



NATIONAL 2024
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Giving Women a Shot: *Implementation and Scale-Up of Long-Acting Antiretroviral Therapy (LA-ART) among Cis and Transgender Women*

Ana Aldana, New York Presbyterian Hospital

Shaoli Chaudhuri, Columbia University Medical Center/New York Presbyterian Hospital

Jenna Eldib, New York Presbyterian Hospital

Susan Olender, Columbia University Medical Center/New York Presbyterian Hospital

Maureen Saylor, New York Presbyterian Hospital

Project Support

This project and product was supported by Grants P0649850, H97HA27430, H12HA24850 from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.

Disclosures



None of today's presenters has any relevant financial relationships with ineligible companies to disclose.

Disclosure will be made when a product is discussed for an unapproved use.

This continuing education activity is provided by AffinityCE, and Health Resources and Services Administration (HRSA). AffinityCE and Health Resources and Services Administration (HRSA) staff, as well as planners and reviewers, have no relevant financial relationships with ineligible companies to disclose. AffinityCE adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CME activity, including faculty, planners, reviewers, or others, are required to disclose all relevant financial relationships with ineligible companies.

All relevant financial relationships have been mitigated by the peer review of content by non-conflicted reviewers prior to the commencement of the activity.

Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Discuss strategies for implementation of long-acting antiretroviral therapy among cis and transgender women
2. Describe multidisciplinary approaches to successful scale-up of LA-ART, particularly among women
3. Identify challenges and lessons learned with rollout of LA-ART

Case 1

- 31 year-old Black cisgender woman with perinatally acquired HIV/AIDS (VL 600,000 copies/mL; CD4 1/0%)
- Years-long struggle with medication adherence and pill intolerance
- Lack of social support
 - Both parents died of AIDS-related complications
 - Trying to support remaining relatives
- Multiple psychosocial and structural factors including:
 - Depression
 - Housing instability
 - IPV
 - Stigma
 - Pill aversion and PTSD
 - Financial instability

Case 1 (2)

- On exam, cachectic and severely underweight (BMI of 12)
- +thrush, often hypotensive in clinic
- No recent menstruation, concern re: childbearing potential
- Multiple hospitalizations for opportunistic infections
- Concern for IPV
- Many missed clinic visits, persistent viremia

Case 1 (3)

- After recent hospitalization, expresses to her doctor that she is tired of taking pills and wants to be on the shot

The Epidemic and LAI-ART

- January 2021 → FDA approved CAB/RPV for therapy in HIV-1
- Cabotegravir (CAB) extended release injectable + Rilpivirine (RPV) (Cabenuva) extended release injectable
- Intramuscular (gluteal) administration
- Every 4 or 8 weeks
- FDA approved for virologically suppressed
- Lenacapavir (Sunelnc): Capsid inhibitor FDA approved for treatment of multidrug resistant HIV
- Subcutaneous administration
- Cannot be used alone for treatment

IAS-USA Guidelines Revision

Can consider Cabenuva in certain viremic patients with the below provisions:

- Unable to take oral ART consistently despite extensive efforts and clinical support
- High risk of HIV disease progression (CD4 cell count $<200/\mu\text{L}$ or history of AIDS-defining complications)
- Virus susceptible to both CAB and RPV

If applicable, patients should also be referred for treatment of substance use disorder and/or mental illness.

Note: As of now, Cabenuva in viremic patients is still considered off-label

NewYork-Presbyterian Hospital's Comprehensive Health Program (CHP)



HIV Care & Treatment

- Serving Pediatric (including exposed infants and children), Adolescent, Young People, and Adults
- Primary Care, Behavioral Health & Supportive Services
- Hepatitis C Treatment for Co-infected Individuals

Sexual Health

- Serving individuals of all ages at risk of HIV infection
- STI Testing (including HIV & Hepatitis C)
- PrEP, PEP, Primary Care, Mental Health & Supportive Services

Linking to Hepatitis C Treatment

- Targeting individuals with Hepatitis C mono-infection
- Mental Health & Supportive Services while in Treatment
- Transition to Primary Care

In 2022, CHP actively served **2,451 clients** living with HIV in NYC.

Funding for Programs:

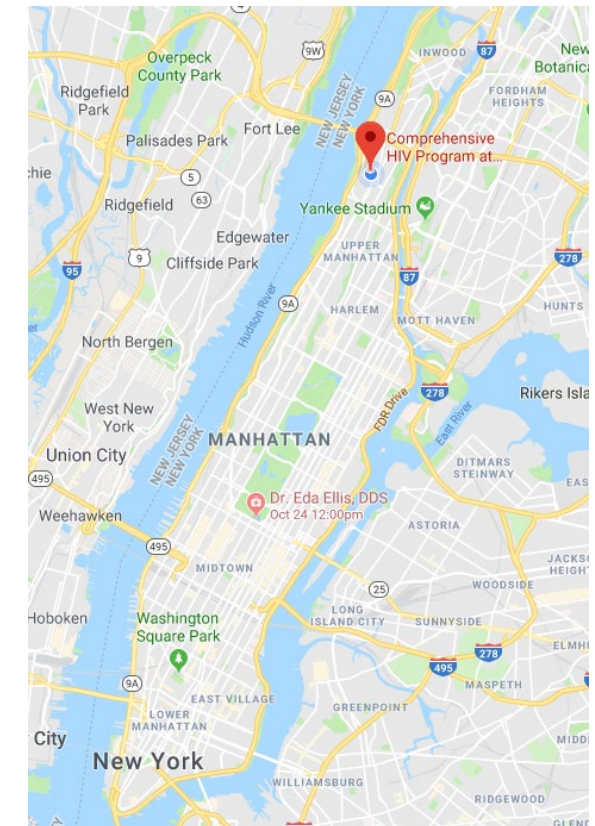
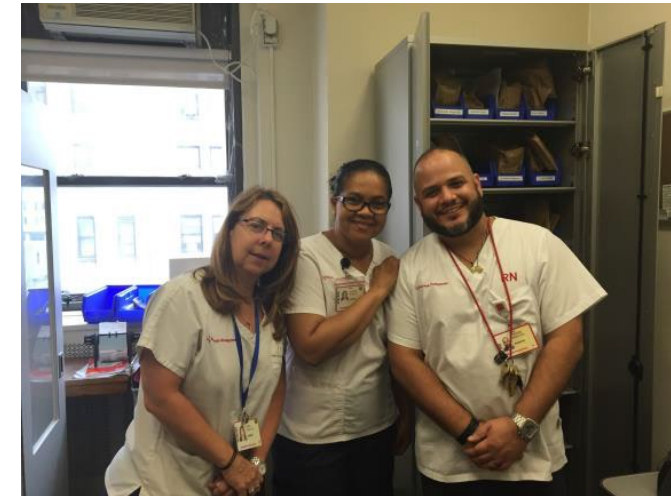


Figure 1. New York City Map.

