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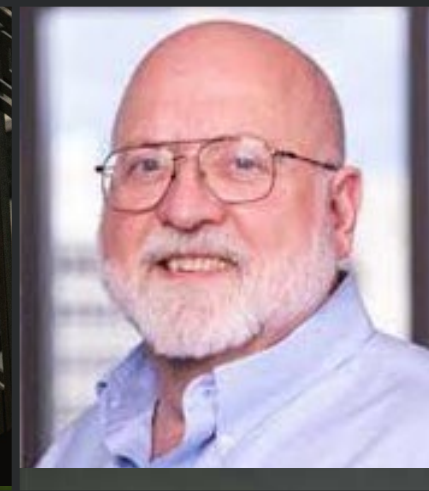
Early-Stage Investigator Lecture

The Social Side Effects of Biomedical HIV Technologies: Facilitating the Roll-Out of Long-Acting Injectable ART and PrEP

Presented by:
Morgan M. Philbin, Ph.D., M.H.S.
Columbia University Mailman School of Public Health



National Institutes of Health
Office of Disease Prevention





T32 MH019139 (**Sandfort**) “Behavioral Sciences Research in HIV Infection.” (2013-2016)



L60 MD009069 (Loan Repayment Award; **Philbin**) “Biomedical HIV Prevention for Black MSM: Community based ethnography and clinic-based intervention.” (2014-2017)



U01 HD040533 (**Tanner**) “CATCH: Comprehensive Assessment of Transition and Coordination for HIV-Positive Youth as they Move from Adolescent to Adult Care.” (2014-2017)



K01 DA039804 (**Philbin**) “Assessing the impact of state-level policies on drug use and HIV risk for young men who have sex with men.” (2016-2021)



R25 DA031608 (**Fisher**) “Fordham University HIV and Drug Abuse Prevention Research Ethics Training Institute (RETI).” (2017-2019)



U01 AI103397 (**Metsch**) “Women’s attitudes towards and willingness to accept injectable HIV therapy” Women’s Interagency HIV Study (WIHS).” (2018-2019)



R01 AA024409-05S1 (**Phillips**) “Role of Alcohol Disparities in HIV Risk among Sexual Minority Youth.” (COVID RADx-UP submission) (2020-2022)



R34 MH124552 (**Philbin**) “Optimizing HIV adherence by developing a shared decision support tool to facilitate women’s choice between oral and LAI ART.” (2021-2024)

Presentation Overview

- 1) Health equity and health justice
- 2) The HIV/AIDS epidemic and long-acting injectables (LAIs)
- 3) LAI antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP)
- 4) Concluding thoughts

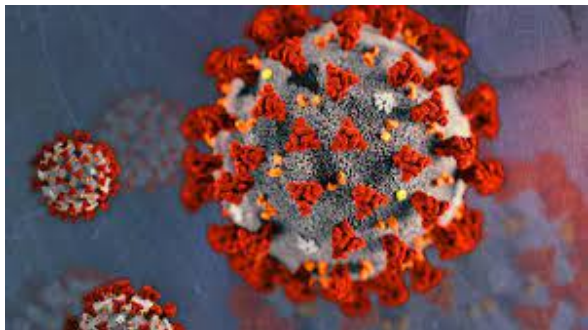
Health Equity and Health Justice

- We must carefully scale up LAI ART and PrEP to address health inequities
- ‘Fundamental Causes’ and biomedical technologies

Facilitating Equity in Awareness and Access

- Address multi-level barriers to medication access and uptake
- Tailor public health messaging
- Limit coercion and facilitate shared decision making
- Increase confidence in science

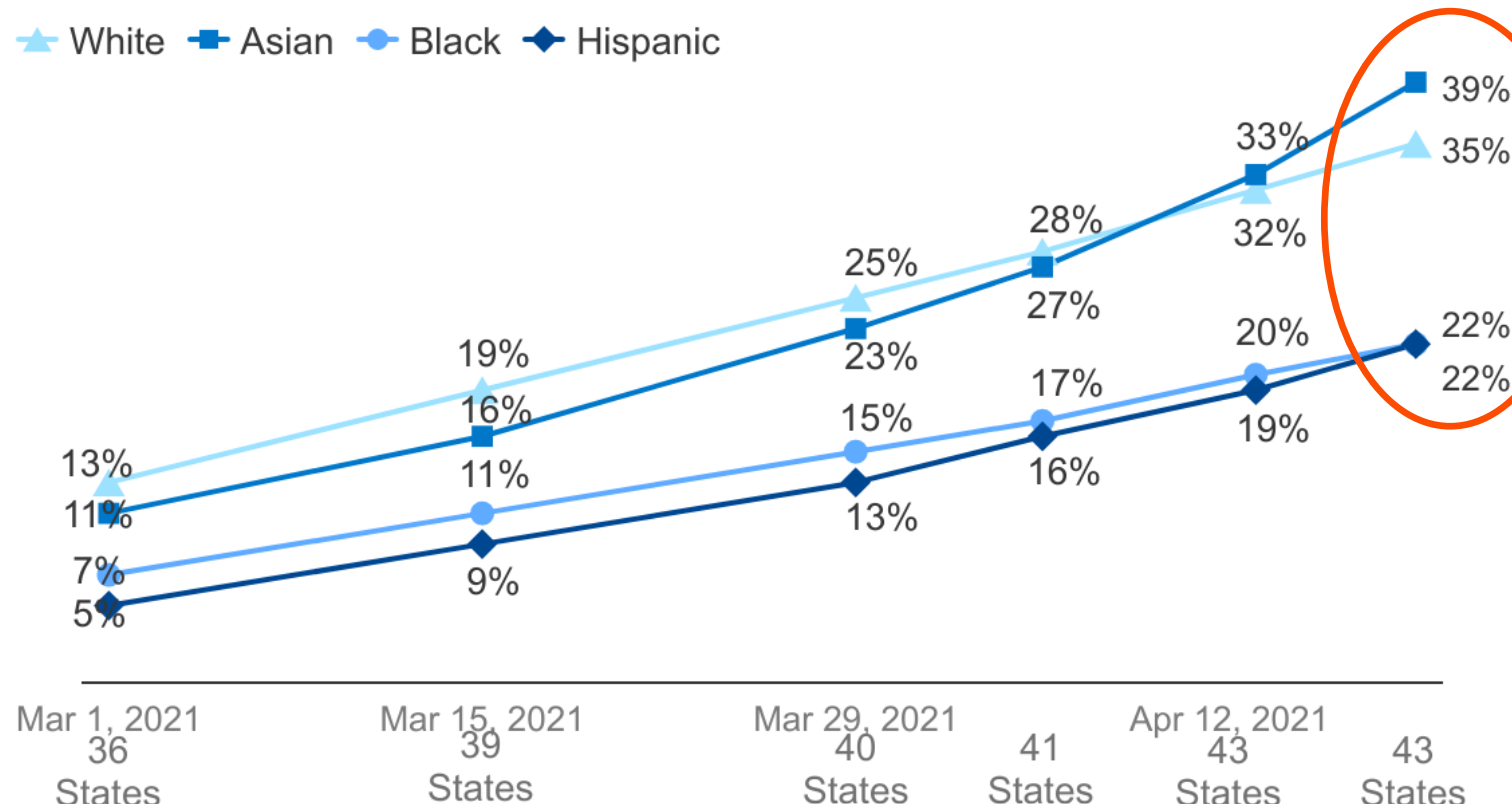
Facilitating Equity in Awareness and Access



