Injectable Cabotegravir PrEP Discontinuations at a Peer Specialist-Led Program in Washington, D.C.

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BACKGROUND

- Despite increased uptake, little is known about cabotegravir (CAB) HIV pre-exposure prophylaxis (PrEP) care disparities.
- We aim to characterize CAB PrEP discontinuations at a Peer Specialist-Led Program at a safety-net, primary care center in Washington, DC

METHODS

- We conducted a single-site, retrospective, observational cohort study of HIV negative PrEP-eligible individuals who received at least one dose of CAB PrEP between March 2022 to March 2024
- Data were extracted from electronic health records and a dashboard (Relevant®) used for routine program monitoring
- Primary outcome was the number of discontinuations defined as injections stopped before 9 months of care
- Discontinuation and reason were verified by medical chart review by 2 providers
- The secondary outcome was 9-month adherence among CAB PrEP users defined as receipt of 6 consecutive, on-time injections in +/- 7 day and +/- 14-day windows.
- A multivariate logistic regression analysis was conducted to determine independent risk factors for discontinuation.

RESULTS

- A total of 130 CAB PrEP users met criteria and were included in the analysis.

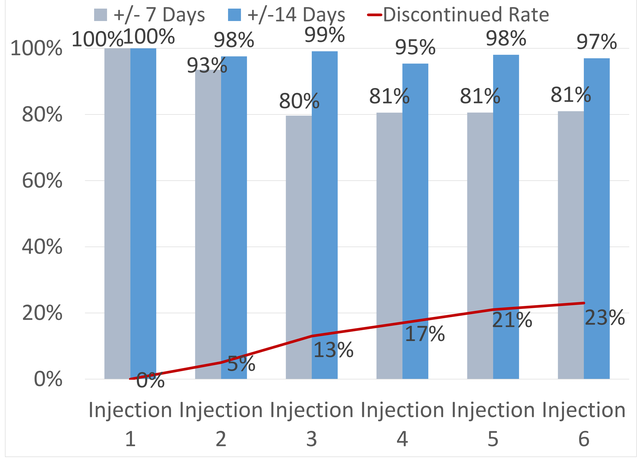
Table 1. Demographic Characteristics

Characteristic		PrEP-CAB users n=130 n(%)
Age		34 (range 21-62)
Sex	Male	125 (96%)
	Female	5 (4%)
Race/Ethnicity	White	67 (52%)
	Black	41 (32%)
	Latino	24 (18%)
	Other	22 (17%)
Insurance	Private	98 (76%)
	Public	30 (23%)
MSM	Yes	108 (80%)
	No	26 (20%)
Previous PrEP	Oral	124 (95%)
	None	6 (5%)

Of 130 CAB PrEP users injected by Peer Specialist, 30 (23%) discontinued CAB PrEP by 6th injection, most commonly due to side effects (43%) or insurance coverage gaps (23%).

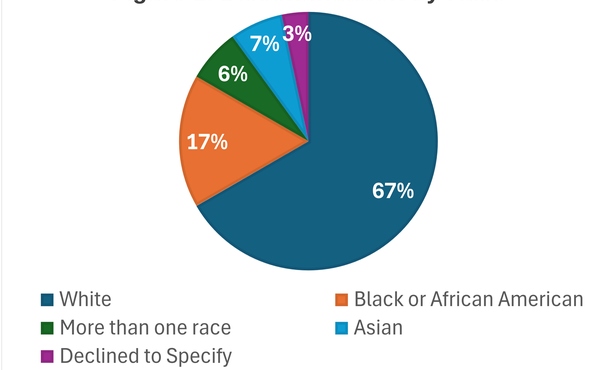
- Of the 130 CAB PrEP users, 87 (67%) were adherent to the +/14d window, 41 (32%) were adherent to the +/-7d window, and 30 (23%) discontinued CAB by 9 months (6th injection visit).

Figure 1. On-time Injections and Discontinued Rate



- Discontinuations were higher among White (30%, 20/67) CAB users compared to Black (12%, 5/41) and Latino (21%, 5/24) CAB users

Figure 2. Discontinuation by Race



- When adjusting for race, ethnicity, age, sex, MSM, and insurance, Black CAB users had 76% lower odds of discontinuation compared to White CAB users (aOR: 0.24, 95% CI: 0.69 – 0.83).

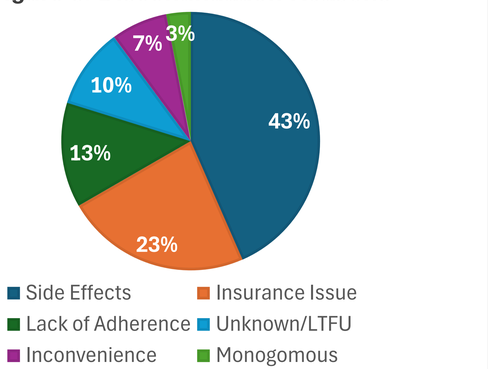
Table 2. Predictors of Cabotegravir PrEP Discontinuations

CAB PrEP Discontinuation		Adjusted OR* (95% CI)
Race	White	REF
	Black/AA	0.24** (0.69-0.83)
	Other	0.689 (0.19-2.51)
Ethnicity	Not Hispanic	REF
	Hispanic	0.39 (0.10-1.43)
Age	--	1.01 (0.95-1.06)
Sex at Birth	Male	REF
	Female	0.26 (0.01-2.86)
MSM	MSM	REF
	Not MSM	1.70 (0.49-5.86)
Insurance	Public	REF
	Private	2.10 (0.63-6.98)

*Adjusted for race, ethnicity, age, sex, men who have sex with men (MSM), and insurance
**$p<0.05$

- Side effects (43%, 13/30) and insurance coverage gaps (23%, 7/30) were the most common causes of discontinuations

Figure 3. Discontinuation Reasons



- Of those who discontinued CAB and remained at risk for HIV, 93% (27/29) were transitioned to oral 2-1-1 or daily PrEP, while 7% (2/29) were lost to follow up after 5 attempts to contact them.

Table 3. Biomedical Coverage at 9 months

Status	n(%)
Continued on PrEP-CAB	100 (77%)
Monogamous	1 (1%)
Discontinued and restarted oral PrEP	27 (21%)
Lost to follow up	2 (2%)

CONCLUSIONS

- Nearly 1 out of 4 CAB PrEP users who were injected by Peer Specialists discontinued, most commonly due to side effects or insurance coverage gaps.
- Peer specialists fostered continued PrEP use among those who discontinued CAB and potentially reduced discontinuations in populations which have a higher risk for HIV.
- Insurance coverage gaps continue to undermine CAB implementation efforts.

ADDITIONAL KEY INFORMATION

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