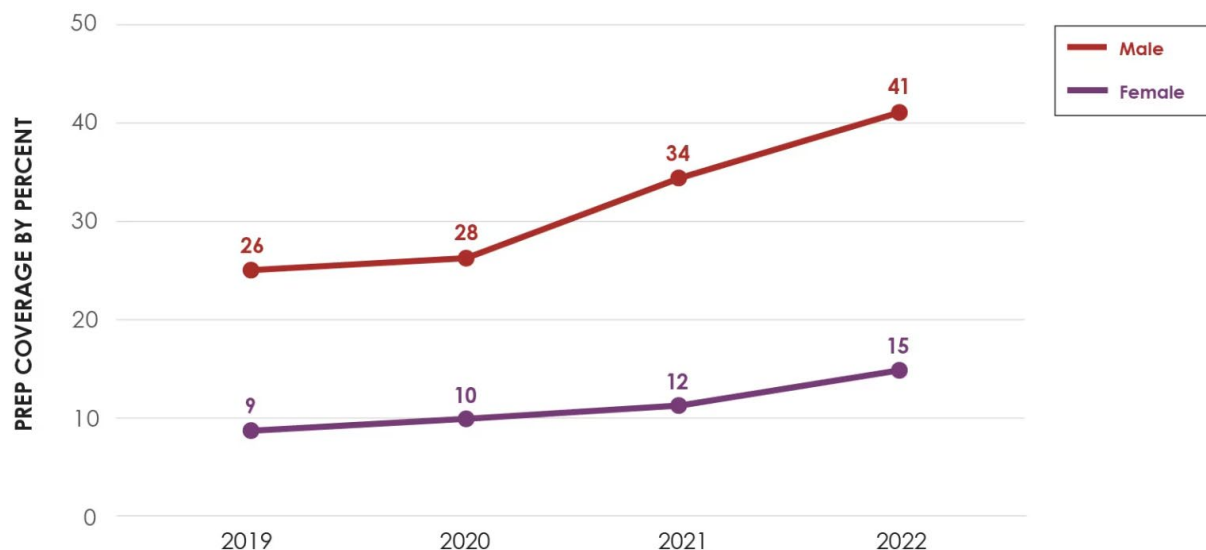
The CHP: The Population

- Status-neutral comprehensive HIV and sexual health clinic
- NYC metropolitan area
- Serves ~3,000 patients
- Majority Black and/or Latinx
- Growing immigrant population



Cisgender women with HIV

TRENDS IN PREP PRESCRIPTIONS AMONG PEOPLE WHO COULD BENEFIT, BY SEX AT BIRTH, 2019-2022*

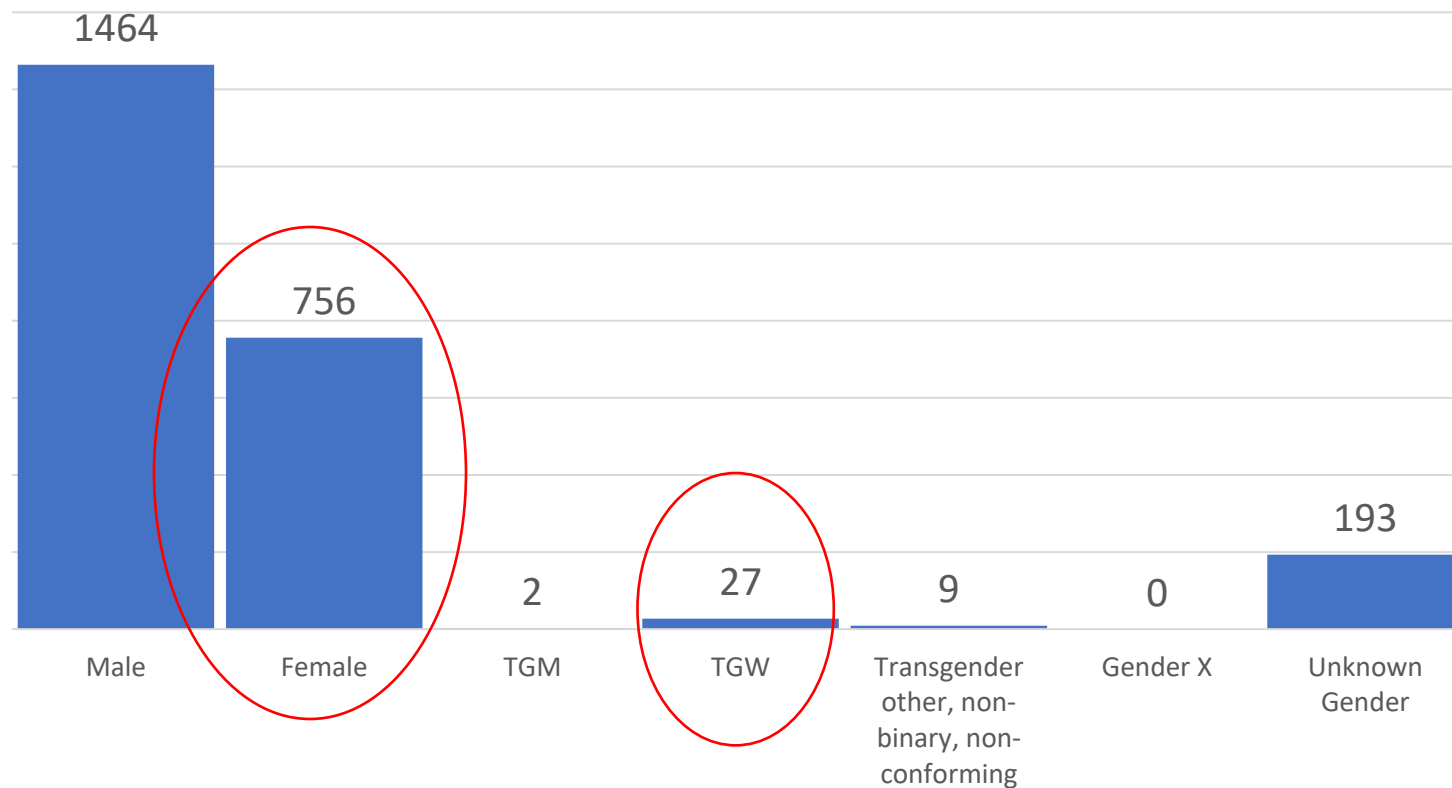


*Data are preliminary.
Source: Centers for Disease Control and Prevention

- 34,800 new HIV diagnoses in 2019
- 18% (6,400) were women
- 54% of women with HIV are Black
- Health issues among women
 - Increased cervical cancer risk
 - CVD
 - Perinatal transmission
 - STDs including syphilis
 - HIV and aging

Women at CHP

Gender Subgroups of Active CHP Patients



Why LA-ART?

