PREFER-LA: Improved Adherence and Viral Control in Real-world Study of People With HIV (PWH) in the United States With Adherence Challenges on Oral Antiretroviral Therapy (ART) Switching to Cabotegravir + Rilpivirine Long-Acting (CAB+RPV LA)

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**Presenting on behalf of the authors.*

Key Takeaways

- **This observational real-world US study examined adherence and clinical outcomes in adults with HIV-1 with documented adherence challenges to prior oral antiretroviral therapy (ART)**
- **Participants reported difficulty remembering daily doses and being tired of taking a pill every day as the most common challenges impacting oral ART adherence**
- **At a median follow-up time of a year after switching to long-acting cabotegravir plus rilpivirine (CAB+RPV LA), 98% of people achieved or maintained a viral load of ≤200 c/mL**

Introduction

- Achieving and sustaining viral suppression in people with HIV-1 requires consistent and sustained adherence to antiretroviral therapy (ART)[1,2]
- Missed doses can lead to viral rebound, drug resistance, and poorer clinical outcomes[1,2]
- Despite potent and simplified single-tablet regimens, many people with HIV-1 struggle with adherence due to forgetfulness, lifestyle constraints, pill fatigue, stigma, and access barriers[1-3]
- Long-acting cabotegravir plus rilpivirine (CAB+RPV LA), given monthly or every 2 months, may overcome these barriers[4,5]
- In the LATITUDE randomized controlled trial (NCT04001426), CAB+RPV LA showed non-inferior efficacy vs oral ART in participants with adherence challenges[6,7]
- However, in the United States, there is limited real-world evidence on the use of CAB+RPV LA in people with HIV-1 with documented adherence barriers
- Here, we present real-world adherence and clinical outcomes from PREFER-LA (Perspectives on Treatment with CAB+RPV LA Injectable Therapy from people with HIV in the US with Prior Adherence Challenges to Oral ART)

Methods

- PREFER-LA is an observational, cross-sectional study in the United States of people (>18 years old) with HIV-1 using CAB+RPV LA for ≥6 months to ≤18 months with documented adherence challenges, as identified by their healthcare professional (HCP), on prior oral ART
- Outcomes evaluated: types of prior oral ART adherence challenges before switching, viral load, and frequency of missed and delayed injections

Data Sources

Individual survey (n=159)

Cross-sectional survey: Assessed experiences with oral therapy and perceptions of LA therapy in individuals with prior adherence challenges

eCRF (n=159)

Corresponding retrospective medical chart review: Assessed treatment history and clinical outcomes of participants on CAB+RPV LA; adherence data abstracted by HCP

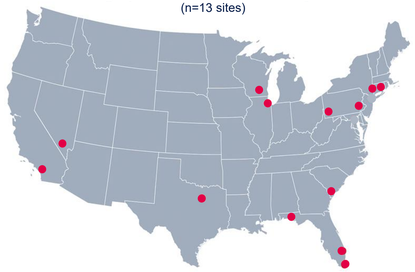
HCP survey (n=13)

Cross-sectional HCP survey: Assessed participant adherence and benefits/disadvantages to overall health, well-being, and quality of life

eCRF, electronic case report form.

Results

Geographic distribution of study sites
(n=13 sites)



Characteristics and Demographics (n=159)

39 (32-53)	33% (n=52)	57% (n=90)	28% (n=44)	17% (n=27)*
Median age (IQR)	Aged ≥50 years	Black or African American	Hispanic	Cisgender woman

12 (6-21)	2 (1-4)	12 (9-15)
Median (IQR) years since HIV-1 diagnosis	Median (IQR) number of previous ART regimens received before starting CAB+RPV LA	Median (IQR) months since person has been receiving CAB+RPV LA

IQR, interquartile range. *Gender identity was self-reported by participants via survey; sex assigned at birth was abstracted from the electronic case report form.

Prior Oral ART Adherence Challenge Categories*

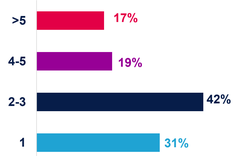
96 (60%)	Sub-optimal adherence	Individuals who self-report sub-optimal adherence but may maintain control of HIV
42 (26%)	Non-adherence	Evidence of non-adherence including documented inability or unwillingness to take oral medication or poor virologic response
29 (18%)	Situational non-adherence	Individuals who achieved viral suppression on prior oral ART but then experienced viremia >200 c/mL in the 12 months before switching
6 (4%)	Intermittent adherence	Individuals who self-reported good adherence then had a treatment interruption of more than 4 weeks before resuming

Data are presented as n (%). *HCP-reported type of sub-optimal adherence patients experienced when receiving their previous oral ART in the 12 months before CAB+RPV LA initiation; multiple selections allowed, n=12 selected multiple options.

