



# Week 26 Interim Analysis of Implementation and Delivery of Long- Acting Injectable Cabotegravir for PrEP in a Community Pharmacy Setting

Elyse Tung, PharmD, BCACP

Alexi Duenas, PharmD

Jolene Pfulmann

Peter Shalit, MD, PhD, FACP, AAHIVS

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# Disclosures

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# Background

- Pharmacists have successfully managed PrEP for years through collaborative practice agreements (CPAs) or collaborative drug therapy agreements (CDTAs)
- There is currently no data on feasibility or acceptability of long-acting injectable cabotegravir (CAB-LA) for PrEP management and administration in community pharmacies
- Successful management of CAB-LA for PrEP in community pharmacies could increase access, reduce barriers and increase PrEP uptake.

# Objective

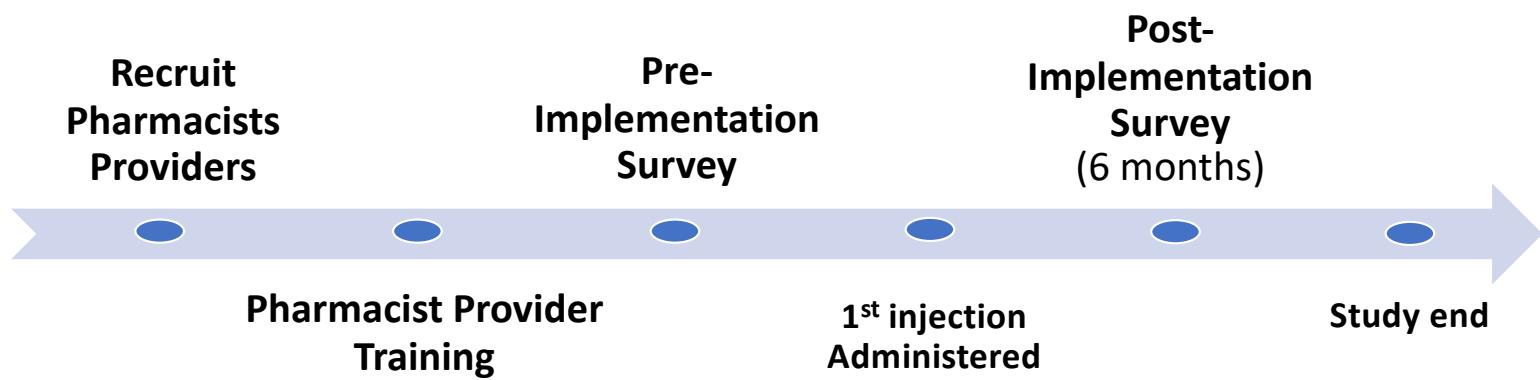
- Demonstrate that a pharmacist-managed PrEP program using CAB-LA in a community pharmacy setting is feasible with 50% of patients retained in care and acceptable to patients.

