

Who could benefit from long-acting injectable antiretroviral therapy? A qualitative study among Florida providers and people with HIV

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Background

- In 2022, Florida had over 4,600 new HIV diagnoses and nearly 125,000 total cases, among the highest in the United States.
- Florida has 7 of the 48 Ending the HIV Epidemic (EHE) priority counties: Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach and Pinellas.

Ending the HIV Epidemic—Florida Health CHARTS - Florida Department of Health. (n.d.). Retrieved May 30, 2024, from <u>https://www.flhealthcharts.gov/EHE/rdPage.aspx?rdReport=Overview</u> EHE Priority Jurisdictions. (2023, December 20). HIV.Gov. Retrieved May 30, 2024, from <u>https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/jurisdictions/phase-one</u>



Background

- In January 2021, the FDA approved long-acting injectable (LAI) cabotegravir and rilpiverine (CAB/RPV) as a new HIV treatment.
 - Currently approved for people with HIV (PWH) who are virally suppressed with no history of treatment failure.
- LAI CAB/RPV and other long-acting (LA) antiretroviral therapy (ART) options in development could help more PWH achieve viral suppression.

FDA Approves Cabenuva and Vocabria for the Treatment of HIV-1 Infection. (2021, January 27). FDA. https://www.fda.gov/drugs/human-immunodeficiency-virus-hiv/fda-approves-cabenuvaand-vocabria-treatment-hiv-1-infection



Objectives

• We conducted qualitative interviews to elicit input from Florida providers and PWH about characteristics of PWH who could benefit from LAI and other LA ART options.



Methods

Recruitment Locations: Alachua, Marion Brevard, Polk, Hillsborough, and Miami-Dade counties



- Semi-structured, in-depth interviews were conducted with 16 PWH and 11 HIV care providers between October 2022 and October 2023.
- Recruitment occurred from Florida Cohort sites and other communitybased clinics.
 - Florida Cohort: large cohort study that enrolls adult PWH from throughout the state.



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= EHE Counties

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- Interviews were conducted in-person, on Zoom, or over the phone.
- Participants were asked, "Which groups of people living with HIV do you think would benefit most from such an option?"
 - Providers: Set aside the FDA approval and imagine that anyone with HIV could take CAB/RPV.
- Interview transcripts were professionally transcribed, double-coded, and interpreted using thematic analysis.



Results – Sample Characteristics

PWH (n = 16)

- 69% aged 50+
- 50% non-Hispanic White
- 50% cis men
- 88% on oral ART
- 1 on LAI CAB/RPV
- 1 actively pursuing switching

Providers (n=11)

- 27% non-Hispanic Black
- 27% Hispanic
- 73% cis women
- 10 considered HIV their primary area of focus
- Most prescribed LAI CAB/RPV



Results: Qualitative Interviews

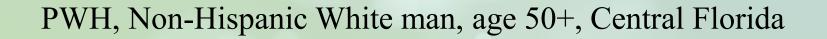
Themes representing characteristics of PWH who could benefit from LAI ART:

Co-Occurring Conditions -Mental health -Chronic conditions -Substance use	Lifestyle -Busy schedules -Travel	HIV History -Past adherence -Care engagement -Perinatal acquisition
Younger Age	Stigma and Medication Hiding	Vulnerable Populations -Incarcerated people -Unstably housed -Commercial sex workers



Co-Occurring Conditions

"I have memory problems because of my strokes and brain issues. There's some people I know that are even in worse shape than me. Getting an injectable would be a benefit for them."





Lifestyle

"For patients with busy schedules who travel a lot, bringing medicines with them can be challenging. That's when coming in to get your injection at a certain interval would be really appealing."

Provider, Non-Hispanic White man, age 35-49, North Florida



HIV History

"Yeah, for people that have been missing their medications on a daily basis or that don't wanna take it on a daily basis. Some people don't wanna take it."

PWH, Hispanic, age 35-49, South Florida



Younger Age

"I just think about my older life, when I was younger and less established, I would sometimes go out for drinks after work and then go to dinner with somebody, and then maybe go spend the night at somebody else's house, and I didn't have my medication with me."



PWH, Non-Hispanic White man, age 50+, North Florida

Stigma and Medication Hiding

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"They don't have to carry their pills. They don't have to tell anybody they have to take the pills. They don't have to keep the pills at home. I take care of a lot of women, for whom having HIV is more stigmatizing than for other populations, so it just has been well-received."



Provider, Hispanic woman, age 50+, South Florida



Vulnerable Populations

"I think a longer-longer acting one could be a huge help for people who just don't show up in clinics. People who are homeless and their medications get lost all the time or are stolen or moving from place to place — they just have a lot of struggles going on."

Provider, Non-Hispanic Black woman, age 35-49, Central Florida



Conclusions

- Many of the groups who could benefit most from LAI ART are ineligible for CAB/RPV due to viral non-suppression or treatment failure.
- Therefore, it is important to explore other long-acting alternatives and conduct effectiveness studies with populations who have not been successful on daily ART.



Thank you!

- Co-authors
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 - Research Assistants
 - Participants