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Attitudes and Eligibility of Long-Acting Cabotegravir/Rilpivirine Treatment Among Youth Living with HIV in Thailand:

A Cross-Sectional Study from clinical and national cohort

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Background

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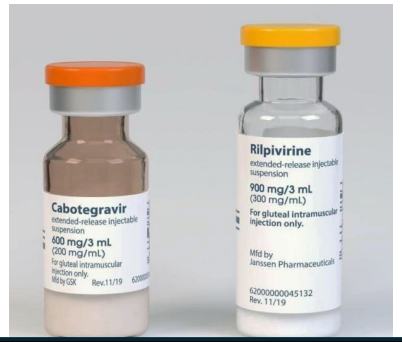
Everyday
$50 (for 2 months)

- Current standard HIV treatments is once-daily pills.
- Adherence remains a key challenges for many youth living with HIV (YLHIV)[1].



Every 2 months
$800* (for 2 months)

- **Long-acting cabotegravir/rilpivirine (LA-CAB/RPV),** approved for treatment in youth aged at least 12 years[3].
- Intramuscularly injection every 2 months.
- It still not available through National AIDS Treatment Program (NAP).

- Existing data on the attitudes toward LA-CAB/RPV showed varied response across different socio-economic context[1,2].
- Prior first line recommended treatment in Thailand might also cause cross-resistance.

**approximate cost from the price of LA-cabotegravir in Thailand*

[1]Agwu A, et al. Curr Opin HIV AIDS. 2024 1;19(6):368-76. ; [2]Han WM, IeDEA collaboration. Lancet HIV. 2021 ;8(12):766-75
[3] Gaur AH, et al; MOCHA study. Lancet HIV. 2024 ;11(4):e211-21.; [4]Guidelines for the Use of Antiretroviral Agents, DHHS-US

Objectives

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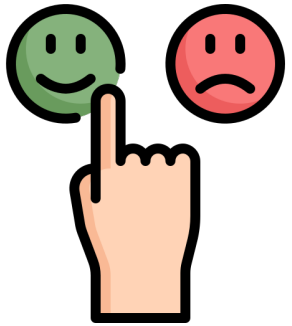
To assess the **proportion** of Thai youth living with HIV who were **medically eligible** and **their attitudes** towards long acting cabotegravir/rilpivirine.



Methods

cross-sectional study among YLHIV across 2 cohorts

	Clinical cohort	National cohort
Populations	YLHIV, aged 13-24 years at **"Buddy CU clinic" at KCMH in 2024**	14,670 YLHIV, aged 12-24 years, in the **National AIDS Program** as of August 2024.
Outcomes and tools	**Attitudes towards LA-CAB/RPV** *After watching 2 minutes explanatory video* • 5-points Likert's scale and semi-structured open-ended questionnaires[1-4] • Willingness to use LA-CAB/RPV: Yes or No	-
	Proportion of YLHIV who eligible Eligibility criteria[5] • Current virological suppression (HIV RNA VL < 50 copies/ml) • No history of virological failure (HIV RNA VL > 1,000 copies/ml) • No potential archived resistance either to CAB or RPV	**Proportion of YLHIV who eligible** Eligibility criteria[5] • Current virological suppression Youths who experienced treatment failure while taking NNRTI-based and switched their treatment were considered to have resistance to RPV

[1]Weld ED, et al. J Acquir Immune Defic Syndr 2019;80:190-7. ; [2]Toska E, et al . AIDS Behav 2023;27:2163-75; [3]Barthold D, et al. Aids 2023;37:1545-53.; [4]Campbell CK, et al . AIDS Care 2022;34:1212-8; [5]US-Food and Drug Administration. CABENUVA . co-packaged for intramuscular use 2023 [package insert].

Methods – *Statistical analysis*

Clinical cohort
National cohort

- **Sample size of the clinical cohort (N=100),**
  anticipated willingness to use and eligibility proportion about 50% with 95% CI, the margin of error 10%.
- **Participants attitudes:** 5 points Likert's scale were dichotomized into agree(4-5) and disagree(1-3).
- **Characteristics of youths with PHIV** and **non-PHIV** were compared using chi-square test.
- **Factors associated with their willingness to use** and **medical eligibility** were analyzed via logistic regression.
  - Factors with $p < 0.1$ in univariate analysis were further explored in multivariate logistic regression analysis, with $p < 0.05$ set as the threshold for statistical significance.
- Statistical analysis was performed by using Stata version 18.