# Methods

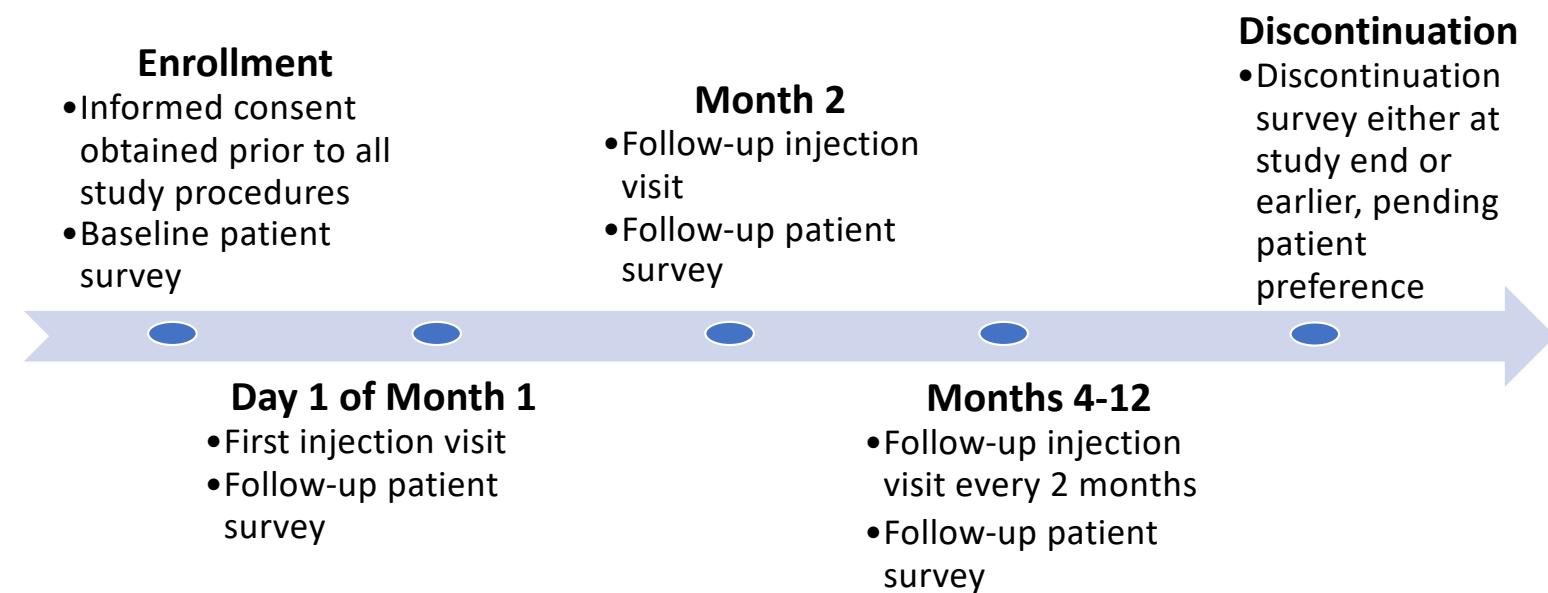
# Methods

- Longitudinal, observational, mixed methods study of our experience operating this service for one year
- Enrolled 50 subjects
- Feasibility Outcomes:
  - Proportion of participants recruited and retained
  - Adherence to target injection window period
  - Retention: # current subjects/ # subjects enrolled at a given time point
- Acceptability Outcomes:
  - Patient satisfaction measure through surveys
  - Pharmacist provider attitudes and acceptance of program measured through surveys

# Methods: Pharmacist Providers



# Methods: Patient Subjects



# Methods:

- Clinic Requirements:
  - CDTA or CPA with a Medical Director
  - Pharmacist training
  - EHR
  - Clinic rooms
  - Laboratory requirements
- Visit Outline
  - Provider or self referral: benefits investigation, oral PrEP offered for immediate starts
  - 60 minute initial injection: HIV risk and CAB-LA assessment, HIV testing, labs, counseling, injection administration
  - 30 min follow up injections