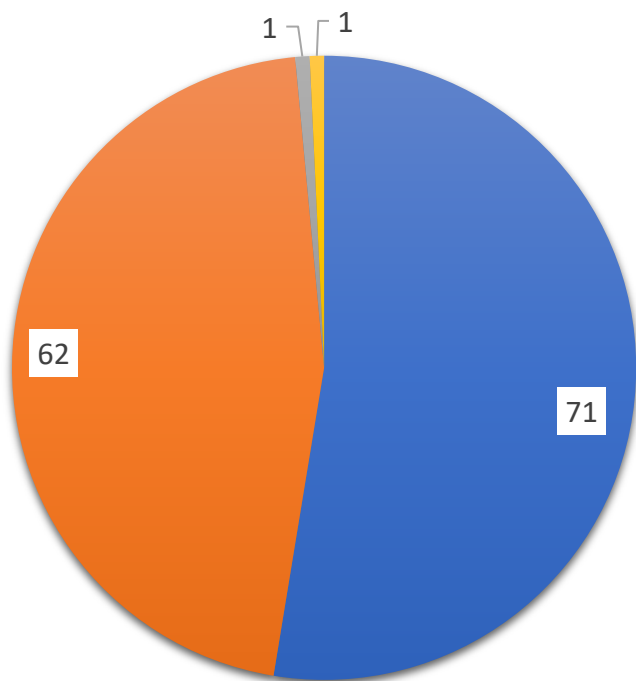
aids selling-medications
viremic
stigma dysphagia
unstable-housing trauma financial-insecurity
adherence-struggles busy
absorption-issues

A multi-site study of women living with HIV's perceived barriers to, and interest in, long-acting injectable anti-retroviral therapy

- 2020 study from Philbin et al
- Interviewed 59 women in multiple metropolitan area clinics
- Most endorsed preference for monthly LAI-ART over pills
- Reasons cited
 - Confidentiality
 - Perceived effectiveness
 - Avoiding being reminded of HIV diagnosis
 - Convenient
 - Pill burden

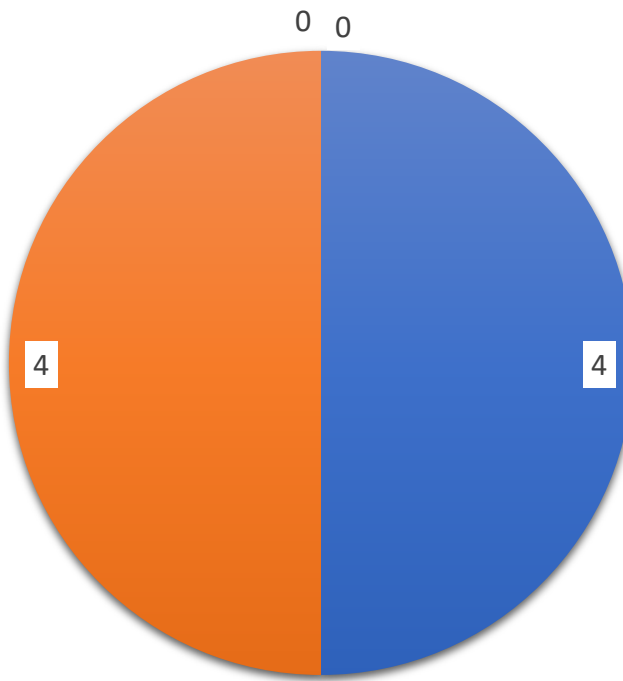
Women on LA-ART at CHP: Gender Subgroups

Cabotegravir/Rilpivirine (Cabenuva)

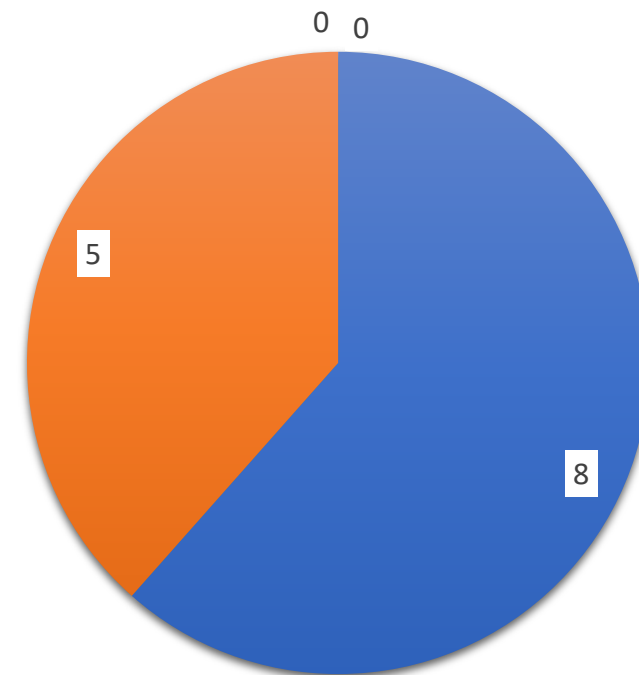


130 total patients on CAB/RPV

Cabotegravir (Apretude) (Treatment)



Lenacapavir (Sunlenca)



