



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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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

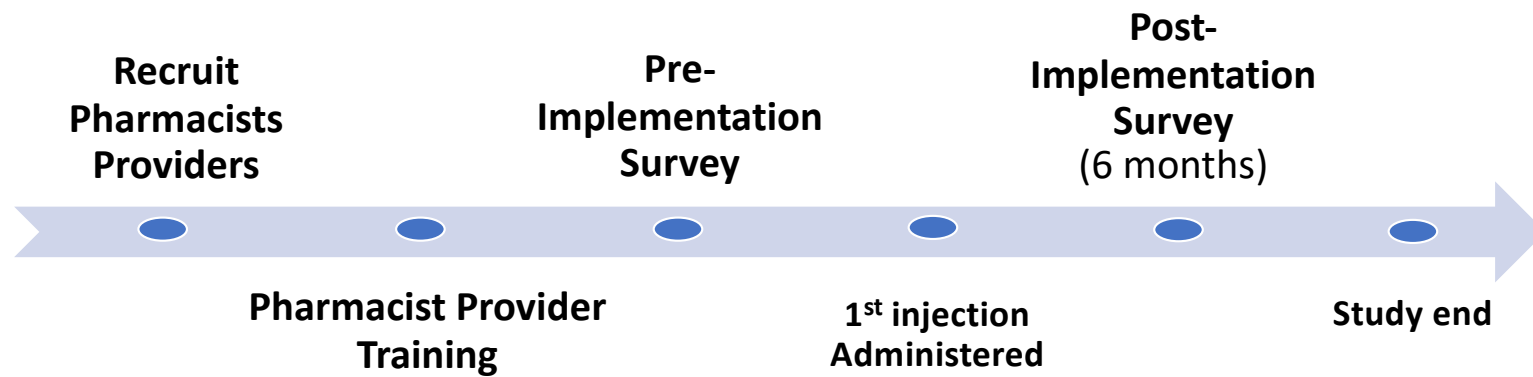
- Demonstrate that a pharmacist-managed PrEP program using CAB-LA in a community pharmacy setting is feasible with 50% of patients retained in care and acceptable to patients.