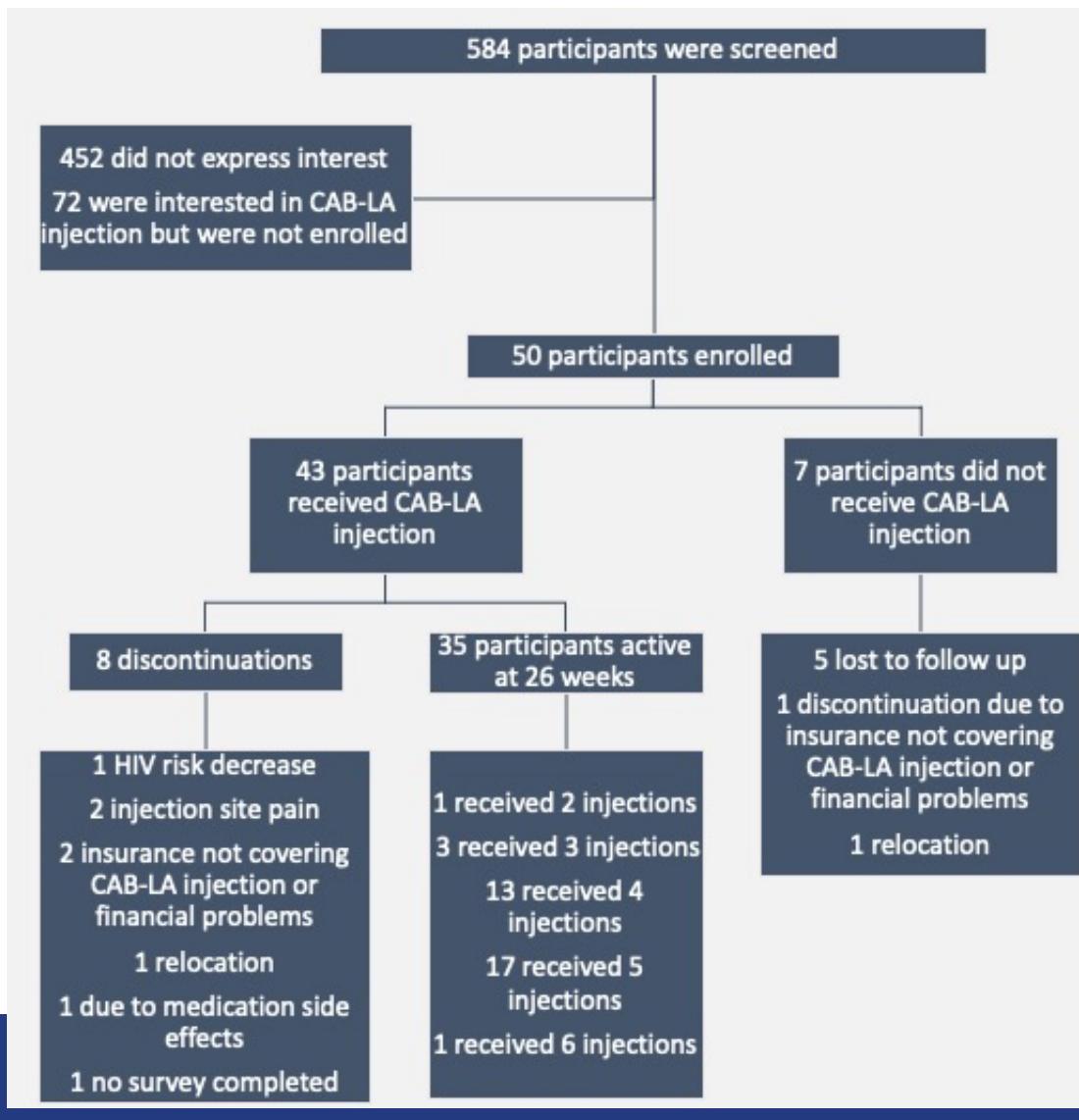
# Results

Week 26 Outcomes

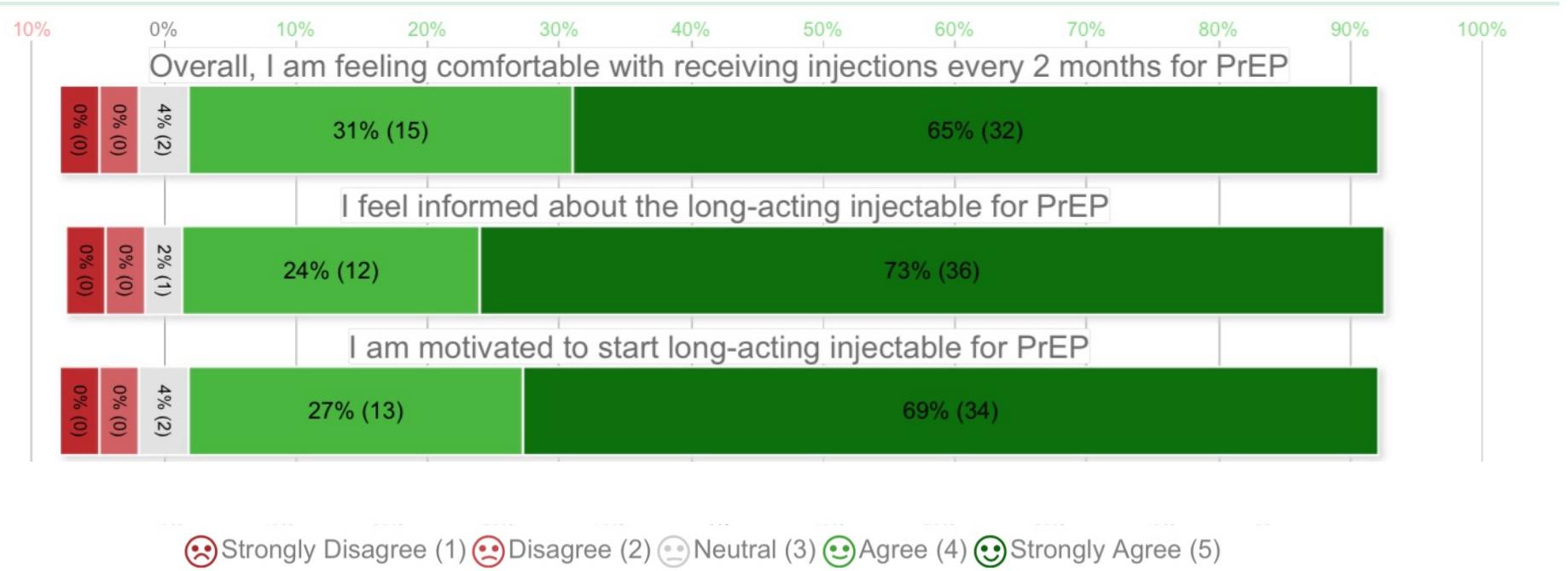
# Baseline Characteristics

		<b>n = 50</b>	<b>n (%)</b>		<b>n = 50</b>	<b>n (%)</b>
<b>Age category by years</b>						
	18 to 24	2	(4)			
	25 to 29	11	(22)			
	30 to 39	30	(60)			
	40 to 49	6	(12)			
	50 or over	1	(2)			
<b>Sex assigned at birth</b>				<b>Employment Status</b>		
	Male	48	(92)			
<b>Race</b>	American Indian or Alaska Native	1	(2)			
	Asian	7	(14)			
	Black or African American	5	(10)			
	White	32	(64)			
	Different race not listed	4	(8)			
<b>Ethnicity</b>	Prefer not to answer	1	(2)	<b>Housing Status</b>		
	Hispanic or Latinx ethnicity	4	(8)			
<b>Gender Identity</b>	Male	44	(88)			
	Female	1	(2)			
<b>Sexual Orientation</b>	Genderqueer/Gender nonconforming	3	(6)	<b>Insurance Status</b>		
	Different identity not listed	2	(4)			
	Gay	41	(82)			
	Bisexual	4	(8)			
	Pansexual	3	(6)	<b>Self-Reported HIV Risk Factors</b>		
	Different identity not listed	2	(4)			

