Implementation of LA-CAB/RPV in US Settings: A Survey of Front-Line Clinicians

0686

William R. Short[1], Michelle Ogle[2], Eric Farmer [3], Angela Kapalko[4], Bruce Packett[5], Angela C. Riley[5], Amanda Binkley[6]
[1]Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, US, [2]Einstein College of Medicine, Bronx, NY, US,[3]Indiana University Health, Indianapolis, IN, US, [4]Absolute Care, Philadelphia, PA, US,
[5]American Academy of HIV Medicine, Washington, DC, US [6]Penn Presbyterian Medical Center, Philadelphia, PA, US

BACKGROUND

- Long-acting cabotegravir/rilpivirine (LA-CAB/RPV), the first complete injectable HIV treatment regimen in individuals who are virally suppressed without a known history of resistance, was approved in January 2021
- Despite the availability of an all-injectable regimen, there is a paucity of data describing implementation in the real-world, especially in youth (16-24 years)
- The objective of our study was to assess implementation strategies, barriers, and practices with LA-CAB/RPV among front-line HIV clinicians who are members of and/or credentialed by the American Academy of HIV Medicine (AAHIVM)

METHODS

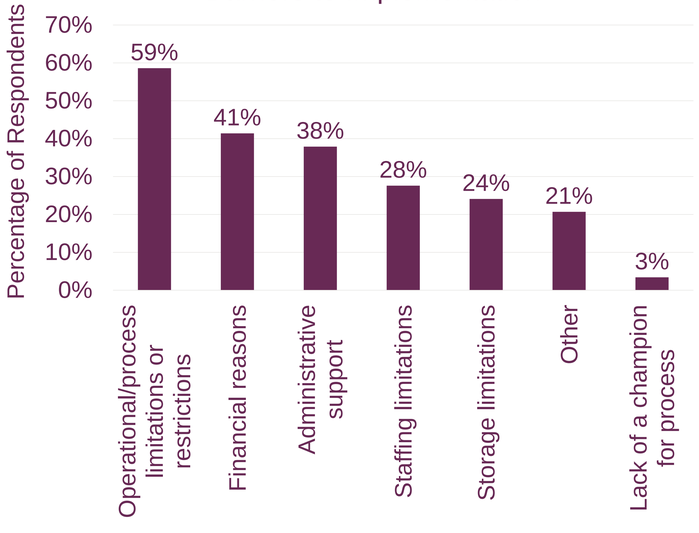
- A 25-question survey was distributed electronically to 5223 members of AAHIVM and/or credentialed members through a weekly newsletter as well as two standalone emails from July 18 to August 1, 2024
- Survey questions were developed and reviewed by a panel of HIV experts (authors) to establish face validity
- Data were collected and analyzed using Research Electronic data Capture (RedCap)
- Descriptive statistics were calculated with Stata 17

Despite wide-spread implementation, key challenges remain and MUST be addressed to expand access and optimize use of LA-CAB/RPV.

RESULTS

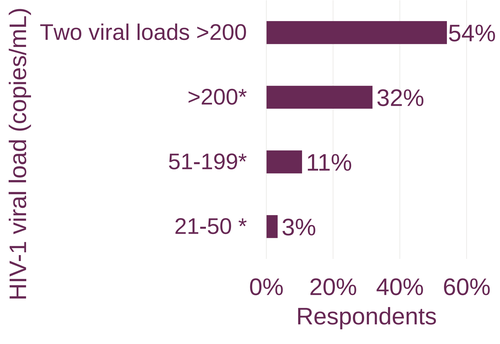
A total of **325 responses** were received with 91% of respondents having implemented LA-CAB/RPV. The respondents included: physicians (37%), pharmacists (29%), nurse practitioners (24%), and physician assistants (10%). The majority of respondents were from Academic Health Centers (33%) and Federally Qualified Health Centers (34%). Most respondents are not using the 1-month oral lead in therapy (76%).

Barriers to Implementation



Clinical scenarios in patient with following:	Percentage of respondents who indicated they would prescribe LA-CAB/RPV
Anti-HBc+, Anti-HBs+, HBsAg non-reactive	77%
Anti-HBc+, Anti-HBs-, HBsAg non-reactive	54%
Renal impairment	88%
Childbearing age and is not taking contraception	51%
Viremic and struggles with adherence	63%
No access to prior genotypes	59%
Obese with BMI >30kg/m^2	91%
Obese with BMI >40kg/m^2	65%
Obese with BMI >50kg/m^2	42%

Percentage of Respondents who Define Treatment Failure Based on HIV-1 Viral Load in Individuals receiving LA-CAB/RPV

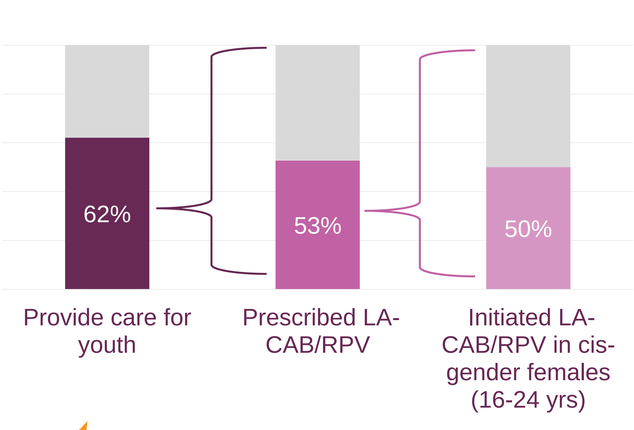


*Single viral load

CONCLUSIONS

- Majority of front-line HIV clinicians who responded to the survey have incorporated LA-CAB/RPV into their practice
- Most common barriers to implementation included: operational/process limitations, financial limitations and lack of support from administration
- Prescribing practices varied widely depending on clinical considerations including those who were obese with the number of providers who would prescribe LA-CAB/RPV decreasing by half with BMI >50kg/m^2
- A total of 62% of all respondents provide care for youth; however, approximately half of those who provide care to youth have prescribed LA-CAB/RVP in this population. Among those who prescribed LA-CAB/RPV to youth, half have initiated LA-CAB/RPV in cis-gender females (16-24 years)
- Overall, LA-CAB/RPV has been implemented across the country, however significant barriers and challenges remain
- Opportunities exist to address barriers to access including insurance and approval processes, as well as continuing education to optimize and expand use of LA-CAB/RPV

Percentage of Respondents who Indicated they:



AMERICAN ACADEMY OF HIV MEDICINE