13 total patients on LEN

■ Men ■ Women ■ TGW ■ NB

CHP: Implementation of LA-ART

Patient-provider
discussion and
shared decision-
making

Provider review of
eligibility

Pharmacy benefits
investigation &
prior
authorization

Schedule first
dose visit and
delivery of to
clinic

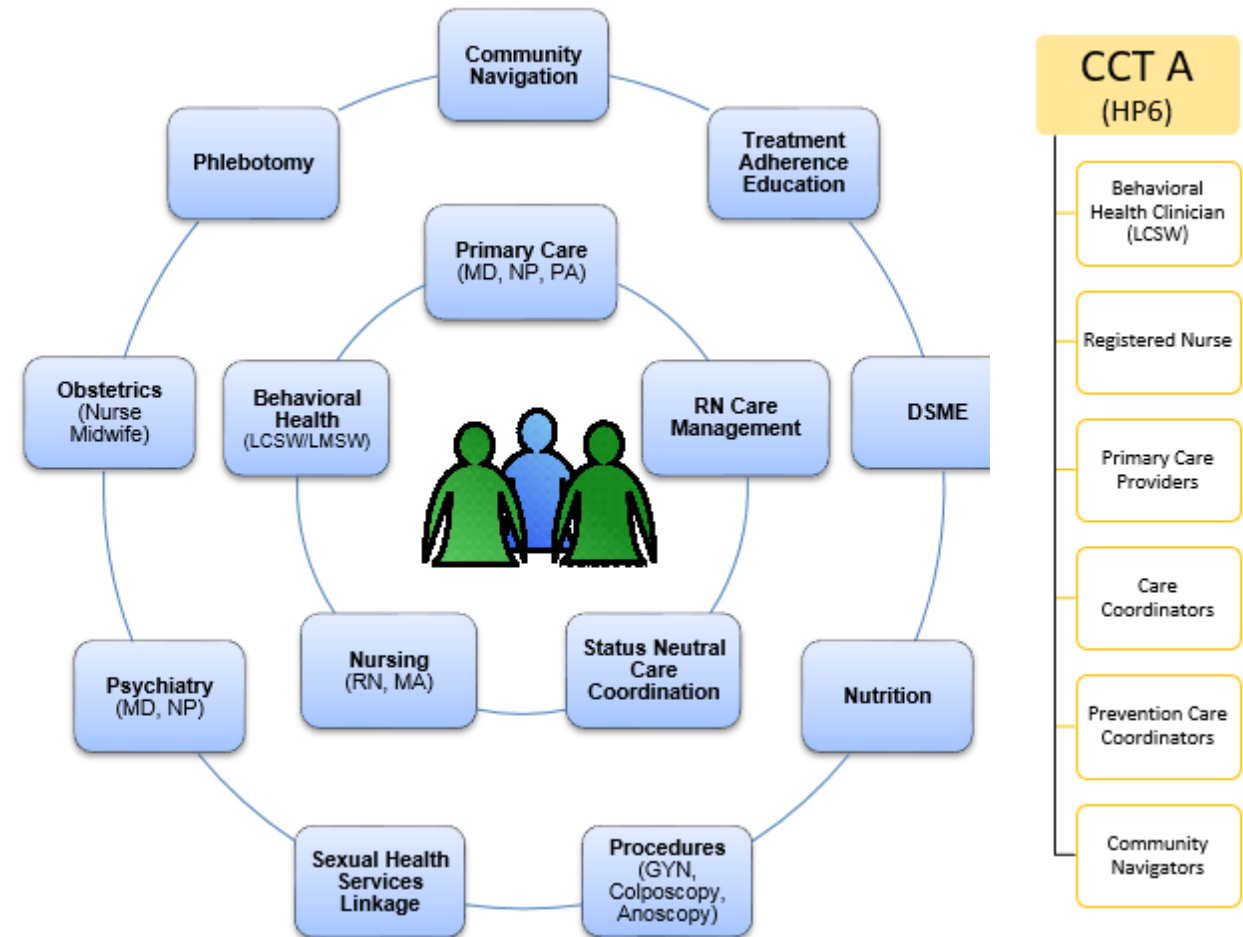
Care coordination
of appointment
attendance

LA-ART
administration by
clinical RN

RNCM support of
future dose
scheduling and
follow-up

The CHP: Team Care Model

- PFA
- Medical Assistant
- RN
- Care coordinator
- Social worker
- Pharmacist
- Pharmacy liaisons
- MD and NPs (including psychiatry)
- Community health worker



Care Coordination

- Conduct psychosocial assessments to identify barriers to care
- Create care plans to address patient needs and improve health outcomes
- Enroll patients into suitable programs to support their health navigation
- Assistance for uninsured and under-served patients



Health Home



- Care Management
- Monthly outreaches for follow up
- Appointment reminders + rescheduling appointments
- Transportation to medical visits
- Follow up with pending referrals or ongoing treatment
- Case conferences between Rx, Medical Team & patient
- Referrals to community resources
- Reduce ED and Inpatient visits

Behavioral Health Clinician

- BHC (Social Workers) are tasked with supporting patients with their mental health
- By using Problem Solving Therapy, patients are supported with the use of motivational interviewing (MI) to create their own goals
- BHCs collaborate with psychiatry to help address mental health barriers

