Howard Brown Health

Insurance Type Drives Cabotegravir Delays: Real-World Long-Acting PrEP Outcomes in the Midwest US

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BACKGROUND

Long-acting cabotegravir (CAB-LA) is the first FDA-approved injectable agent for HIV PrEP.

Limited data exist on implementation, adherence, and discontinuation of CAB-LA in a real-world setting.

We describe clinical characteristics and outcomes of CAB-LA for PrEP at a federally qualified health center and the largest PrEP clinic of the Midwest US.

METHODS

We conducted a single-center retrospective cohort study of all patients without HIV who received at least one dose of CAB-LA between July 1, 2022 and December 31, 2023.

Demographics and clinical characteristics were collected for descriptive analysis.

Associations between delays in initiation as well as therapy interruption and discontinuation were assessed by logistic regression.

CONCLUSIONS

CAB-LA for PrEP was successfully implemented at a large urban community health center.

Compared to patients with private insurance, those without insurance were significantly more likely to experience delays while those with public insurance were significantly less likely to experience delays >30 days in initiating CAB-LA (OR 1.97 vs 0.60, p=0.03).

Interruptions and discontinuation of injections were less common, without any significant associations.

Majority (67%) of injection visits were successfully paired with HIV-1 VL screening per CDC guidance.

However, CAB-LA PrEP patients were screened for STIs at appropriate intervals less than half of the time.

More work is needed to support patients and health systems with challenges specific to long-acting PrEP.

RESULTS

DEMOGRAPHICS A **total of 270 patients** met criteria and were included for analysis



Age (years)	
Mean	36
Median	33
IQR	28-40
Range	18-75

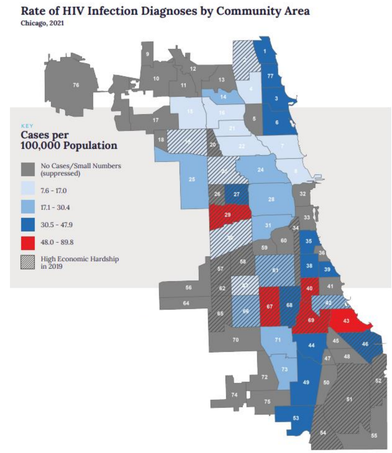
Race & Ethnicity		
NH White	101	37.4%
NH Black	67	24.8%
Hispanic	64	23.7%
Asian	16	5.9%
Multiracial	15	5.5%
Not reported	17	6.2%

Sex Assigned at Birth		
Male	253	93.7%
Female	17	6.3%

Gender Identity		
Cis Man	217	80.4%
Trans Woman	23	8.5%
Non-binary	17	6.3%
Cis Woman	7	2.6%
Trans Man	6	2.2%

HIV Vulnerability Zip Code?		
Yes	80	29.6%

Insurance		
Private	163	60.4%
Public	84	31.1%
Self-Pay	23	8.5%



CAB-LA successfully implemented at an urban community health clinic.

Most patients experienced delays in CAB-LA initiation which were associated with insurance type.

CLINICAL CHARACTERISTICS

31.1% documented BMI ≥30kg/m^2
0.7% reported history of gluteal surgeries
90.7% reported ever being on oral PrEP
72.2% directly transitioning from oral PrEP

Most Recent PrEP Use		
F/TDF	129	52.7%
F/TAF	106	43.3%
CAB-LA	13	5.3%

CAB-LA INITIATION

2.2% utilized CAB oral lead-in (OLI)
Median delay of 24 days (IQR 11-51 days) to 1st injection
41.9% of patients experienced delays >30 days to 1st injection

CAB-LA MAINTENANCE

1,152 injections administered during observed period
Patients received a median of 4 injections during observed period (range 1-12 injections)
8.1% of patients experienced at least one delayed (> 7 days from target date) or missed injection
67% of patients were screened with HIV-1 viral load assay at every injection visit
49.6% of patients were screened for STIs at least every 4-6 months
26.3% of patients screened positive for an STI during observed period

CAB-LA DISCONTINUATION

10% (n=27) of patients discontinued CAB-LA
25.9% of CAB-LA discontinuations were transitioned to oral PrEP

Reason for Discontinuation		
Lost to follow-up	11	40.7%
Loss of coverage	5	18.5%
ISR	4	14.8%
Moved away	3	11.2%
Too busy	2	7.4%
HIV+ at initiation	1	3.7%
CAB-LA failure†	1	3.7%

†*Hazra A et al. AIDS. 2023 PMID: 37418423.*

CAB-LA ASSOCIATIONS

	Initiation Delays >30 Days	Interruptions & Discont.
	Multivariable OR (95%CI)	Multivariable OR (95%CI)
Private	REF	REF
Public	0.60* (0.36-0.81)	2.31 (0.93-5.16)
Self-Pay	1.97* (1.04-4.80)	0.52 (0.06-4.21)

**p<0.05*

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