

# Long acting (LA), injectable ARVs in clinical practice – Two UK case studies of compassionate access to LA cabotegravir and rilpivirine in young adults with perinatally acquired HIV-1

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## Background

- Poor adherence and pill fatigue are well described in young adults with perinatally acquired HIV (PAHIV)
- Stigma leads to negativity around pill taking 'the daily reminder'
- Poor adherence leads to immunosuppression and drug resistance
- LATTE-2<sup>1</sup>, ATLAS<sup>2</sup> and FLAIR<sup>3</sup> show that LA injectables can maintain viral suppression, with low discontinuation rates and high patient satisfaction

## Compassionate access programme

- We applied to ViiV and Jansen through the compassionate access programme
- Pt who regularly attend clinic
- Poor adherence to tablets / liquids, pill fatigue, AIDS, risk of resistance
- Special population

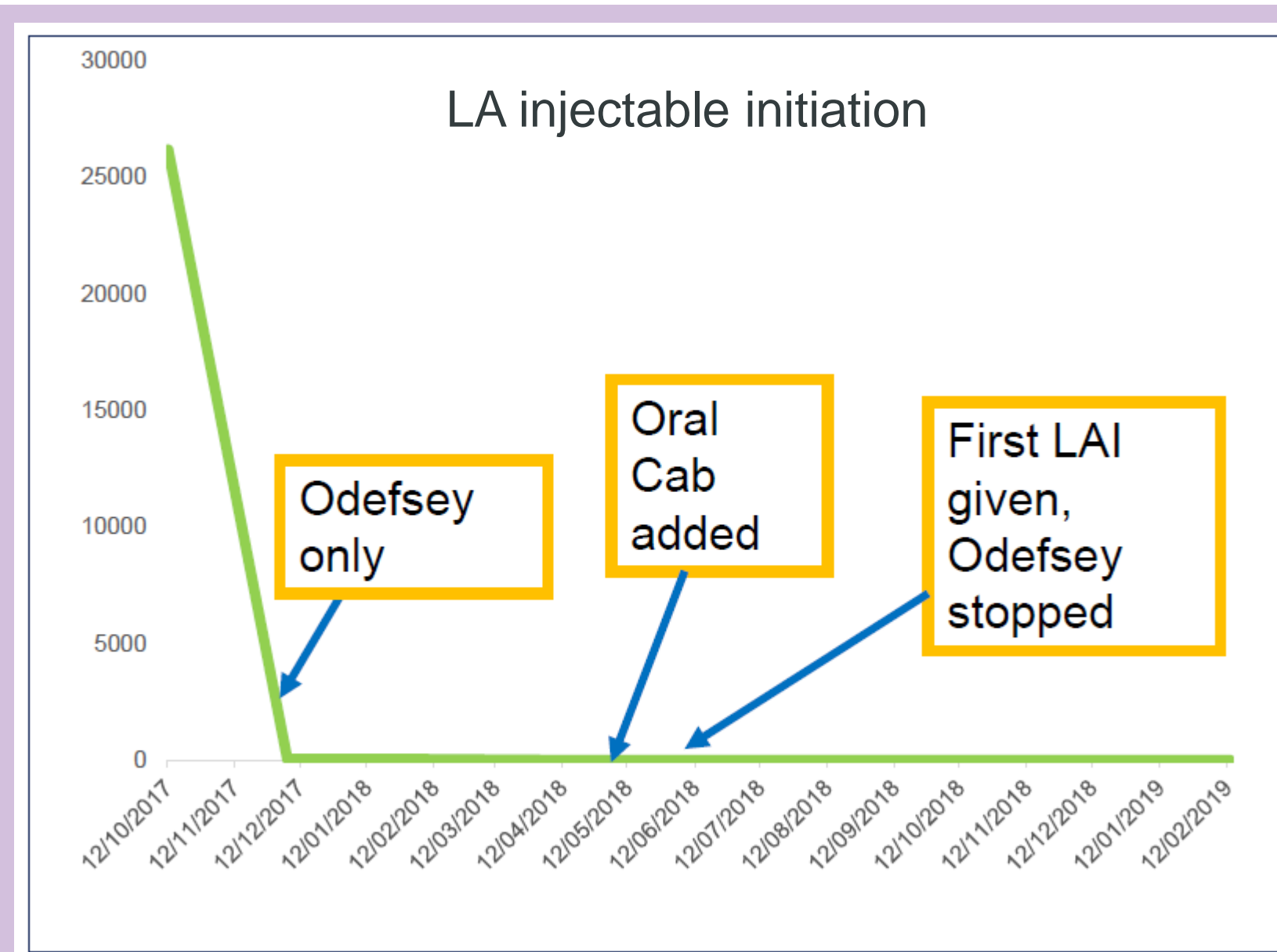
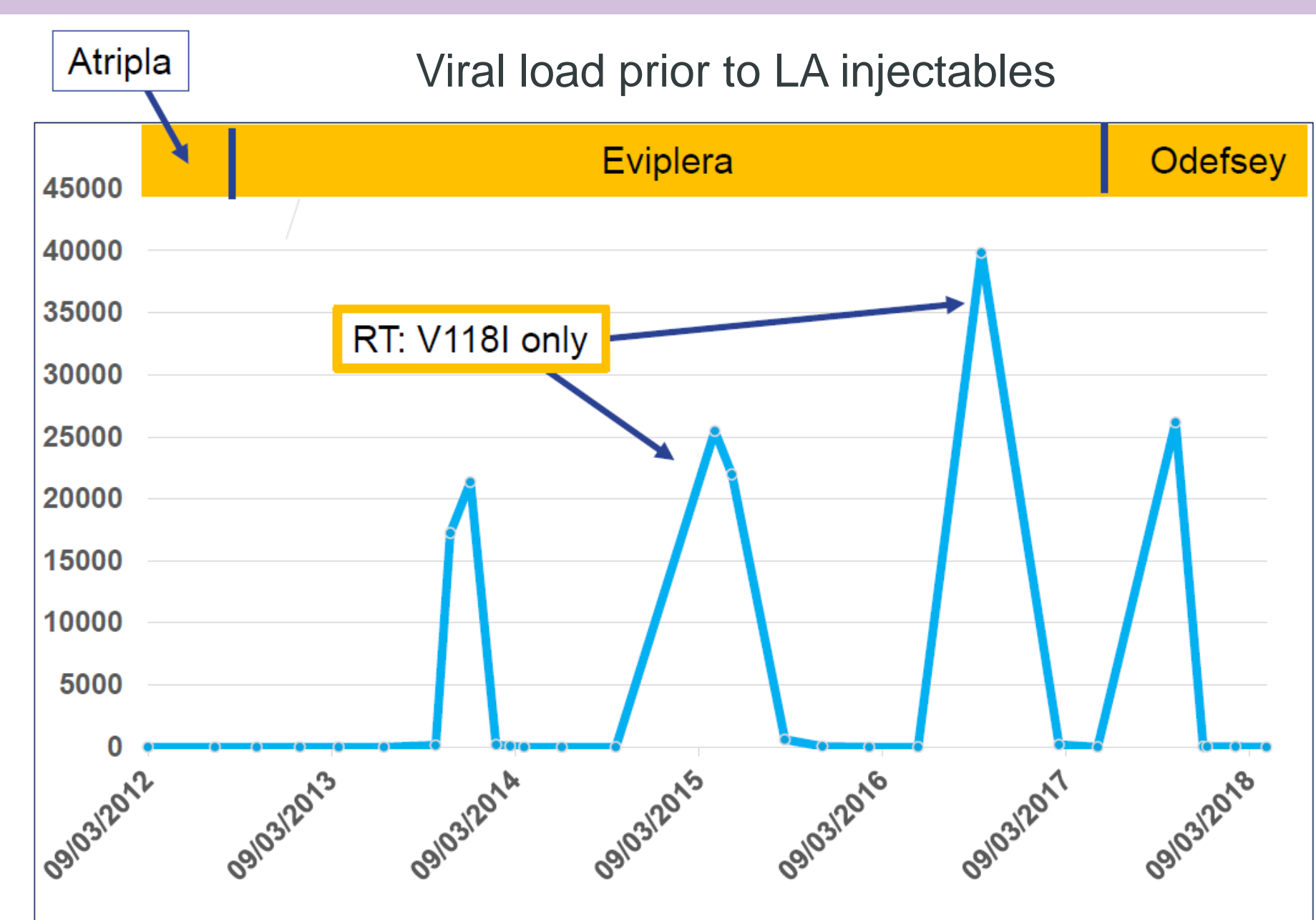
## Commencing LA injectables:

