Rapid Long-Acting Injectable PrEP Implementation in a Vulnerable Urban Safety Net Clinic Population

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Ezra Bisom-Rapp[1], Christina Camp[1], Jon Oskarsson[1], Mary Shiels[1], Matthew Spinelli[1], Francis Mayorga-Munoz[1], Anthonia Chimezie[1], Monica Gandhi[1], **Sarah B. Puryear**[1,2]

[1]University of California, San Francisco, CA, USA [2]SBP is an employee of Gilead Sciences, outside of present work

BACKGROUND

- Despite effective oral PrEP, barriers to adherence persist, including stigma, substance use, housing and food insecurity, and mental health issues
- Long-acting injectable PrEP with cabotegravir (CAB-LA) is highly efficacious, superior to TDF/FTC in clinical trials, and may address barriers for persons with adherence challenges
- Ward 86 is an urban safety-net HIV clinic in San Francisco that provides status neutral care
- Ward 86 serves publicly insured patients with high rates of housing instability, mental illnesses, and substance use (mainly stimulants)
- CAB-LA uptake has been low in the U.S. since approval in January 2021 and real-world data is lacking

We aimed to study CAB-LA PrEP implementation in a diverse urban population at Ward 86

METHODS

- Implemented a CAB-LA demonstration project at Ward 86 among people without HIV who would benefit from PrEP:
  - Structured process of provider referral and multidisciplinary review and monitoring for on-time injections
  - PrEP care packaged with low-barrier, multidisciplinary health care with rapid CAB-LA initiation (within 2 weeks of provider referral, if desired)
- Data include CAB-LA PrEP program evaluation data from chart extraction and PrEP tracking logs for patients initiated on CAB-LA between 3/1/2022 - 6/1/2023 observed through 9/1/2023
- We present descriptive statistics of patient characteristics, median/range number of injections, and outcomes
- On time injection defined as:
  - 28±7 days for initiation/re-initiation doses or
  - 56±7 days for maintenance doses

Rapid start **injectable** CAB-based **PrEP** delivered in a *low-barrier*, *comprehensive care model* to a psychosocially complex population is **feasible** and has **high retention**

RESULTS

Table: Demographic and Clinical Characteristics of Ward 86 CAB-LA PrEP Program cohort (n=30)

Characteristic	Distribution, n (%)
Age, median (range)	39 (21-63) years
Gender	
Cis-gender men	21 (70%)
Cis-gender women	4 (13%)
Transgender women	2 (7%)
Non-binary	3 (10%)
Race/ethnicity	
Black/African American	3 (10%)
Latino/a	9 (30%)
White	15 (50%)
Asian/Pacific Islander	2 (7%)
Multi-Racial	1 (3%)

Characteristic	Distribution, n (%)
Housing Status	
Homeless	6 (20%)
Unstably housed	7 (23%)
Stable	17 (57%)
Insurance	
Medicaid/Medicare	28 (93%)
Uninsured*	2 (7%)
Active substance use disorder(s), overall	20 (67%)
Alcohol use disorder	4 (13%)
Stimulant use disorder	15 (50%)
Opiate use disorder	4 (13%)
Major psychiatric diagnosis	16 (53%)

*Uninsured patients covered by Healthy San Francisco, a health access program to subsidize medical care for uninsured SF residents

RESULTS

- 184 CAB-LA injections administered during study period (3/1/2022– 9/1/2023)
- Median 6 injections/person (range 1-10)
- Median time from referral to first injection: 14 days (IQR 1-65)
- Median duration of follow up: 271 days (IQR 87-469)
- 30 (100%) direct-to-inject CAB-LA
- 15 (50%) not on oral PrEP at CAB-LA initiation
- 9 (30%) had never taken oral PrEP
- Of 157 follow-up injections:
  - 86% on time
  - 4% early
  - 9% late
  - 2% miss or not done at study close
- Of 17 late and missed/not done injections:
  - 47% >=1 month late
    - 43% of those covered by oral bridging
- There were 3 discontinuations due to: risk change (1), loss-to-follow-up (1), transfer of care (1)
- Zero HIV seroconversions

CONCLUSIONS

A rapid start, injectable PrEP program serving patients with numerous psychosocial stressors is feasible and has high retention. Delivery of LA PrEP via a low-barrier, comprehensive care model may expand uptake to high-risk, adherence-challenged populations.

Author Contact Information
Monica Gandhi
monica.gandhi@ucsf.edu

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