Methods

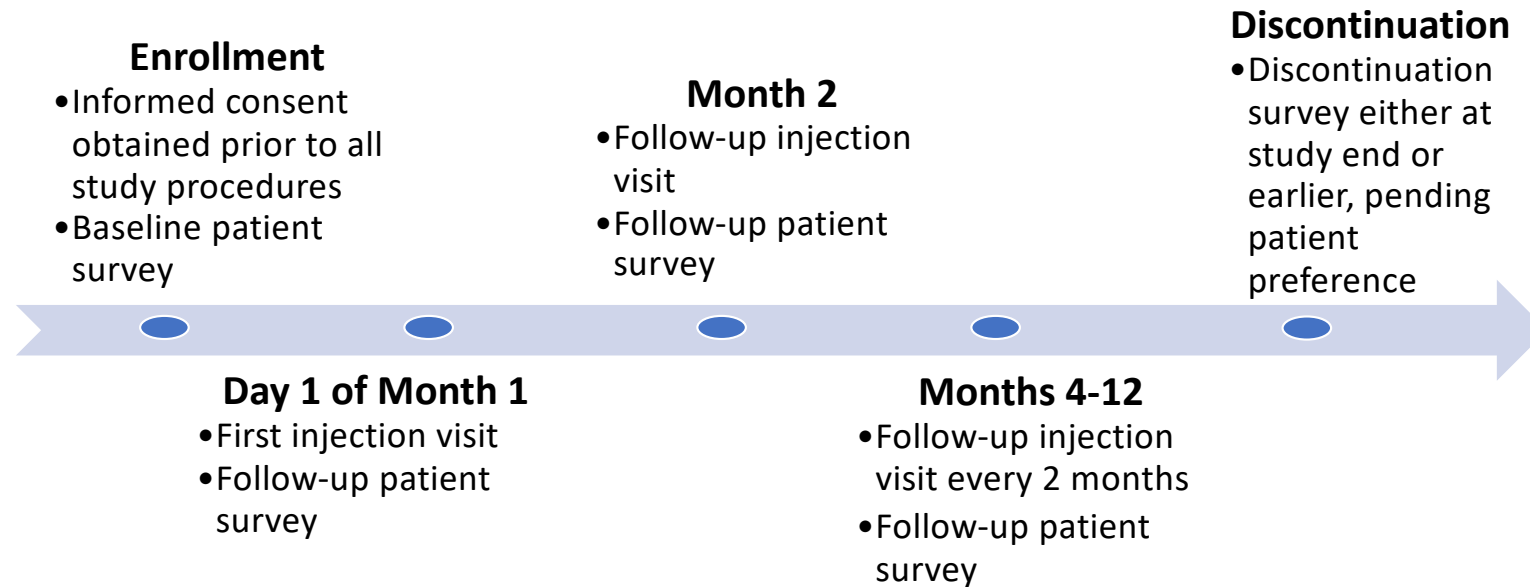
Methods

- 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

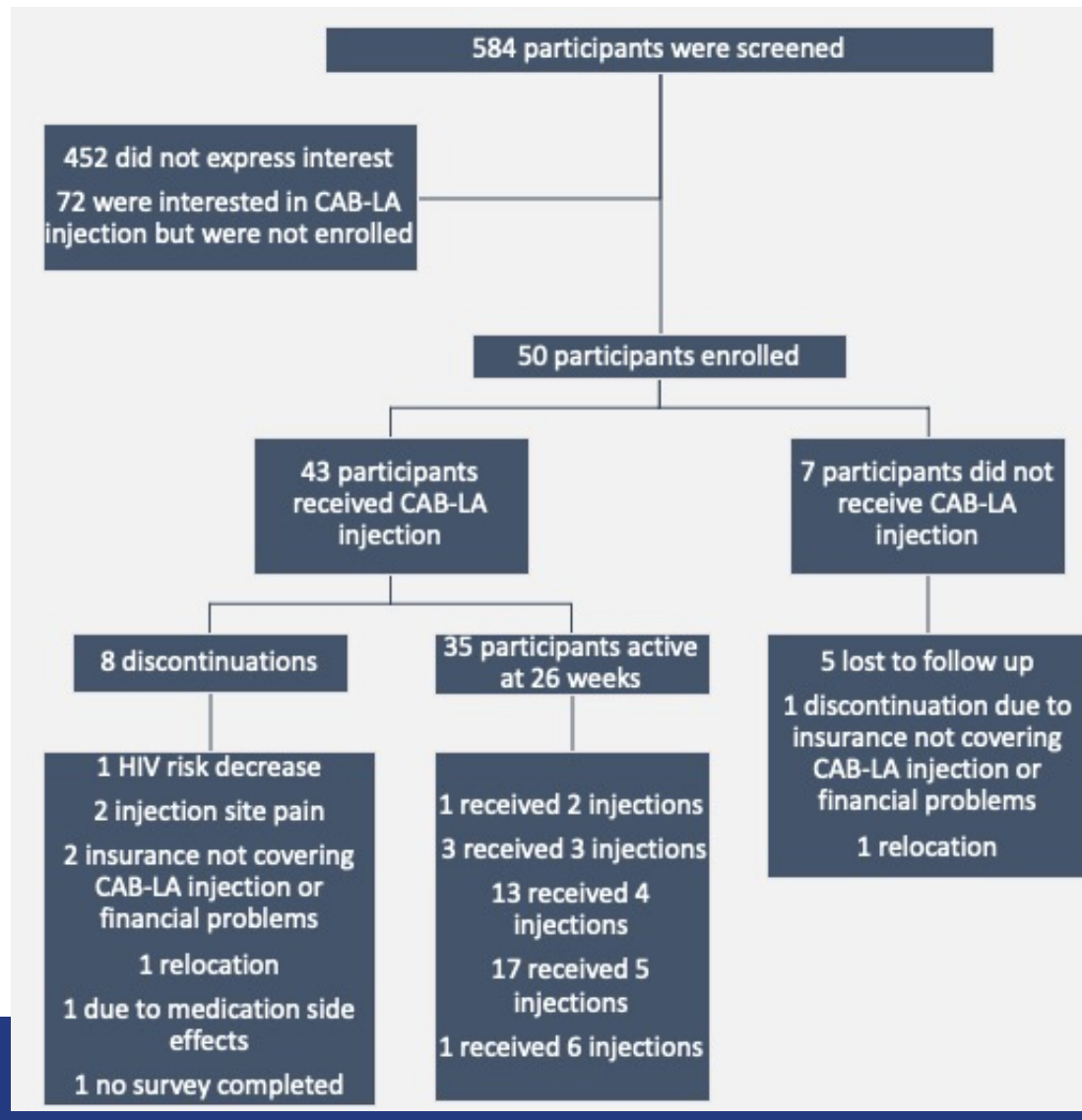
Results

Week 26 Outcomes

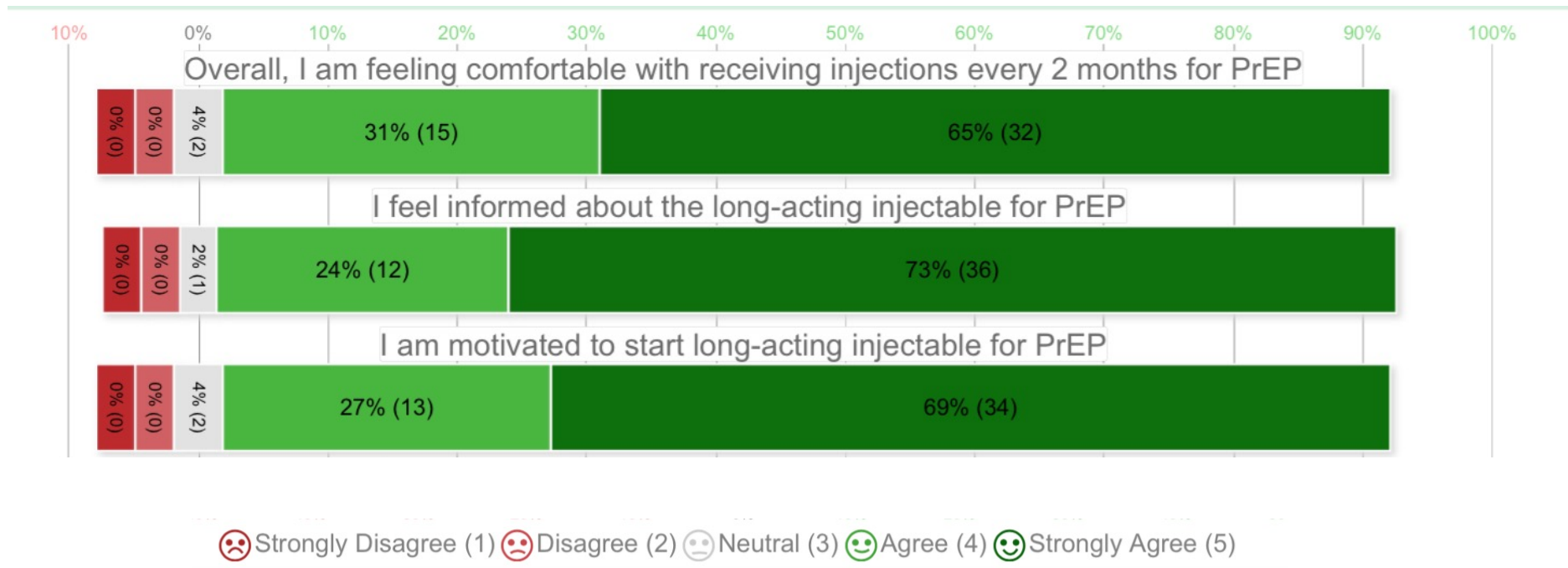
Baseline Characteristics

	n = 50	n (%)		n = 50	n (%)
Age category by years	18 to 24	2 (4)	Employment Status	Employed, Full time working	43 (86)
	25 to 29	11 (22)		Employed, Part time working	2 (4)
	30 to 39	30 (60)		Unemployed, Seeking opportunities currently	4 (8)
	40 to 49	6 (12)		Unemployed, not seeking opportunities (on leave, disability, etc.)	1 (2)
	50 or over	1 (2)	Housing Status	I have a steady place to live	46(92)
Sex assigned at birth	Male	48 (92)		I have a place to live today, but I am worried about losing it in the future	3 (6)
	American Indian or Alaska Native	1 (2)		Prefer not to answer	1 (2)
Race	Asian	7 (14)	Insurance Status	Commercial	41 (82)
	Black or African American	5 (10)		Medicaid	5 (10)
	White	32 (64)		Uninsured	4 (8)
	Different race not listed	4 (8)	Self-Reported HIV Risk Factors	STI in the last 6 months	9 (18)
	Prefer not to answer	1 (2)		Anal sex without condom in last 6 months	41 (81)
Ethnicity	Hispanic or Latinx ethnicity	4 (8)		IV drug use in last 6 months	1 (2)
Gender Identity	Male	44 (88)		PEP use within last 6 months	5 (10)
	Female	1 (2)		Relationship with PLWH	6 (12)
	Genderqueer/Gender nonconforming	3 (6)			
	Different identity not listed	2 (4)			
Sexual Orientation	Gay	41 (82)			
	Bisexual	4 (8)			
	Pansexual	3 (6)			
	Different identity not listed	2 (4)			

