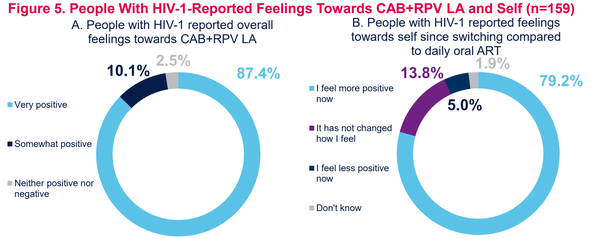


Figure 5. People With HIV-1-Reported Feelings Towards CAB+RPV LA and Self (n=159)



Preference for CAB+RPV LA

- Almost all people with HIV-1 preferred CAB+RPV LA over daily oral ART and 90% of people with HIV-1 were very likely to recommend CAB+RPV LA to other people with HIV-1 with adherence challenges (Figure 6A and 6B)
- Tablet fatigue, convenience, reduced stigma, and remembering medication were among the top reasons for preferring CAB+RPV LA (Figure 7)

Figure 6. Treatment Preferences (n=159)

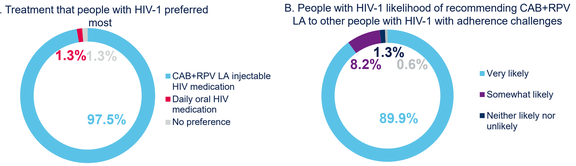


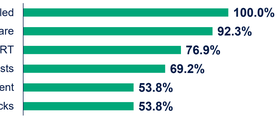
Figure 7. People With HIV-1 Reasons for Preferring CAB+RPV LA (n=159)

*Please note that sums may equal more than 100.0% as participants could select more than one option. Only 30% and above reported here.

Experiences Since Initiating CAB+RPV LA

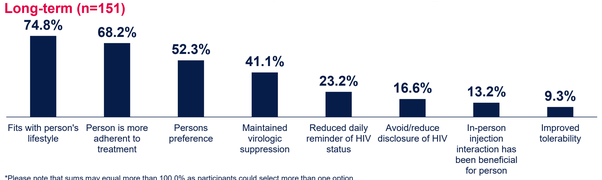
- HCPs reported benefits from regular clinic visits, including ensured adherence, HIV control, and more opportunities to discuss health concerns (Figure 8)
- HCPs reported that people with HIV-1 would remain on CAB+RPV LA long term for a variety of reasons (Figure 9)
- 95% of HCPs (151) reported that people with HIV-1 would remain on CAB+RPV LA long term with only 1 HCP (0.6%) reporting that people with HIV-1 would switch back to daily oral ART

Figure 8. HCP Reported Benefits of Implementing CAB+RPV LA for Adherence Challenged People With HIV-1 (n=13)



*Please note that sums may equal more than 100.0% as participants could select more than one option. Only 50% and above reported here.

Figure 9. HCP Reported Reasons for People With HIV-1 Remaining on CAB+RPV LA Long-term (n=151)



*Please note that sums may equal more than 100.0% as participants could select more than one option.

Conclusions

- In this observational real-world study, people with HIV-1 who switched to CAB+RPV LA after experiencing prior adherence challenges on oral ART overwhelmingly preferred CAB+RPV LA due to numerous benefits of switching to a long-acting injectable
- LA injectable medications such as CAB+RPV LA provide an option to people with HIV-1 to improve adherence and perception of ART

Abbreviations: ART, antiretroviral therapy; CAB+RPV LA, Cabotegravir and rilpivirine Long acting; eCRF, electronic case report form; HCP, Healthcare professional; IQR, Interquartile range; LA, Long-acting; US, United States.

Acknowledgments: This study was funded by ViiV Healthcare. Editorial assistance and graphic design support for this poster were provided under the direction of the authors by AESARA, Inc and funded by ViiV Healthcare. Data included in this poster have previously been presented in full at IDWeek 2025; October 19-22, 2025; Atlanta, GA; Poster P-396.

References: 1. Davis et al. *Clin Infect Dis.* 2024;80:1349-1354. **2.** Saghayam and Wanke. *Curr Opin HIV* AIDS. 2015;10:472-476.

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