

Long-Acting Antiretroviral Injectable: Who Would Benefit?



Karolina Pogorzelski, Nicole Hitchcock, Michela Fabricius, Dima Dandachi MD, MPH¹
¹University of Missouri School of Medicine, Department of Medicine, Division of Infectious Disease

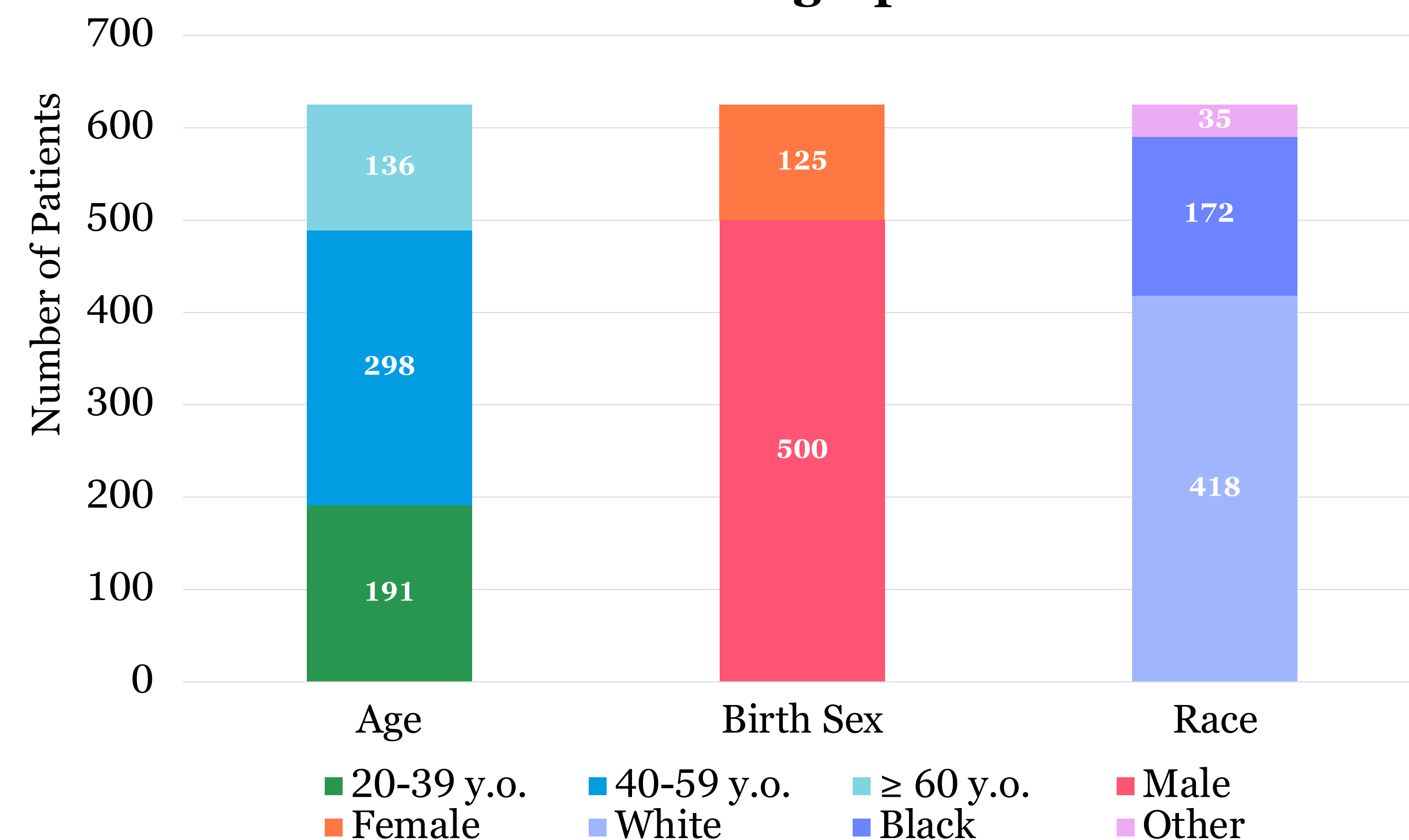
Introduction

- People with HIV (PWH) face many challenges in obtaining HIV care: transportation issues, travel distance, competing life events, etc.
- Long-acting (LA)-injectable antiretrovirals (ART) could help curb some of these barriers
- This project aimed to determine which patients seen at the MU outpatient HIV clinic would be candidates to receive the LA-injectable ART Cabotegravir/Rilpivirine (Cabenuva) as an alternative to a standard oral daily regimen in order to promote further HIV medication adherence