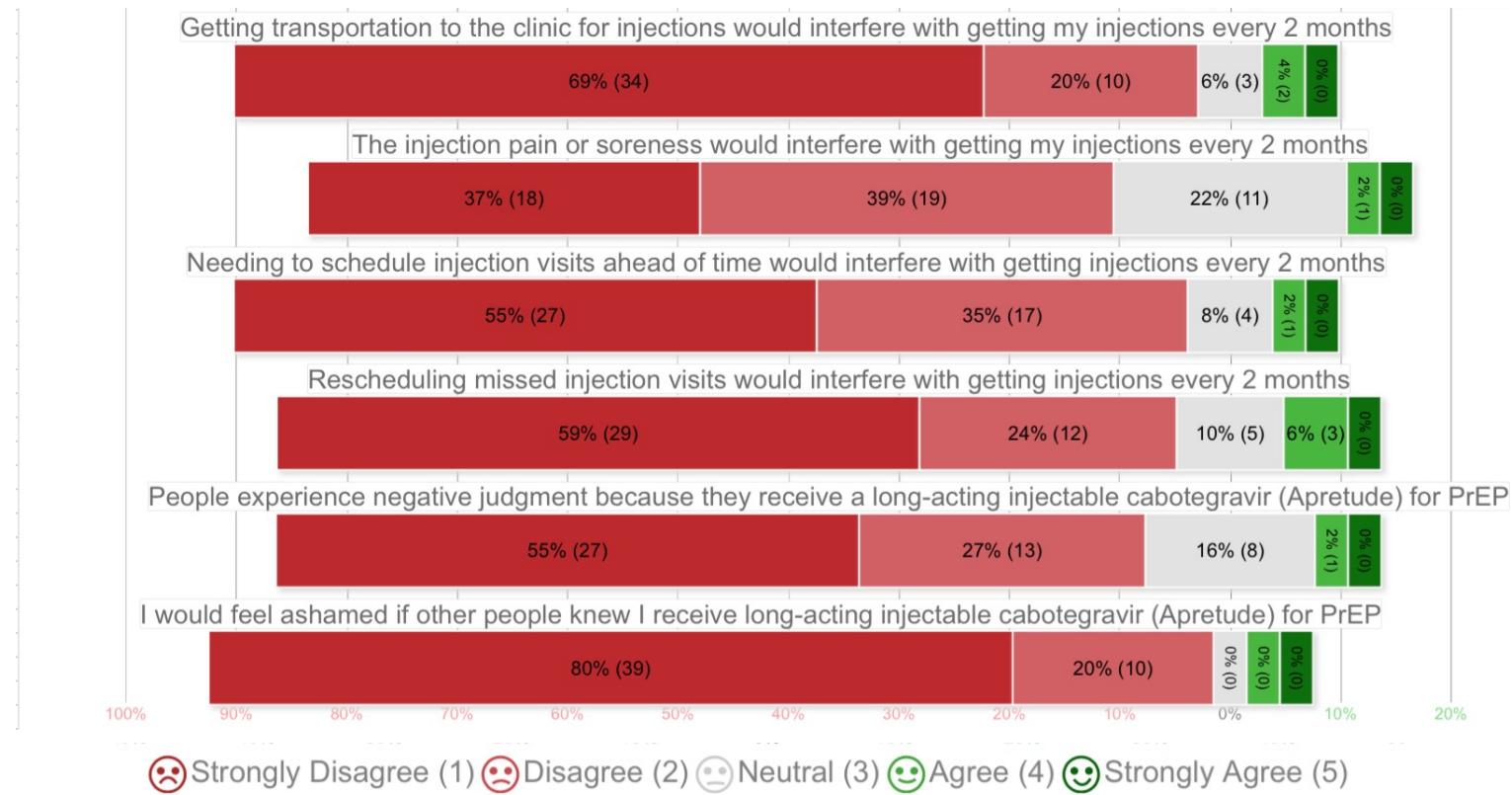
# Results



# Baseline: Subject Perspectives



# Baseline: Subject Perspectives



# Results: Feasibility

<b>Outcome at Week 26</b>		Proportion
Baseline Survey	Response Rate	49/50 (0.98)
Retention on CAB-LA	Participants still on CAB-LA for PrEP	35/43 (0.81)
Adherence to CAB-LA	Number of on time injections	115/122 (0.94)

# Discussion

# CAB-LA for PrEP Real World Evidence

	<b>Other Real world CAB-LA for PrEP Studies<sup>1-7</sup></b>	<b>IDCaPP</b>
Participants	N = 30 to 560	N = 50
Location	Multicenter and Single Center Healthcare Centers and Practices	Single Center, Seattle, WA Community Pharmacy
On-time Injections	Average 82% (Range 69-92%)	94%
Discontinuation Rates (Any Reason)	Average 14% (Range 10-18.7%)	19%

1. Mills, A, et al. CROI 2024 Poster 1109; 2 Mayer, K, et al. CROI 2024 Poster 1110; 3. Bisom Rapp et al. CROI 2024 Poster 1242; 4. Turner, C. et al CROI 2024 Poster 1108; 5. Hazra, A. et al CROI 2024 Poster 1241; 6. Kamaya M, et al. CROI 2024 Oral Presentation 172; 7. Altamirano, J.A. et al IAS 2023 Poser 1531.

## Discussion:

- On-time injection rates were higher than the average in other real world CAB-LA for PrEP studies
- Discontinuation rates were higher than average but within range with other real world CAB-LA for PrEP studies
- 26 week interim analysis shows that a CAB-LA for PrEP service in a community pharmacy is feasible with more than 50% of patients retained in care.
- Acceptability measures through pharmacist and patient survey results are pending 52 week data.
- Limitations include: small sample size, large loss to follow up prior to first injection, and enrolled roommates/partners can confound data.

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# References:

- 1. Centers for Disease Control and Prevention. Advancing team based care through collaborative practice agreements: a resource and implementation guide for adding pharmacists to the care team. Atlanta, GA, USA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2017. Available online at: <https://www.cdc.gov/dhdsp/pubs/docs/cpa-team-based-care.pdf> [verified 02 June 2022].
- 2. Lopez MI, Cocohoba J, Cohen SE, et al. Implementation of pre-exposure prophylaxis at a community pharmacy through a collaborative practice agreement with San Francisco Department of Public Health. *JAPhA*, 2020;60:138- 144.
- 3. Lopez MI, Grant RM, Dong BJ. Community pharmacy delivered PrEP to STOP HIV transmission: An opportunity NOT to miss! *JAPhA*, 2020; 60; e18-e24.
- 4. Tung E, Thomas A, Eichner A, et al. Implementation of a community pharmacy-based pre-exposure prophylaxis services: a novel model for pre-exposure prophylaxis care. *Sexual Health*. 2018;15:556-561.
- 5. Centers for Disease Control and Prevention. PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2021 UPDATE. Atlanta, GA, USA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2021.



## A Virtual Community of Practice

- An online forum to foster a virtual community of PrEP providers and staff who share ideas with each other and problem solve together to make more community pharmacy-based PrEP programs successful.
- <https://sites.uw.edu/preppharmacy/>

