



Evaluating Equity in Accessing Long-Acting Injectable Antiretroviral Therapy at a Ryan White Clinic in New Orleans, Louisiana

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Introduction

- Long-acting injectable (LAI) antiretroviral therapy (ART) **cabotegravir-rilpivirine** (CAB-RPV) was approved by the U.S. Food and Drug Administration (FDA) in January 2021 ¹.
- The less frequent dosing of LAI ART aims to eliminate pill fatigue and the associated stigma ².



1. ViiV Healthcare. Cabenuva [prescribing information]. 2022.
2. Nachega et. al. 2023. *The lancet. HIV*, 10(5), e332–e342.

Introduction



We describe the equity of LAI CAB-RPV use at the **HIV Outpatient Program** (HOP) at **University Medical Center New Orleans** (UMCNO).



Description

- People with HIV (PWH) at our clinic transitioned from traditional oral ART to LAI CAB-RPV were evaluated and analyzed:
 - ☐ Age
 - ☐ Sex assigned at birth
 - ☐ Gender identity
 - ☐ Ethnicity
 - ☐ Housing status
 - ☐ Employment
 - ☐ Insurance coverage
 - ☐ CD4 counts
 - ☐ HIV viral load



Lessons Learned

Cabenuva Patient Characteristics

Stable housing at start (n, %)	
-Stable	26 (81)
-Unstable	2 (6)
-Unclear	4 (13)
Employment (n, %)	
-Employed	22 (69)
-Unemployed	7 (22)
-Unclear	3 (9)
Insurance (n, %)	
-Medicaid	25 (78)
-Commercial	5 (16)
-Uninsured	1 (3)
-Unclear	1 (3)

- **32 PWH transitioned to CAB-RPV as of September 2024:**
 - Median age was 42 (33-53).
 - 60% were male (compared to 67% clinic population)
 - 2 (6%) were transgender (compared to 1.7% clinic population)
 - 81% were black (compared to 75% clinic population)
 - 81% had stable housing (compared to 95% clinic population)
 - 69% were employed
 - 78% had Medicaid insurance (compared to 45% clinic population)

Lessons Learned

Cabenuva Patient Characteristics	
Age at start (median, IQR)	42 (33-53.5)
Sex Assigned at Birth (n, %)	
-Male	22 (69)
-Female	10 (31)
Gender Identity (n, %)	
-Male	19 (60)
-Female	10 (31)
-Transgender	2 (6)
-Other	1 (3)
Race/ethnicity (n, %)	
-Black	26 (81)
-White	5 (16)
-Other	1 (3)
CD4 count at start (median, IQR)	543 (377-864)
CD4 % at start (median, IQR)	32.4 (26-44)
VL at start (median, IQR)	
-Undetectable	29 (91)
-Detectable	3 (9)
	• 83, 113, 23600

- The median CD4 count/percentage prior to initiation of CAB-RPV was 543 (32.4%).
- Most patients except for one had a viral load less than 200 copies/mL prior to initiation of CAB-RPV.

Recommendations

- As compared to our overall clinic population, our patients who transitioned to CAB-RPV were:
 - ✓ More likely to be black
 - ✓ More likely to be female
 - ✓ More likely to have unstable housing
 - ✓ More likely to have Medicaid insurance
- Continued measurement and attention can ensure equity and prevent an innovation gap among our underserved patients.



Take Home

- Long-acting injectable antiretroviral therapy is an innovative option to promote adherence and simultaneously reduce pill burden and associated stigma.
- Continued measurement and attention can ensure equity and prevent an innovation gap among our underserved patients.
 - ☐ Evaluate antiretroviral therapy regimen and discuss options of LAI at visits
 - ☐ Be mindful of insurance coverage
 - But decision should **not** be determined by insurance
 - ☐ Establish standard operating procedure for transitioning to LAI
 - ☐ Continue to combat stigma and promote equity in HIV care in New Orleans



Thank you



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