

Real-World Utilization and Adherence of Cabotegravir Long-Acting for HIV Pre-Exposure Prophylaxis in the United States: Results From the PrEPFACTS Study Using Healthcare Administrative Claims Data

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Background

Pre-exposure prophylaxis (PrEP) is a key strategy in preventing HIV, but sticking to a daily pill routine can be tough for many. In clinical trials, cabotegravir long-acting (CAB LA) injections were shown to be more effective than a daily pill PrEP option. Approved by the US Food and Drug Administration in 2021, CAB LA is given as a shot every 2 months, giving people an effective alternative for HIV prevention.

What medicine was studied here?

This study focused on CAB LA. CAB LA is given monthly for 2 months (starting doses), then every 2 months thereafter, to prevent HIV.

What was the purpose of this study?

The study aimed to see how people in the United States are using CAB LA for HIV prevention and how well they stick to the recommended schedule.

Who took part in the study and how was the medicine studied?

The study looked at pharmacy claims from 1202 people aged 12 years and older who had received at least 1 CAB LA dose after it was approved. They had insurance coverage for a year before and 6 months after starting CAB LA. People with HIV or receiving HIV treatments were not included. The data were collected from December 2020 to September 2023.

What are the research findings?

Most people stuck to the CAB LA schedule; the median interval between starting doses was approximately 1 month, and the median interval between follow-up doses was approximately 2 months. Once starting doses were complete, nearly all doses were on time such that the dosing process did not have to be restarted. Results showed 86% of doses were within 67 days and 96% were within 90 days. Overall, 87% of people achieved a high likelihood of keeping up with the prescribed dosing, and this was similar no matter what type of insurance they had.

What does this mean for people who may need HIV prevention?

CAB LA offers an alternative for people who may benefit from HIV prevention who struggle with daily pills. Its longer-term dosing schedule and high adherence rates in the real world could improve prevention efforts and help more people stay protected against HIV.

Conclusions

The study shows that people are sticking to the CAB LA schedule well, making it a beneficial option for HIV prevention. Keeping to the schedule is key for PrEP to work, and CAB LA fits well into real life, making it a practical choice for preventing HIV.

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