

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/real-world-evidence-long-acting-cab-rpv-viremic-patients/48928/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Real-World Evidence on Long-Acting CAB/RPV in Patients with Viremia

Announcer:

Welcome to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Monica Gandhi, who's a Professor of Medicine at the University of California, San Francisco and the Director of the UCSF Center for AIDS Research. She'll be discussing real-world virologic outcomes with long-acting cabotegravir plus rilpivirine in treatment-experienced people with viremia, which she spoke about at the 2026 IDWeek conference. Here's Dr. Gandhi now.

Dr. Gandhi:

When we think about cabotegravir and rilpivirine, it came out in 2021. This is a combination of two injectable agents—an integrase inhibitor and an NNRTI—and it was studied in what I call the “perfect patients,” meaning it was studied in people who are virologically suppressed, they had no problems taking their oral ART, and then they switched over to the long-acting ART. And those were the FLAIR, ATLAS, and ATLAS-2M studies. The drugs got approved for use as injectables, but they were really only approved, at least by the FDA package insert, in those with virologic suppression because that's the population the trials were done in.

Then, in the world, clinicians started using long-acting cabotegravir and rilpivirine in people with viremia, meaning their viral load wasn't suppressed, because it's really that patient population that, by definition, have a hard time taking their oral ART. Maybe there's housing insecurity, substance use, or mental health concerns. And if they're having a hard time taking that oral ART, here's an option to give them long-acting ART to circumvent those structural or individual barriers. And so this meta-analysis that we're presenting is really looking across cohort studies.

And what does it show? Not surprisingly, since we now have clinical trial data on this, long-acting CAB/RPV works great in those with viremia. In fact, this is a patient population that was struggling on oral ART, and now they have this option. Somehow, it circumvents all those barriers of having to take that pill every day, and coming in every two months—even if you're homeless—seems to be something that people can do. So it's really verifying what we've been gathering from these observational cohorts, but this is the data putting it all together: long-acting CAB/RPV gives very low rates of virologic failure in those who start with viremia.

And to top it all off, there's a randomized controlled trial called the CROWN study that randomized people with viremia to long-acting CAB/RPV versus oral ART, and indeed, long-acting CAB/RPV was superior to oral ART. So this just really tells a nice story that at this point, every guideline is going to say, “Yes, use long-acting CAB/RPV in those with viremia.”

Announcer:

That was Dr. Monica Gandhi sharing real-world evidence on virologic effectiveness with long-acting cabotegravir plus rilpivirine in treatment-experienced people with viremia. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!