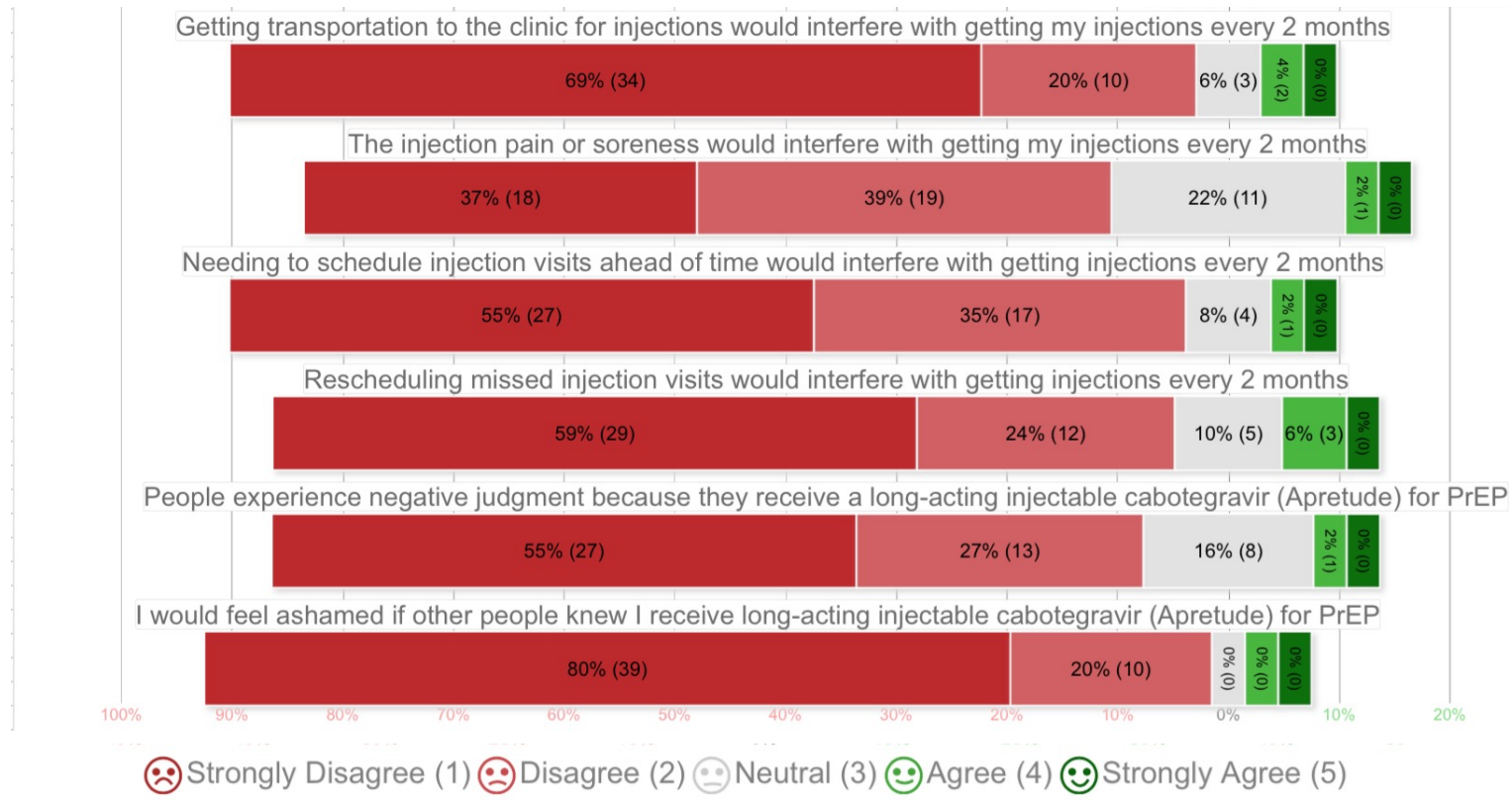
Results



Baseline: Subject Perspectives



Baseline: Subject Perspectives



Results: Feasibility

Outcome at Week 26		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

	Other Real world CAB-LA for PrEP Studies ¹⁻⁷	IDCaPP
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:

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- 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/>

