

EFFECTIVE IMPLEMENTATION OF LONGER-ACTING HIV TREATMENT AND PrEP REQUIRES DELIVERY SYSTEM INNOVATION

SCIENTIFIC ADVANCEMENTS RESULTING FROM OUR LONG-TERM NATIONAL COMMITMENT TO HIV RESEARCH

have begun producing new products both for HIV treatment and prevention that do not require daily dosing. The first standalone longer-acting (LA) FDA-approved products are delivered by intramuscular injection every 1-2 months, but future products may require far less frequent injections or could come in other forms such as small implants under the skin or oral medications. These products represent exciting advances because they give users more options to stay engaged in the HIV treatment or prevention continuum. While many patients and providers speak of how transformative these products can be, access to these products is limited and a myriad of barriers prevent individuals from accessing them. Deliberate policy actions are needed to ensure that these innovations do not bypass the individuals and communities that stand to benefit the most from them. Key policy actions to increase equity and improve population-level outcomes include:

1. HELPING CLINICS TO SCALE-UP ACCESS TO LONGER-ACTING PRODUCTS

Administering antiretrovirals in the clinic every 1-2 months is a fundamental change from the current standard practice. This has implications for managing clinic workflow, the level and type of staffing and training needed, and new budgetary and space management. There is a need for expanded opportunities for shared learning among clinics.

POLICY ACTION: Create new opportunities for communities of practice and implementation science.

2. OVERCOMING FINANCE AND INSURANCE BARRIERS

In our complicated health system, people living with and vulnerable to HIV rely on various types of insurance and other health care programs to access services. As we saw with the implementation of PrEP, early access was (and remains) uneven by payor. Overcoming barriers to longer-acting HIV treatment and PrEP will require a range of resources for users seeking access to these products.

POLICY ACTION: Encourage professional organizations to develop prescriber guidance and support monitoring and advocacy in support of user access to longer-acting products. And, encourage all AIDS Drug Assistance Programs (ADAPs) to add longer-acting products to their formularies.

3. BREAKING OUT OF THE BOX: LONGER-ACTING DELIVERY OUTSIDE OF THE CLINIC

The COVID-19 pandemic demonstrated that new approaches to service delivery can maintain engagement in care and support the initiation of PrEP. For example, removing longstanding barriers to telehealth and creating incentives for its adoption is one of the permanent outcomes of the pandemic. These innovations help address challenges with clinic workflow and remove barriers to ongoing engagement in care.

POLICY ACTION: Assess regulatory and financing barriers to permit greater use of alternative delivery sites, including pharmacies, mobile clinics, and home administration.

4. KEEPING THE FOCUS ON EQUITY AND POPULATION-LEVEL IMPACTS

Without deliberate policy action to overcome many of the structural barriers that produce health inequities, new innovations often exacerbate rather than reduce inequities. Thus, the people who benefit the most from existing service systems are the ones who have the best and earliest access to new approaches. The promise of longer-acting products, however, is not in giving people more options if the currently available treatment and PrEP options work for them. The promise comes in using innovation to reach chronically underserved communities.

POLICY ACTION: Establish metrics and goals and develop strategies for improving outcomes among priority populations.

SAN FRANCISCO GENERAL'S WARD 86 OFFERS EARLY LESSONS

Ward 86 is a large HIV clinic based at San Francisco General Hospital at the University of California, San Francisco (USCF) that was established early in the HIV epidemic. It serves publicly insured patients who often have high levels of housing instability and stimulant use. Since 2021, the clinic has been providing longer-acting treatment both to people who are virally suppressed and those who are not, alongside wraparound services to address unmet needs for housing, substance use and mental health. They recently published findings from this demonstration project that highlight two individuals who had been living with HIV for more than a decade and had never reached sustainable viral suppression who became virally suppressed as a result of longer-acting injections.

It will take time to replicate these findings in other settings with fewer resources and in other parts of the country, but they demonstrate the tantalizing potential for emerging treatment (and prevention) modalities.

For more details, see *Clin Infect Dis.* 2023 Feb 1; 76(3): e645-e651.