Expanding Access to Long-Acting Injectables

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Long-acting treatment with Cabenuva (injectable cabotegravir and rilpivirine) can be a feasible option for people who are unable to maintain an undetectable viral load on oral antiretrovirals due to adherence challenges, especially if they receive enhanced support.

All modern antiretroviral regimens are effective, so treatment success often comes down to consistent use. Cabenuva is administered by a health care provider once monthly or every other month. The Food and Drug Administration approved Cabenuva in 2021 as a switch option for people who have already achieved viral suppression on an oral regimen, but this leaves out some people who could benefit.

Researchers at the Ward 86 HIV clinic at San Francisco General Hospital have been evaluating Cabenuva for people without sustained viral suppression on oral treatment; a majority are dealing with substance use, mental health issues and unstable housing or homelessness, and many have advanced immune deficiency.

In 2022, the team reported initial results showing that 12 of 15 people who switched to Cabenuva achieved viral suppression, some for the first time. This set the stage for SPLASH—the Special Program on Long-Acting Antiretrovirals to Stop HIV—which offers case management, street-based nursing services and other support. At this year's Conference on Retroviruses and Infections, they presented results for 129 people who started Cabenuva with a detectable viral load between January 2021 and September 2024. A year after the switch, 98% maintained viral suppression.

"These long-acting treatments are likely to be transformative for people in this population," says lead investigator Matthew Spinelli, MD. "We've had folks who struggled for years, and when we put them on injectables, it's like magic. It's exciting to see success in the population we're most worried about."