Community Health Worker

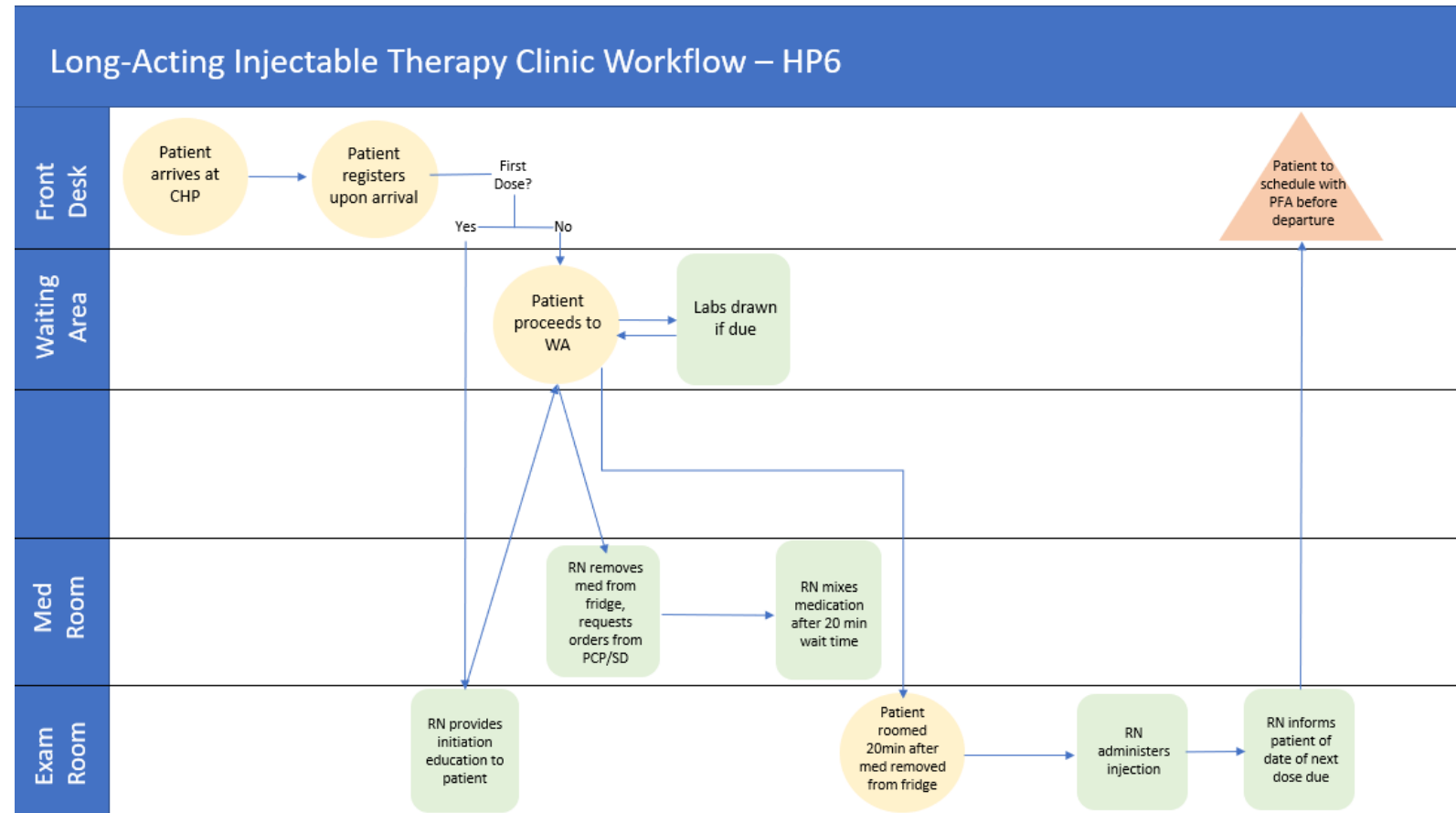
- CHWs are tasked with supporting patients with health navigation
- CHWs conduct escorts to appointments, home visits and connect patients to community resources
- CHWs complement our Care Teams by being our community footprint

RN Care Manager

- Interdisciplinary care coordination across multiple settings
- Clinical care team facilitation
 - Monthly review of LA-ART appointments
 - Weekly outreach for missed visits
 - Care coordination and health home support
- Team-based panel management
- Adherence counseling and patient education for LA-ART and chronic comorbidities
- Quality initiatives and grant support
- Transitions of Care



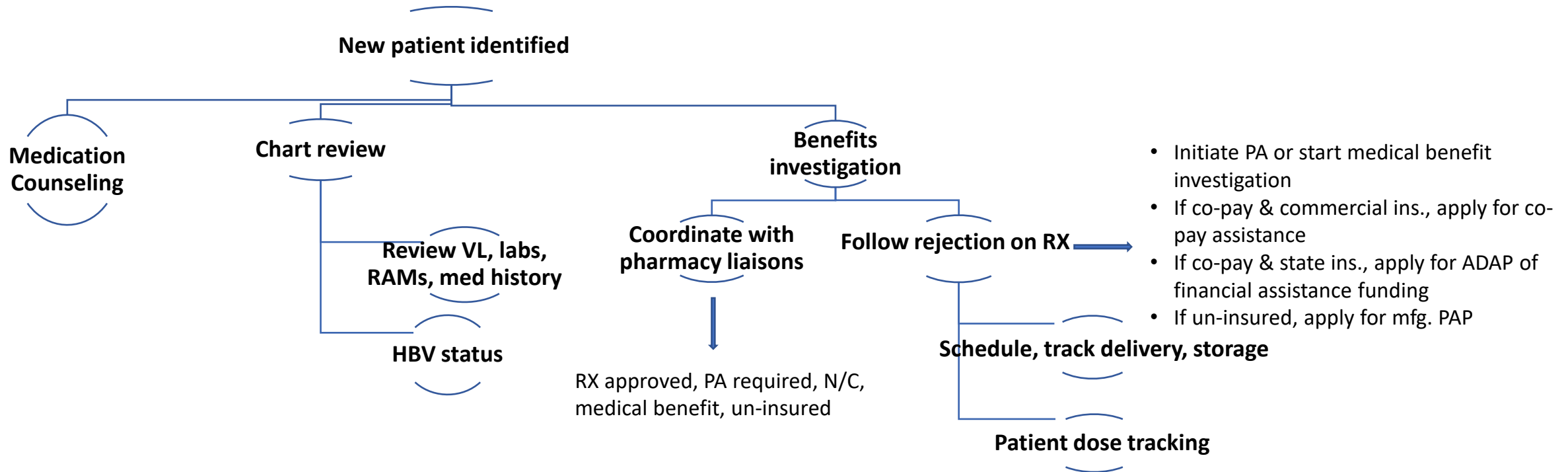
- Day-of workflow
- Obtaining LAI orders
- Medication prep and administration
- First dose education
- Special training in LA-ART administration
- Triaging side effects



Medical Provider

- APP or Physician
- Ideally, has built therapeutic alliance with patient
- Provision of medications, education, counseling
- Evaluate candidacy for LA-ART (review of genotypes, sending genosure archive, hep B status, ensure no contraindications)
- Shared decision making
- Hormonal contraception
- CAB/RPV NOT approved for use in pregnancy

Pharmacist Role



Pharmacy vs. Medical Authorizations

Pharmacy Billing Information for Cab/Rpv

Patient supplied

Pharmacy Benefit Prior Authorization info:

- ICD-10 Code: Z 21 or B20
- Verify provider information
 - NPI number
 - Ensure provider is registered
- Patient specific clinical information
 - PA might be needed for loading & maintenance
- ***Comes from pharmacy with a patient-specific label***

Medical Billing Information for Cab/Rpv

Buy & Bill or Floor-Stock

Medical Benefit Prior Authorization info:

- CPT Code: 96372
- ICD-10 Code: Z 21 or B20
- HCPCS Code: J0741
- Verify site information with Tax ID & address
- Verify provider information
 - NPI number
 - Ensure both are in-network
- Patient specific clinical information
 - PA might be needed for loading & maintenance

