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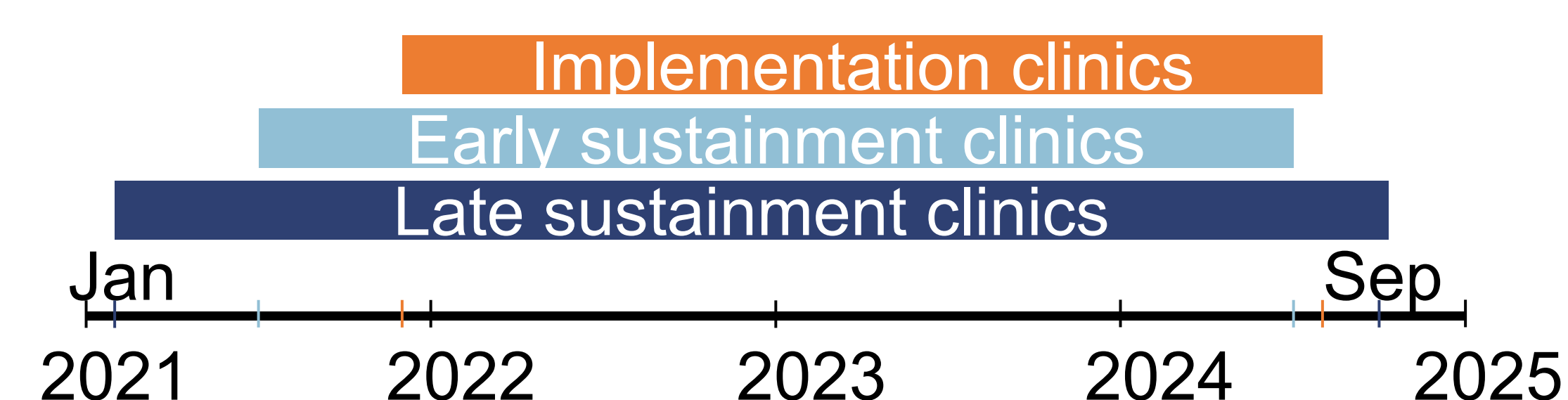
BACKGROUND

- In Jan 2021**, the US Food and Drug Administration (FDA) approved long-acting cabotegravir/rilpivirine (LA-CAB/RPV) for people with HIV (PWH) and stable viral suppression.
- In Sep 2024**, the Department of Health and Human Services (DHHS) recommended LA-CAB/RPV on a case-by-case basis for PWH with viremia, oral ART adherence challenges, and no CAB/RPV resistance.
- Ensuring equity during the early stages of implementation is a priority.
- Objective:** Describe the number of PWH prescribed LA-CAB/RPV in US academic HIV clinics from Jan 21, 2021, to Sep 30, 2024, and their characteristics.

METHODS

- Data source:** 9 HIV clinics in the Center for AIDS Research Network of Integrated Clinical Systems (CNICS), an observational clinical cohort of PWH active in care in the US
- Eligibility:** PWH prescribed LA-CAB/RPV between Jan 21, 2021, and Sep 30, 2024
- Outcome:** LA-CAB/RPV prescription stratified by viral suppression (VS; viral load <50 copies/mL from 12 months prior to 30 days after prescription date).
- Covariates:** Demographics, HIV acquisition route, insurance coverage, and HIV labs.
- Analysis:** Descriptive statistics
- Contextualization of quantitative findings** occurred via cross-sectional key informant (KI) surveys conducted in Oct-Dec 2024. Clinic KIs reported implementation stage per the EPIS framework: *implementation* (delivering LA-CAB/RPV with ongoing adaption to service procedures) and *sustainment* (delivering LA-CAB/RPV with stable service procedures). Sustainment stage clinics were divided into early and late stages to reflect timing of LA-CAB/RPV adoption and type of barriers/ facilitators identified by KIs, mapped to CFIR 2.0.

Figure 1. Timing of LA-CAB/RPV adoption and start of data collection (start at left), and database closure (end at right).



US academic HIV clinics have prescribed LA-CAB/RPV to diverse populations, but the number of people prescribed varies by clinic, underscoring the need for organizational and health system support to enhance implementation.