Methods

- We retrospectively reviewed medical records of PWH seen at the MU outpatient HIV clinic in the last 10 years
- We collected demographics, current ART regimen, CD4+ T cell counts, Hepatitis B status, most recent HIV viral load, and HIV genotype resistance data
- The primary endpoint was the percentage of PWH who would qualify to receive the LA-injectable ART Cabotegravir/Rilpivirine based on an undetectable recent HIV viral load, no documented chronic Hepatitis B, and no genotype resistance to either Cabotegravir or Rilpivirine

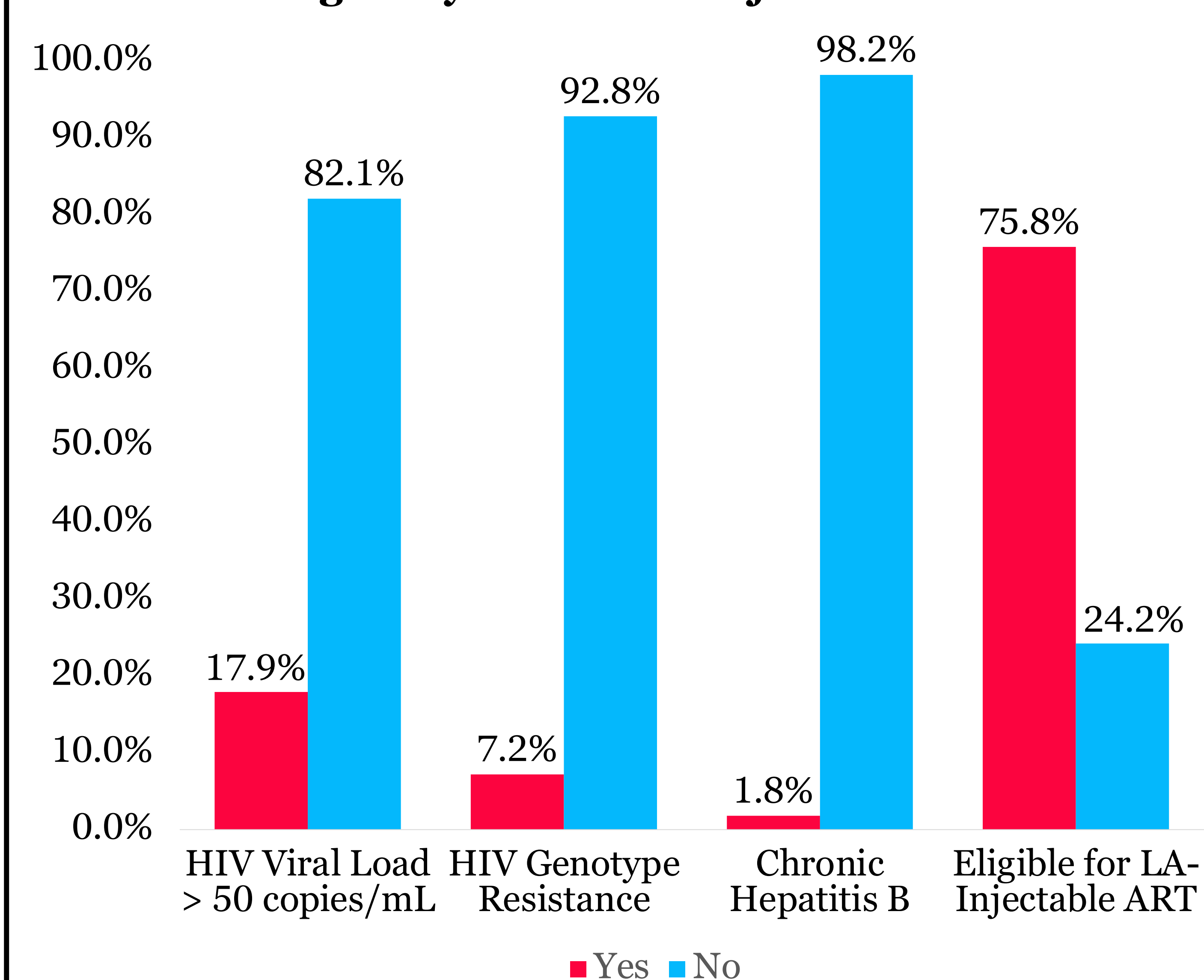
Patient Demographics



Results

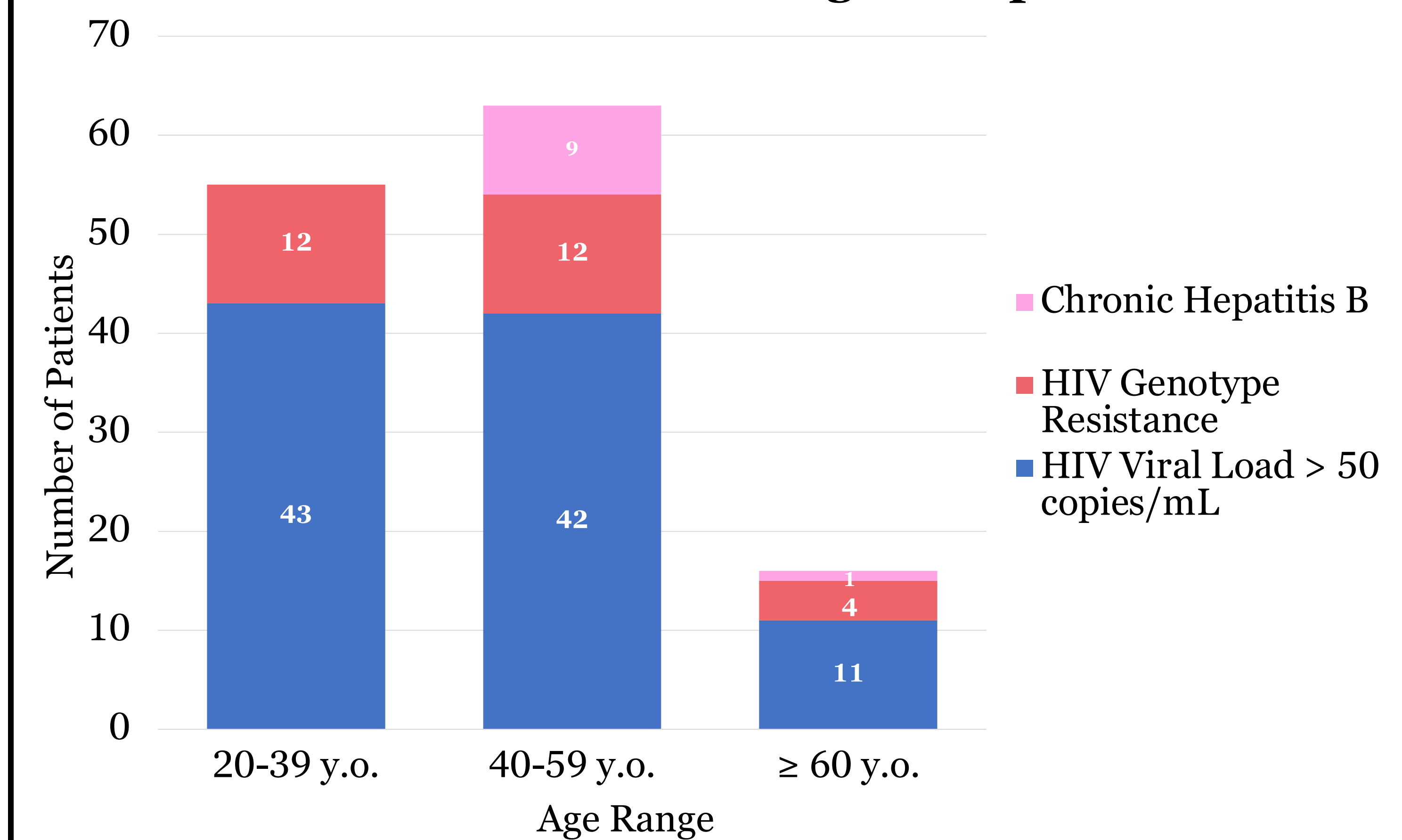
- 625 PWH were receiving care between 2012-2022 at MU
- Median age was 49 years old
- 20% of PWH were female
- 27.5% of PWH were Black
- 4.8% of PWH were Hispanic and/or Latino
- 9.1% of PWH had AIDS (CD4+ T cell count < 200 cells/uL)
- **Overall:**
 - 17.9% of PWH were not eligible for the LA-injectable ART due to a detectable HIV viral load of > 50 copies/mL
 - 7.2% of PWH did not qualify due to genotype resistance
 - 1.8% of PWH did not qualify due to chronic Hepatitis B
- Genotype resistance testing was not available for 59.6% of PWH
- Altogether, 151 PWH (24.2%) had clinical contraindications for the LA-injectable ART Cabotegravir/Rilpivirine based on current guidelines
- Out of 473 PWH (1 patient was excluded due to denial by their health insurance) who are eligible to receive the LA-injectable ART, only **10.7%** currently utilize this regimen

Eligibility for the LA-Injectable ART



Results Continued

Reasons for Ineligibility for the LA-Injectable ART Within Each Age Group



*PWH who were ineligible for the LA-injectable ART due to 2 or more contraindications are not included

Conclusions

In this study we identified a low uptake of using the new LA-injectable ART Cabotegravir/Rilpivirine. To optimize the use of the LA-injectable ART, further research needs to be done to explore patient, physician, system and/or facility barriers to the use of the LA-ART and to develop implementation strategies for future work.

Next Steps:

- Gathering patient data from different healthcare systems for improving external validity
- Surveying PWH on their specific barriers to accessing HIV healthcare
- Findings solutions to the most cited barriers in order to improve LA-injectable ART adherence

Acknowledgements

This work was funded by the MU School of Medicine Summer Research Fellowship Program.