Long-Acting ART in a Community Health Center: Insights and Early Outcomes

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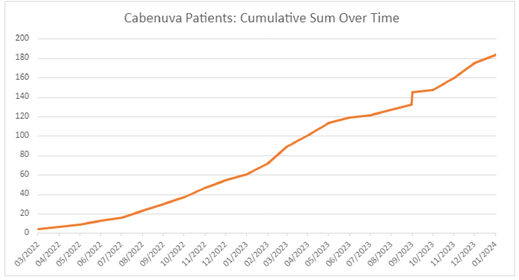
BACKGROUND

- Long-acting injectable Cabotegravir-Rilpivirine (CAB-RPV LAI) offers people living with HIV (PLWH) a safe and effective alternative to daily oral HIV medication.
- In 2021, Whitman-Walker Health (WWH), a Federally Qualified Health Center (FQHC), worked to develop protocols to facilitate scaled up implementation of CAB-RPV LAI in appropriate patients.

METHODS

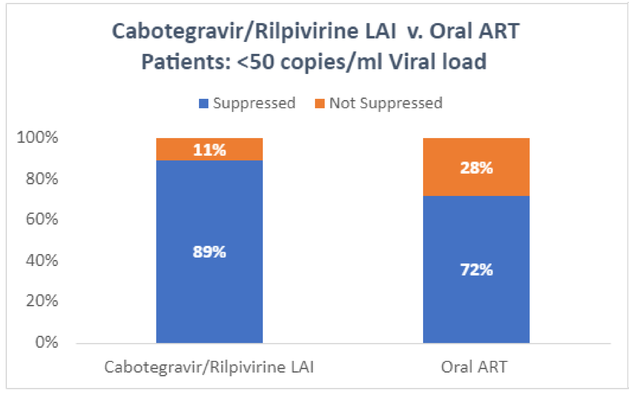
- A working group met biweekly to develop a detailed protocol including prescribing and monitoring guidance for providers and a workflow to streamline processes involving insurance authorizations and appeals, coding/billing, and patient and medication tracking.
- Providers were trained extensively on use of CAB-RPV LAI and prescribed it at their discretion.
- Most patients were virologically suppressed at the time at baseline; however, with early promising data on treating non-suppressed PLWH (Gandhi M, Salazar J et al. CROI 2023, Feb 20-23), carefully selected viremic patients were offered treatment with CAB-RPV LAI as well.
- We used monthly dosing in non-suppressed PLWH until virologically suppressed for at least 6 months and tracked adherence and viral load carefully.
- We conducted a cross-sectional analysis comparing virologic suppression in patients prescribed CAB-RPV LAI with patients prescribed oral antiretroviral medication. These two groups were similar across age, sex, gender identity, insurance status, and baseline CD4 count.
- We also longitudinally tracked patients who had a detectable viral load (VL) above 50 copies/mL prior to starting CAB-RPV LAI to assess their virologic response over time.

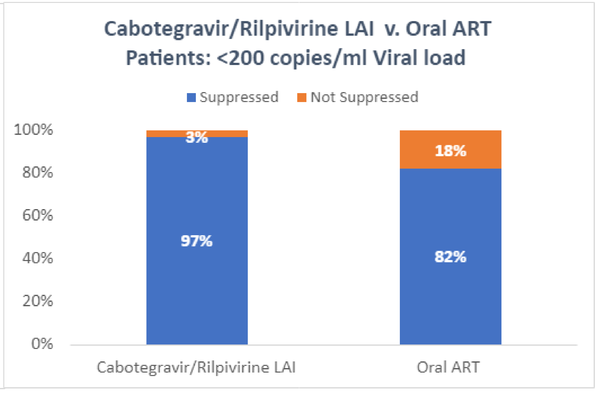


Multidisciplinary collaboration at an FQHC led to successful implementation of an injectable CAB-RPV LAI program, with high rates of on-time injections and viral suppression. We provide further suggestive evidence for efficacy in individuals with baseline viremia.

RESULTS

- As of February 1, 2024, 184 PLWH have received CAB-RPV LAI, and staff have injected 1096 doses.
- 97% of injections (1063/1096) have been given within the appropriate treatment window.
- Of the 172 patients currently receiving CAB-RPV LAI, 97% (166/172) had a VL <200 copies/mL on most recent assay, compared to 82% (2555/3119) of PLWH receiving oral HIV medication; χ^2 (1, 3291) = 22.6, p<.00001.
- 31 patients have been started on CAB-RPV LAI with a VL > 50 copies/mL and have had a VL measurement at least one month following their initial dose.
- This group had a median baseline VL of 160 copies/mL (range: 60 copies/mL to 257,000 copies/mL), and 94% (29/31) have achieved VL <= 50 copies/mL on their most recent VL assay. The VL for the other two patients is 60 copies/mL.





CONCLUSIONS

- We have successfully developed a robust and growing cohort of PLWH on CAB-RPV LAI in an FQHC setting.
- We have demonstrated the ability to administer injections within the treatment window in a high proportion of PLWH, and these individuals have maintained excellent levels of viral suppression.
- We also provide further suggestive evidence for efficacy of CAB-RPV LAI in people with detectable VL who struggle with adherence to oral HIV medication.
- Prospective research focused specifically on this at-risk population is urgently needed.

ADDITIONAL KEY INFORMATION

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