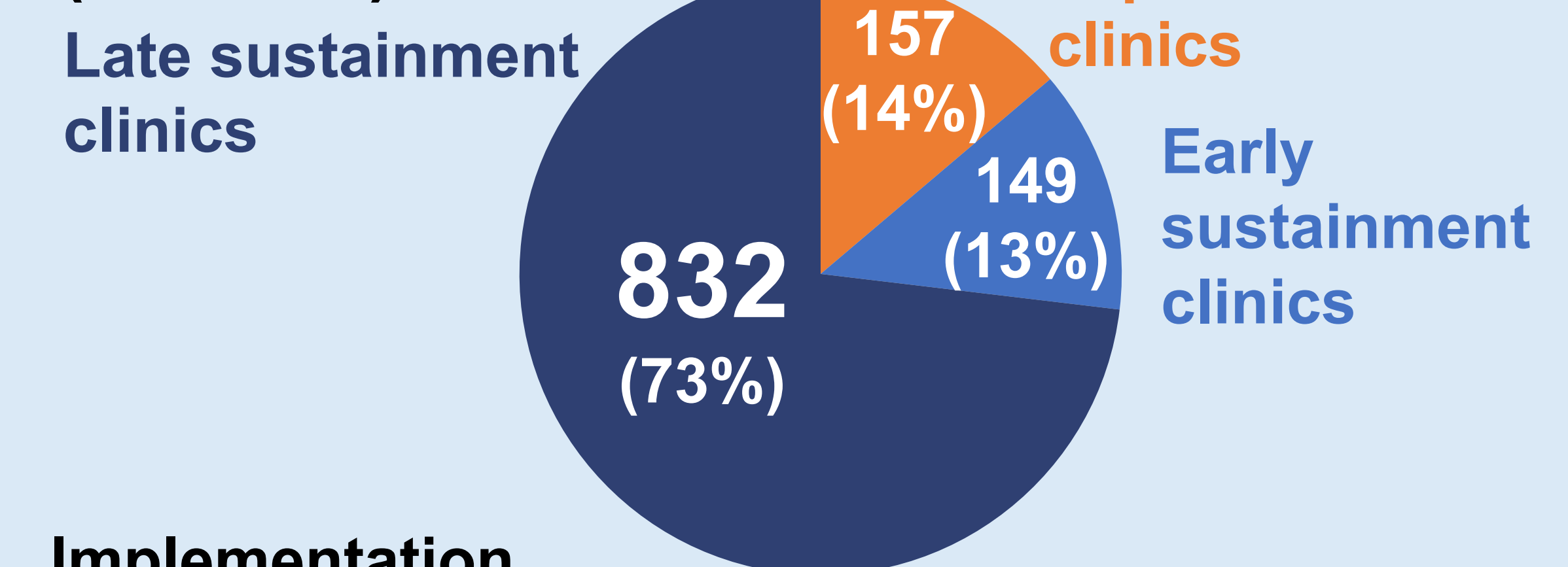
Table 1. Characteristics of PWH prescribed LA-CAB/RPV and overall CNICS cohort, 2021-2024

	Total prescribed (n=1,138)	Prescribed with VS (n=829)*	Prescribed with non-VS (n=250)*	Overall CNICS (n=21,317)
Median age in years (Q1-Q3)	43 (35-54)	43 (34-54)	44 (37-55)	51 (39-60)
Race/ethnicity**				
Non-Hispanic White	372 (33%)	265 (32%)	85 (34%)	8,208 (39%)
Non-Hispanic Black	355 (31%)	267 (32%)	72 (28%)	8,845 (42%)
Hispanic	312 (27%)	224 (27%)	71 (28%)	3,106 (15%)
Other/Multiracial	98 (9%)	72 (9%)	22 (9%)	1,105 (5%)
Gender identity**				
Cis men	950 (84%)	689 (83%)	211 (84%)	16,986 (80%)
Cis women	156 (14%)	118 (14%)	31 (12%)	3,899 (18%)
Transwomen	32 (3%)	22 (3%)	8 (3%)	414 (2%)
Transmen	0 (0%)	0 (0%)	0 (0%)	15 (<1%)
HIV acquisition route**				
Male-to-male sexual contact	621 (55%)	467 (56%)	118 (47%)	11,615 (55%)
Injection drug use	122 (11%)	72 (9%)	45 (18%)	2,105 (10%)
Heterosexual contact	187 (16%)	143 (17%)	35 (14%)	5,397 (25%)
Insurance coverage**				
Private insurance	303 (27%)	249 (30%)	35 (14%)	6,107 (29%)
Public insurance	719 (63%)	483 (58%)	201 (80%)	8,639 (41%)
Uninsured/self-pay	27 (2%)	18 (2%)	8 (3%)	1,200 (6%)
Median CD4 count (Q1-Q3)**	625 (363-876)	708 (491-932)	271 (114-519)	634 (418-884)

*59 people with missing initial viral load were excluded from stratified results; **Missing data for total prescribed, prescribed with viral suppression, prescribed with viral non-suppression, % overall CNICS, respectively: race/ethnicity (n=1, 1, 0, & 53), gender identity (n=0, 0, 0, & 3), HIV acquisition route (n=208, 147, 52, & 2,200), insurance coverage (n=89, 79, 6, & 5,371), CD4 count (n=157, 112, & 14)

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Figure 2. Number of PWH prescribed LA-CAB/RPV by implementation stage (n=1,138)



Implementation

- 3 clinics serving 8,160 PWH in total
- Adopted LA-CAB/RPV in late 2021/early 2022
- **Barriers:** Primarily medical benefits; pharmacy benefits with prior authorization (PA); need for more staff
- **Facilitator:** Multi-phased scale-up
- Of PWH prescribed, 59% Black, 21% ciswomen, 20% publicly insured, 60% privately insured, 13% non-VS

Early sustainment

- 4 clinics serving 7,836 PWH in total
- Adopted LA-CAB/RPV in late 2021/early 2022
- **Barriers:** Medical benefits; pharmacy benefits with PA; need for more staff
- **Facilitator:** Following DHHS guidelines
- Of PWH prescribed, 69% Black, 23% ciswomen, 9% non-VS

Late sustainment

- 2 clinics serving 5,321 PWH in total
- Adopted LA-CAB/RPV in early 2021
- **Barrier:** Need for more staff to scale-up further
- **Facilitators:** Primarily pharmacy benefits without PA, began planning implementation before FDA approval
- Of PWH prescribed, 19% Black, 35% Hispanic, 11% ciswomen, 77% publicly insured, 20% privately insured, 26% non-VS

CONCLUSIONS

- Diverse PWH have been prescribed LA-CAB/RPV.
- More viremic individuals who acquired HIV via injection drug use have been prescribed, suggesting opportunities for service bundling.
- Clinic resources and implementation process impact the number of people prescribed LA-CAB/RPV.
- Public insurance coverage under pharmacy benefits without prior authorization currently facilitates access to LA-CAB/RPV.