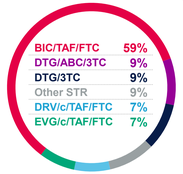
ART History Before CAB+RPV LA Initiation

- Nearly 70% of participants had received 2 or more prior regimens before switching to CAB+RPV LA
- A total of 91% switched from a single-tablet oral regimen, most commonly BIC/TAF/FTC

Number of ART regimens received before CAB+RPV LA initiation (n=159)



Top 5 single-tablet regimens immediately before switching to CAB+RPV LA (n=145)



BIC/TAF/FTC, bictegravir/tenofovir alafenamide/emtricitabine; EVG/c/TAF/FTC, elvitegravir/cobicistat/tenofovir alafenamide/emtricitabine; DTG/ABC/3TC, dolutegravir/abacavir/lamivudine; DTG/3TC, dolutegravir/lamivudine; DRV/c/TAF/FTC, darunavir/cobicistat/tenofovir alafenamide/emtricitabine; STR, single-tablet regimen.

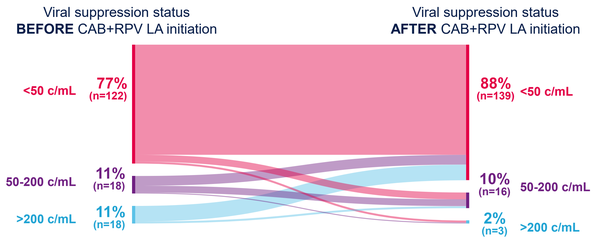
Participants Reported Adherence Challenges With Previous Oral ART*

84% Difficulty remembering daily doses	**67%** Tired of taking a pill every day	**50%** Felt the need to hide daily oral HIV medication from others
35% Inconvenient routine for daily oral HIV medication	**31%** Worried about running out of medication	**27%** Daily oral HIV medication had a negative effect on mood

*Values represent percent of individual survey respondents selecting each challenge; multiple responses allowed.

Achieving/Maintaining Viral Suppression Before and After CAB+RPV LA

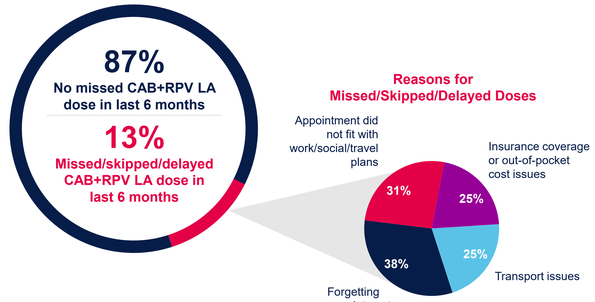
- 89% had viral load ≤200 c/mL before CAB+RPV LA initiation*
- After switch to CAB+RPV LA, 98% achieved or maintained viral load ≤200 c/mL*



*Viral suppression data was missing for 1 person. Median time on CAB+RPV LA by viral suppression status at CAB+RPV LA initiation was: suppressed (n=122) 364 days, controlled (n=18) 363 days, not controlled (n=18) 368 days.

HCP Reported Reasons for No Missed or Missed/Skipped/Delayed Doses

- Most participants maintained on-time CAB+RPV LA injections
- Key reasons for on-time dosing: CAB+RPV LA fits well into daily life and routines (integration into schedules, less daily burden), convenience of clinic visits and in-person support, and the use of appointment reminders to help patients stay on track



Limitations

Individual Survey

- Minimal administrative burden (≤30 minute online format)
- Self-reported data subject to recall bias

eCRF

- Limited by medical record completeness/accuracy
- May not capture participants with undocumented or unreported sub-optimal adherence

Study Population

- Site feasibility may introduce selection bias
- Adherence classification may reflect physician judgement

Conclusions

- In the PREFER-LA study, CAB+RPV LA was associated with high rates of viral suppression in individuals with documented adherence challenges to oral ART
- These findings complement existing clinical trial and real-world evidence supporting the use of CAB+RPV LA in people with HIV-1 with identified adherence challenges
- Ongoing monitoring is needed to confirm durability and persistence
  - CAB+RPV LA is being examined in the ongoing CROWN phase 3b clinical trial of people with HIV-1 with detectable viremia (NCT06694805)

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References: 1. Ryom et al. *HIV Med*. 2020;21:617-624. **2.** Chesney. *Clin Infect Dis*. 2000;30(Suppl 2):S171-S176. **3.** de Los Rios et al. *AIDS Behav*. 2021;25:961-972. **4.** Spreen et al. *Curr Opin HIV AIDS*. 2013;8:565-571. **5.** Williams et al. *Nanomedicine (Lond)*. 2013;8:1807-1813. **6.** UNAIDS. https://www.unaids.org/en/resources/documents/2015/201506_JC2743_Understanding_FastTrack. Accessed March 30, 2026. **7.** Davis et al. *Clin Infect Dis*. 2025;80:1349-1354.

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