Applying the model:

Care team roles

PCP	<ul style="list-style-type: none">• Shared decision-making• Evaluating genotype, eligibility, previous injectable regimen at outside facility
Pharmacist	<ul style="list-style-type: none">• Facilitated benefits investigation and PA process, medication delivery, set-up dose scheduling for Len/Cab, 1 week post administration follow-up calls
Care Coordinator	<ul style="list-style-type: none">• Intensive support with outreach, transportation, reminders, mobilizing CHWs
Community Health Worker	<ul style="list-style-type: none">• Escort to appointments
RN Care Manager	<ul style="list-style-type: none">• Adherence support• Care team coordination, weekly case conferencing, monthly appointment audits
SW/BHC	<ul style="list-style-type: none">• Psychotherapy and pharmacologic treatment for depression• Trauma-informed approach
Clinical RN	<ul style="list-style-type: none">• First dose education, medication prep/administration, evaluate needle size, triage any side effects & defer to provider &/or pharmacist if needed
Medical Assistant	<ul style="list-style-type: none">• Support with rooming, lab work, emotional support
PFA	<ul style="list-style-type: none">• Verify accurate insurance information, register patient for RN or provider visits, relay messages from patient calls, scheduling appointments

Back to our case: how things are going

- Started on CAB/RPV monthly → given resistance issues and persistent viremia added on LEN q6m as well
- VL <20 (6/3/24)
- CD4 1 → 559 (6/3/24)
- Normalized BMI
- Regular mental health engagement
- No overdue or missed injections
- Rarely misses MD visits
- Preconception counseling

Informational Pamphlet

Is Cabenuva right for me?

- ☐ I am undetectable or could become undetectable.
- ☐ I am comfortable coming to the clinic once a month for the first 6 months of treatment.
- ☐ I do not have resistance to cabotegravir, rilpivirine or a related HIV medication.
- ☐ I do not have plans to travel away from NYC for more than 2 months at a time.
- ☐ I am comfortable with needles and will not mind 2 injections at each visit.
- ☐ I have no plans to breastfeed while on treatment.
- ☐ I do not have liver problems, including a history of hepatitis B treatment or infection. Ask your provider about any history of hepatitis B or need for hepatitis B vaccination.



Your doctor will also need to do blood tests and look at your medical history to make sure Cabenuva is a good treatment option for you.

What are the side effects?

Most side effects are mild, and very few people stop taking Cabenuva because of them.

Common side effects:

Pain, swelling, redness and bump at injection site

Less common side effects:

Fever, headache, nausea, sleep problems, tiredness, muscle pain, dizziness, rash

Ready to start?



We are committed to helping you become or stay undetectable.

We will work with you to find out if Cabenuva is covered by your insurance or could be covered through a patient assistance program.

Call the CHP clinic at (212) 305-3174 to set up an appointment with your healthcare provider to see if Cabenuva will be a good fit.

Supported by the Health Resources and Services Administration (HRSA) and the Minority HIV/AIDS Fund of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7,000,000.

Learn about a monthly injectable HIV treatment



Cabenuva

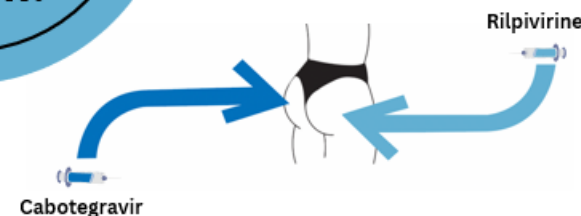
Developed by the ALAI UP Resource Incubator
 Version 2.0 (09/13/2023)

How does Cabenuva work?

Cabenuva works by stopping HIV from making copies of itself.

It contains 2 HIV medicines, **cabotegravir** and **rilpivirine**.

These 2 medicines are given as 2 shots, one in each butt cheek.



Injections are given every 4 weeks. It is important to attend every injection visit on time so that your drug levels are high enough to keep HIV from making copies of itself in your body.

Some patients may be able to switch to an 8 week injection schedule. Talk to your provider about what injection schedule will work best for you.

Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	2	3	Received Injection	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	Target Injection Date	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16

Sample injection schedule

If you get an injection on the 4th of the month, your next injection will be scheduled for 4 weeks later (target injection date).

You can schedule the next injection up to 7 days before or after the target injection date (any of the days shaded in blue).

How is Cabenuva different?

Cabenuva



- Come to the clinic in person for injections 4 weeks or 8 weeks apart.
- Receive an injection in each butt cheek at every visit.

Other HIV Treatment



- Take one or more pills by mouth every day.

Focus Groups

- 1) Focus Group #1
 - Initial feedback - during pamphlet development
- 2) Focus Group # 2
 - Ongoing engagement - interdisciplinary discussion with 50+ program participants

Addressing Interpersonal Violence (IPV)

- Women experiencing IPV have higher rates of suboptimal ART adherence, unstable housing, missed appointments, unsuppressed VLs
- RW Part C Grant for IPV screening
- RWHAP Part D WICY Community of Practice – Trauma-Informed Care and Behavioral Health
- Stigma reduction, increased independence, empowerment through shared decision-making
- Apretude and Lenacapavir* as PrEP options

*under review

Case 2

- 35 year-old Black transgender woman (VL >500,000copies/mL; CD4 270/16%)
- Non-adherent to oral meds
 - ~3 months
- Psychosocial factors
 - Cycles in & out of care
 - History of trauma
 - History of depression
 - Reports mood instability
 - Multiple partners (WSM & WSW)
- Seeks appointment to re-engage into HIV care
- Inquires about treatment options
 - Unstable on current regimen but eager to start alternative option

Transgender women with HIV

- Per CDC- 2019, transgender individuals made up 2% of new diagnoses
- **14% of TGW are HIV positive**
- New diagnoses *increased* by 9% from 2015-2019
- Face unique systemic issues surrounding stigma, isolation, mental health struggles, systemic racism, access difficulties, unstable housing
- Lower rates of HIV suppression compared to cisgender individuals

LAI among TGW

Transgender Women's Barriers, Facilitators, and Preferences on Tailored Injection Delivery Strategies to Administer Long-Acting Injectable Cabotegravir (CAB-LA) for HIV Pre-exposure Prophylaxis (PrEP)

- Interviews among 15 transgender women in NYC
- Theme of need for multiple delivery systems including injection drop in sites or self-injection

