Lessons from Having a Dedicated Medical Assistant for Implementing Long-Acting ART at a Hospital-Based Clinic

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Background

Long-acting injectable cabotegravir-rilpivirine (LAI CAB/RPV) was approved in 2021 for treatment in people living with HIV (PLWH). Administered every 2 months, it is an alternative to daily oral medication. The Immunodeficiency Clinic (IDC), a hospital-based clinic at Albert Einstein Medical Center, developed a protocol for the implementation of LAI CAB/RPV.

Methods

2021: Medical Director and Program Director met to develop protocol and workflow for LAI CAB/RPV

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LPN Position

Responsibilities: insurance authorization, patient tracking, medication administration

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1/2024: Funding for dedicated MA position through use of 340B pharmacy to obtain medication

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MA Position

- Obtain authorization from the insurance
- Procure the medication from the pharmacy
- Contact the patient to schedule the injection
- Track future appointments via a spreadsheet
- Coordinate injection and provider visits
- Ensure HIV viral load is up-to-date (within 6 months), if not, perform phlebotomy at next injection visit
- Work with providers to reschedule delayed injections

	A	B	C	D	E	F	G	H	I
1	NAME	DOB/MRN	PROVIDER	LAST DOSE	NEXT DOSE	IN OFFICE SUPPLY	DELIVERY SCHEDULE	COMMENTS	PHARMACY
2									

Figure 1. Snapshot of heading criteria used in tracking spreadsheet.

Results

- As of March 31st, 2025, 150 PLWH are on ongoing LAI CAB-RPV.
- A total of 176 initiated LAI CAB-RPV since 2021:
  - 7 discharged from the practice
  - 3 deceased from non-HIV related illnesses,
  - 1 discontinued due to virologic failure (two consecutive HIV RNAs >200 viral copies/ml).
  - 26 discontinued due to either injection related pain or changes in ability to present to clinic.
- 99% of patients on LAI CAB-RPV (149/150) have a viral load of < 200 viral copies/ml, with the one patient switched back to oral ART.

Pros	Cons
• Allows for detailed, close, individual follow-up of each patient, including the status of their medication, delivery and storage. The MA then builds a strong rapport with patients given the frequency of interaction.	• A dedicated MA means other staff would be less familiar and intimate with patient list and spreadsheet, which could entail a lengthier sign out for cross coverage when the MA is out of the clinic.
• The MA can handle all required prior authorizations and insurance navigation, which can be time consuming for staff with other clinic responsibilities. The MA then also becomes an expert in this process which can expedite the authorization process as the MA becomes familiar with the different insurance requirements.	• Future concerns around scalability of the current model. Currently 150 patients are manageable without difficulty, but the cut-off number for patients a single MA can track is unknown.
• The MA can closely follow-up and contact any patients who missed their injection appointment to ensure the patient presents within the 7-day injection window for LAI CAB-RPV.	
• The MA is the point person for any questions from patients and providers alike regarding a patient's injection and can accurately update the tracking spreadsheet.	
• Leading the LAI CAB-RPV protocol gives the MA independence and professional development with a balance of clinical and administrative work.	

Conclusions

- A protocol and workflow for LAI CAB/RPV was successfully implemented at our hospital-based clinic with on-time injections and maintained virologic suppression.
- The demand for LAI CAB/RPV continues to grow among our cohort of PLWH.
- Of note, we also have a similar model in place for injectable cabotegravir for pre-exposure prophylaxis (PrEP).

Long-acting injectable CAB/RPV was successfully implemented through a multidisciplinary team process at a hospital-based clinic, with high rates of on-time injections and viral load suppression. The success and high demand allowed the use of 340B funding to hire dedicated staff for tracking medication, patient appointments and medication injection.

Future Considerations

- Currently working to implement "Buy & Bill" protocol for LAI CAB/RPV
  - Billed through medical benefit rather than pharmacy benefit
  - Potential for higher 340B reimbursement