

# 2025 MQ CROI nl 2 abs 191

## 191 - Long-Acting Cabotegravir PrEP Uptake and Persistence in a Large US Healthcare System



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06:05 PM - 06:13 PM

### Background

Long-acting cabotegravir (CAB-LA) was approved as HIV preexposure prophylaxis (PrEP) in the U.S. in December 2021, but data are limited on use in clinical practice. We evaluated CAB-LA uptake and persistence in an integrated healthcare system and compa

### Session Name

[Expanding the Prevention Toolbox](#)

### Authors/Moderators

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### Key Terms

CAB-LA, Cabotegravir, HIV prevention, Long-acting injectable, PrEP

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### Category

General Abstract Submission

### SubCategory

(S) Prevention of HIV, COVID-19, and Mpox in Adults

### Methods

We extracted electronic health records of adults receiving PrEP during December 2021-June 2024 in Kaiser Permanente Northern California. We compared characteristics of CAB-LA users and oral-PrEP-only users using chi-square tests. Among CAB-LA users still enrolled in the health plan at 28 and 60 weeks after initiation, we evaluated CAB-LA persistence, defined as the proportion with an injection within 10 weeks prior to each time point. We also assessed time to bimonthly CAB-LA injections after the lead-in injections (weeks 0 and 4) and HIV incidence following CAB-LA initiation.

### Conclusion

Uptake of CAB-LA was very low even in this insured setting, but persistence was high, with most CAB-LA users continuing to receive timely injections more than a year after initiation. CAB-LA is reaching populations who have been underserved by oral PrEP implementation, including individuals without private insurance, females, and racial and ethnic minority groups, as well as individuals who had not previously used oral PrEP or had used it but discontinued.

### Results

Among 19,676 individuals dispensed PrEP, 141 (0.7%) were administered CAB-LA during the study period. Among 141 CAB-LA users, 21.3% had no prior oral PrEP use; of those who had previously used oral PrEP, 21.6% had not been dispensed oral PrEP for >12 months prior to starting CAB-LA. Compared with oral-PrEP-only users, a lower proportion of CAB-LA users were commercially insured (82.3% vs 90.1%;  $P=0.002$ ) and a higher proportion were female (9.2% vs 4.8%;  $P=0.049$ ), Black (16.3% vs 6.1%;  $P<0.001$ ), or Hispanic (36.2% vs 25.0%;  $P<0.001$ ). There were no differences in history of diabetes or osteopenia/osteoporosis, but a higher proportion of CAB-LA users than oral-PrEP-only users had a history of hypertension (23.4% vs 13.4%;  $P=0.001$ ) or bacterial sexually transmitted infection (44.7% vs 29.1%;  $P<0.001$ ). Among CAB-LA users, 78.3% and 73.0% persisted on CAB-LA at 28 and 60 weeks after initiation, respectively. Of 450 non-lead-in injections, 92.2% were within 8 weeks + 7 days after the prior injection. Among 117 CAB-LA users with repeat HIV testing, there were zero HIV infections during 85.1 person-years of follow-up.