Tagliaferri Rael et al. AIDS Behavior. 2021

Note about LA-ART in individuals with implants

- As of now, CAB-RPV is approved for gluteal intramuscular administration
- Gluteal implants X contraindication
- Small implementation study from Viiv → lateral thigh injections

Case 2

- A few months after established care, she inquires about LAI option
- VL 200,000 copies/mL; CD4 370/16%
- No history of resistance
- No history of OIs
- HBV Immune
- BMI 30

Applying the model:

Care team roles

PCP	<ul style="list-style-type: none">• Education on LA-ART as possible option, shared decision-making, evaluation• Gender affirming care and referral for gender affirming surgeries/procedures
Pharmacist	<ul style="list-style-type: none">• Facilitated benefits investigation and PA process, medication delivery coordination and next-dose tracking
Care Coordinator	<ul style="list-style-type: none">• Intensive support with outreach, transportation, reminders, mobilizing CHWs
Community Health Worker	<ul style="list-style-type: none">• Escort to appointments
RN Care Manager	<ul style="list-style-type: none">• Adherence counseling• Care team coordination, weekly case conferencing, monthly appointment audits
SW/BHC	<ul style="list-style-type: none">• Psychotherapy and pharmacologic treatment for depression/anxiety• Resuming psych appointments
Clinical RN	<ul style="list-style-type: none">• First dose education, medication prep/administration, evaluate needle size, triage any side effects
Medical Assistant	<ul style="list-style-type: none">• Support with rooming, lab work, emotional support
PFA	<ul style="list-style-type: none">• Verify accurate insurance information, register patient for RN or provider visits, relay messages from patient calls, scheduling appointments

How's it going?

- Initiated on LAi while viremic
 - Q4 weeks
 - Tolerating well
- Maintains timely injectable appointments
- 3 months post VL <50copies/mL

**Moving out of state & unclear if will continue injectable therapy

Issues Identified: Follow-up

- Spring 2023 QA evaluation showed 24% of LA-ART treatment patients had no follow-up visit scheduled
- RNCM monthly appointment audit for 100% appt scheduling
- Monthly team conferences
- Ongoing CM/CC and pharmacist support for missed visits

Implementation Lessons Learned and Barriers Identified

- Pitfalls
 - Follow-up issues (scheduling, no-shows, communication issues)
 - Insurance and coverage/funding
 - Different EMRs and systems
 - Gaps in knowledge
 - Transportation
 - Travel and moving (eg out of state), housing instability
 - Not necessarily transferrable outside of NY state
 - Factors such as substance use, mental health, difficulty contacting patients
 - Drug Resistance
- Possible Solutions
 - RN care management and care team meetings
 - Pharmacy liaisons
 - Compass Rose
 - Cell phone provision
 - Off-label use of CAB +LEN

Next Steps and Ongoing Questions

- MMU utilization for LA-ART administration in community
- EMR developments > “therapy plans” in Epic for better clinical management of injection schedules
- Additional research
 - Off-label uses- need for RCTs (eg LATITUDE)
 - Qualitative research – focus groups, in-depth interviews
- Peer education opportunities, especially with youth

Acknowledgements



- HRSA and Ryan White Foundation
- Ryan White Parts C and D
- SPNS Grant
- Comprehensive Health Program Team

Continuing Education Credit



If you would like to receive continuing education credit for this activity,
please visit:

ryanwhite.cds.affinityced.com

Post-Presentation Questions

- What are some successful strategies for implementing LA-ART among cis/transgender women?
- Name three ways cis/transgender women can benefit from engagement in LA-ART options.
- What are three lessons learned from the rollout of LA-ART in this setting?
- How does a multidisciplinary team benefit the implementation of an LA-ART program such as this one?



NATIONAL 2024
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

The Design, Implementation, and Expansion of a Long Acting Injectable (LAI) Program at a Large, University Based HIV Clinic

Melissa Hickman, BSN, ACRN

Aubri Hickman, PhD, DNP, FNP-C, AAHIVS

Courtney Sanders, MSN, FNP-C

James Brock, MD, MSCI, FACP, FIDSA

Project Support

This project and product was supported by Grant H76HA00712 from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.

Disclosures



All presenters have declared they have no relevant financial relationships with ineligible companies to disclose.

Disclosure will be made when a product is discussed for an unapproved use.

This continuing education activity is provided by AffinityCE, and Health Resources and Services Administration (HRSA). AffinityCE and Health Resources and Services Administration (HRSA) staff, as well as planners and reviewers, have no relevant financial relationships with ineligible companies to disclose. AffinityCE adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CME activity, including faculty, planners, reviewers, or others, are required to disclose all relevant financial relationships with ineligible companies.

All relevant financial relationships have been mitigated by the peer review of content by non-conflicted reviewers prior to the commencement of the activity.

Commercial support was not provided for this activity by (name of commercial supporter).

Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Define the components used to design and implement a sustainable long acting injectable (LAI) program
2. Outline and define the roles of the key staff necessary to implement an LAI program
3. Compare and contrast differences in design and implementation of an LAI program based on organizational barriers, staff matrix, and program goals

Largest Ryan White-funded HIV clinic in the state
Annually, provides HIV primary care to over 2,300 people with HIV (PWH)

Patients served reside in 67 of 82 Mississippi counties

Patient cohort is predominantly Black/African American (85.7%)
Nearly all (91.7%) fall at or below 200% of the federal poverty level (FPL)

Timeline

PHASE 1

2019
CUSTOMIZE trial initiated;
UMMC designated a research
site with approximately 15
patients
5 enrollees were ASCC patients

March 2021
All patients in CUSTOMIZE
trial transitioned to oral or
commercially
available CABENUVA

