

Cabenuva: A breakthrough in HIV/AIDS treatment

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Madam, HIV (human immunodeficiency virus) and AIDS (acquired immunodeficiency syndrome) persist as risks to public health despite rigorous efforts to control the crisis. Pakistan, as a low-income country, experiences a greater incidence of new HIV cases, a significant public health concern.¹ Only 14% of people living with HIV/AIDS are aware of their status, with a mere 10% undergoing treatment while statistics on viral suppression are absent.¹ Predictably, the country is falling behind in achieving its 90-90-90 target set by the Joint United Nations Programme on AIDS/HIV (UNAIDS).¹

In January 2021, Cabenuva received the U.S. Food and Drug Administration (FDA) approval (cabotegravir and rilpivirine, extended-release formulations) to be administered monthly for the management of HIV-1 infection in adults on consistent antiretroviral therapy (ART) and are virologically suppressed, making it the first of its kind.² Vocabria (Cabotegravir) and Edurant (rilpivirine) tablet dosage forms were also approved by the FDA to be taken once a month for tolerability before switching to the intravenous drug.²

The results of the two randomized, open-label control trials- ATLAS and FLAIR, demonstrate that the monthly cabenuva effectively maintains HIV-1 suppression in patients when compared to oral ART.³ Moreover, the eight-week cabenuva regimen has the same outcome as the four-week one, according to the ATLAS trial.³ Thus, the injectable treatment decreases the need for regular ingestion while increasing compliance and may help patients with HIV-associated stigma.³ Additionally, it is more likely to reduce toxic adverse effects and resistance linked with poor oral abidance, a promising option to control HIV infection.³

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The global burden of the COVID-19 pandemic has exhausted resources allocated for HIV prevention, testing and access to ARTs, as well as long-term HIV management and associated mental health issues.⁴ It is paramount that we find innovative ways to tackle the HIV epidemic in Pakistan. One way we can do so is by introducing cabenuva as a treatment option and a substitute for oral ART. The drug can encourage more people to get and stay on treatment, as a once-a-month routine is preferable to multiple daily tablets. Secondly, it may decrease anxiety and depression linked with daily consumption to improve the quality of life for those living with HIV/AIDS. Indeed, this regimen may assist in combatting the high dropout rates from previous treatments and offer more choices to patients so that Pakistan achieves its UNAIDS goal by 2030.

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