Long-Acting Injectables May Help With Adherence to HIV Meds

For some, it could offer a lifeline.

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Long-acting Cabenuva (injectable cabotegravir and rilpivirine), which is administered by a health care provider once monthly or every other month, is currently approved for people whose HIV is already under control, but it may also be an option for those who have been unable to achieve viral suppression because of adherence challenges.

Katerina Christopoulos, MD, MPH, and colleagues evaluated outcomes among 39 people who started Cabenuva at San Francisco's Ward 86 HIV clinic. This safety-net clinic serves low-income people with HIV, many of whom struggle with substance use, mental illness and homelessness. It offers a range of support, including case managers and street-based nursing services.

A majority (24 people) had viral suppression on their current oral medications; all of them maintained an undetectable viral load after switching to the injections. But the big news is that outcomes were also good for the 15 people who started with a detectable viral load and substantial immune suppression: 12 (80%) achieved and maintained viral suppression, some of them for the first time.

Use of Cabenuva for people without viral suppression goes beyond the approved indication, and it might not be an option for those who don't have access to such intensive support. But for some, it could offer a lifeline.

"Up to this point, our options for people who won't take oral antiretroviral therapy have been highly limited," says Paul Sax, MD, of Brigham and Women's Hospital in Boston. "The alternative to trying this might be an HIV-related death. And no one in 2022 should die of AIDS without our doing everything we possibly can to get them on antiretroviral therapy."

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