January 2021
FDA approves CABENUVA

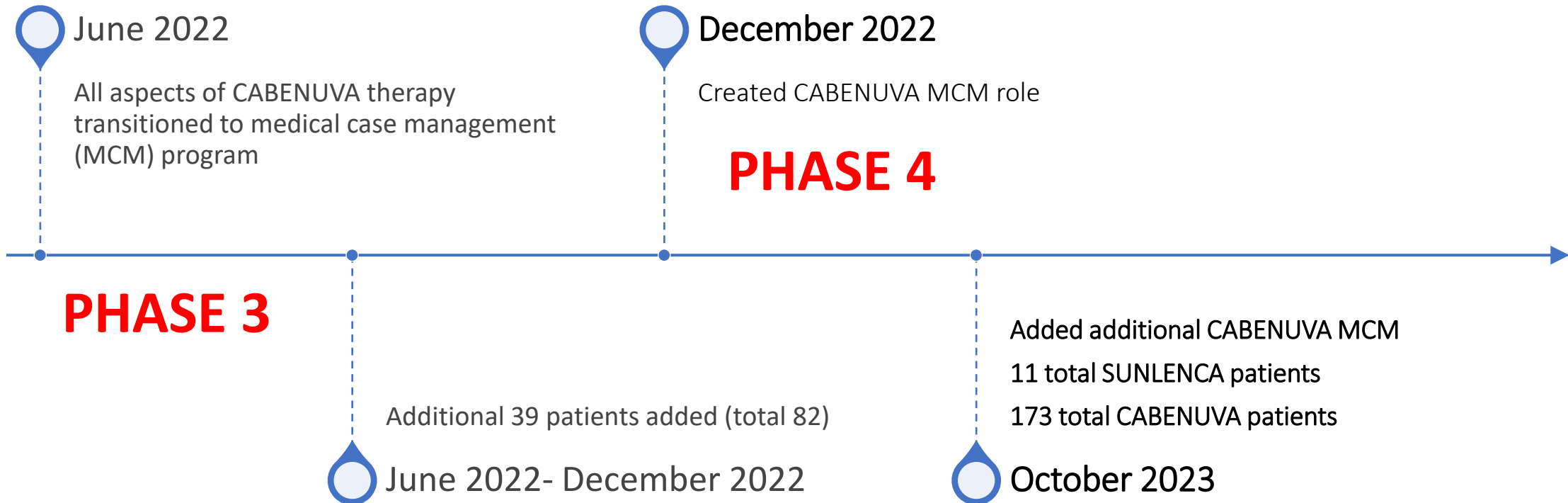
October 2021
ASCC met with ADAP to provide
training and discuss future plans

PHASE 2

March 2022
ADAP added CABENUVA to
formulary
ASCC maintained 10
of CUSTOMIZE participants and
added 3 additional

March 2022- June 2022
ASCC added 30 additional
patients for total of 43

Timeline continued



Phase 1: Ensuring access for research study participants

- 2019- March 2021
 - UMMC was a research site for CUSTOMIZE
 - CUSTOMIZE trial ended with a target date of transition of trial participants back to either oral therapy or commercially available CABENUVA by March 2021
 - CUSTOMIZE trial consisted of 5 ASCC patients & 10 from RWHAP from around the state
- October 2021
 - ASCC leadership and JMM Specialty pharmacist met with ADAP pharmacy leadership to provide education and training as well as discuss future plans once ADAP obtained access to CABENUVA and CABENUVA was added to the formulary
- October 2021- March 2022
 - ASCC maintained 10 of the CUSTOMIZE trial participants on CABENUVA and added 3 additional

Barriers During Phase 1

October 2021- March 2022

ADAP did
not have CABENUVA on
formulary

ADAP pharmacists were
unsure how to gain
access to CABENUVA
through various
mechanisms

Commercial pharmacy
prescription benefit
managers (PBMs) were
not approving CABENUVA

Preauthorization approval
process was unclear

No other clinics had the
infrastructure to
administer CABENUVA

JMM pharmacy had one
specialty pharmacist and
one pharmacy tech

Phase 2: New enrollments, managed by JMM pharmacy staff



- March 21, 2022
 - ADAP approved CABENUVA on formular
- March 2022- June 2022
 - ASCC added 30 additional CABENUVA patients (total of 43)

Phase 3: Transitioned to MCM

- June 2022
 - Transition of responsibility of all management aspects of CABENUVA for majority of patients was transitioned to medical case management program
- June 2022- December 2022
 - Added an additional 39 patients (total 82)
 - MCM no longer able to manage growing program

MCMs had 350-400 active patient load

Expectations for monitoring included:

- Ordering lead in for all new starts
- Completing benefits investigations with ViiV and prior authorizations for non-specialty pharmacy patients (ADAP/out of network coverage)
- Proactive monitoring: scheduling, follow up, tracing, etc.

Phase 4: Introduction of CABENUVA MCM

- December 2022
 - Added initial CABENUVA MCM (RN)
- October 2023
 - Added additional CABENUVA MCM (LPN)

Current program

Provider makes referral to Cabenuva MCM after careful consideration and patient approval

MCM reviews labs history, previous medications taken, compliance history, and identifies barriers to further assess if Cabenuva is appropriate therapy.

Complete benefits investigations with ViiV and prior authorizations for non-specialty pharmacy patients.

Initiate relationship with patient, discuss LAI medication and Ses, expectations, transportation barriers, lab monitoring, preferred communication

Current program continued

Proactive monitoring: follow-up appt scheduling, tracking of appt/labs, phone call follow-up after initial injections

Maintain inventory list for LAI, maintain reminder list in Epic, monitor for cancellations or changes in appts, monitor Cabenuva cellphone for patient communications

Administration of all long acting injectables (LAI)

Schedule injections to coincide with provider visits if possible

Current cohort



- Total (active) 174
- Total (previous) 34
- Total: 208
 - Includes 9 on salvage regimen of Cabenuva + Sunlenca

The ASCC Difference

Position preference for patient

Distraction with 2 dum dum
lollipops with a smile and thanking
them for coming

Time allowed for questions or
concerns

Open communication encouraged

Flexibility to meet patient needs

Inpatient and at home injections



Lessons Learned

- Organization is key!
- Promote patient involvement
- Open communication
- Continued education
- Side effects
- Post injection instructions
- BMI alters the use of needle size
- Encourage patient input on preferences on position and injection location

Q & A



References



- Czarnogorski M, Garris CP, Dalessandro M, D'Amico R, Nwafor T, Williams W, Merrill D, Wang Y, Stassek L, Wohlfeiler MB, Sinclair GI, Mena LA, Thedinger B, Flamm JA, Benson P, Spreen WR. Perspectives of healthcare providers on implementation of long-acting cabotegravir plus rilpivirine in US healthcare settings from a Hybrid III Implementation-effectiveness study (CUSTOMIZE). J Int AIDS Soc. 2022 Sep;25(9):e26003. doi: 10.1002/jia2.26003. PMID: 36094142; PMCID: PMC9465974.

Continuing Education Credit



If you would like to receive continuing education credit for this activity,
please visit:

ryanwhite.cds.affinityced.com