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

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

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

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

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