- Oral lead-in for 1 month
- 1<sup>st</sup> injections:  
Cabotegravir 600mg (3ml) IM, Rilpivirine 900mg (3ml) IM
- Subsequent injections:  
Cabotegravir 400mg (2ml) IM, Rilpivirine 600mg (2ml) IM



## Case Study 1

- 24 year old woman PAHIV
- No history of AIDS
- Nadir CD4 258 (17%), Current CD4 425 (33%)
- Pill fatigue – treatment holidays
- VL re-suppression on Odefsey
- Risk of NNRTI resistance
- RT- V118I only
- Contraception Copper IUD



## Patient factors

- Cabotegravir – headache, anxiety initially
- Injection site reactions with nodule formation
- Monthly appt (may increase to Q8 weeks)
- What about going on holiday?

Satisfaction  
100%

## Clinic issues to circumvent

- Incorrect dosing given – recalled pt to top-up
- Rilpivirine not kept at the right temperature – could not use
- Missed appt – recall pt and give LA injectables within 5 days timeline

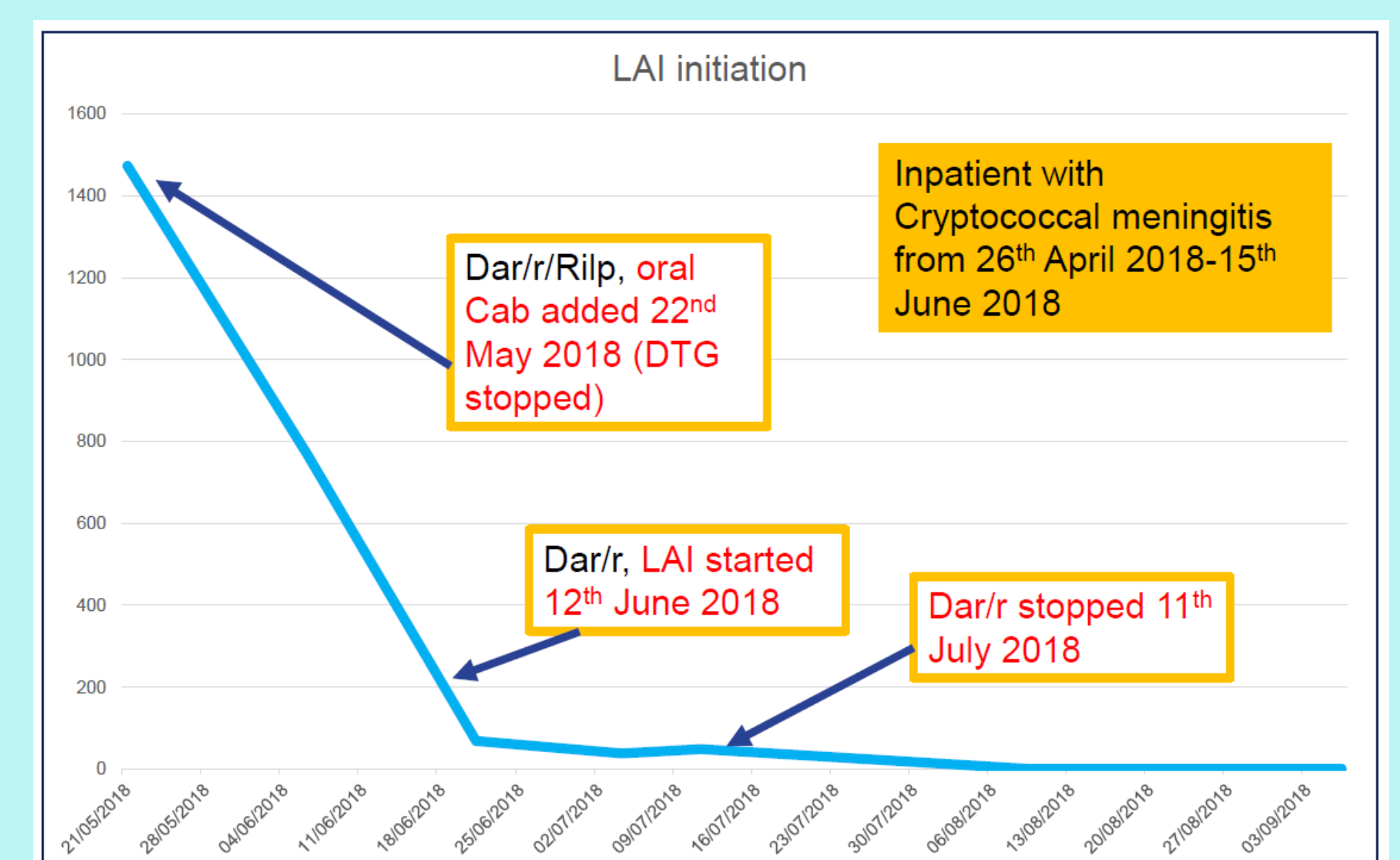


## Scaling up

- Fridge space for rilpivirine
- Planning before giving injection, to warm to room temperature as more painful when cold
- Nurse time, increased number of appt
- Clinic room use

## Case Study 2

- 23 year old man PAHIV
- Never had VL<20 before
- K103N, M184V previously failed Atripla
- Nadir CD4 43 (4%), May 2018
- Previous Admissions:
  1. Shingles 2016
  2. Pneumonia 2016
  3. Cryptococcal meningitis and MAI April 2017
  4. Cryptococcal meningitis recrudescence: Sept 2017, May 2018



- Non-adherence to oral fluconazole maintenance
- Cryptococcal IRIS Sept 2018
  1. Inflammatory CSF
  2. Raised ICP
  3. Daily LP for 1 month; CSF VL <20
- Plasma viral load remains <20
- CD4 113 (13%) Feb 19
- Body weight increase by 20%

## Conclusions

- This mode of treatment seems to be highly effective in this special population
- Despite previous NNRTI failure, many young people with PAHIV may still be sensitive to Rilpivirine
- Young people very satisfied, despite the drawbacks of injectable ART
- Could be life saving, or at least life changing for some young patients
- Careful considerations required for scale-up