Risk for COVID-19 Infection

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons
Cases ¹	1.6x
Hospitalization ²	3.5x
Death ³	2.4x

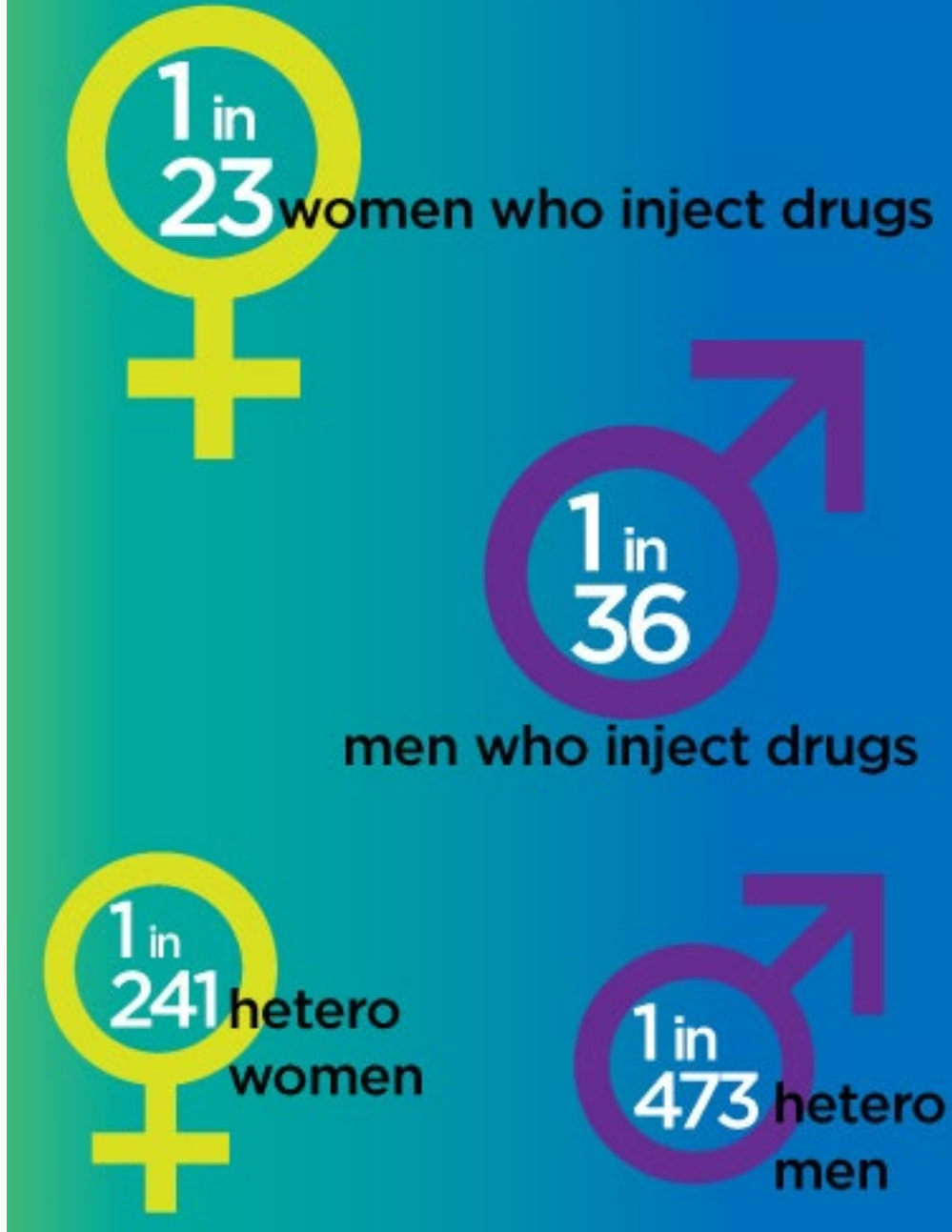
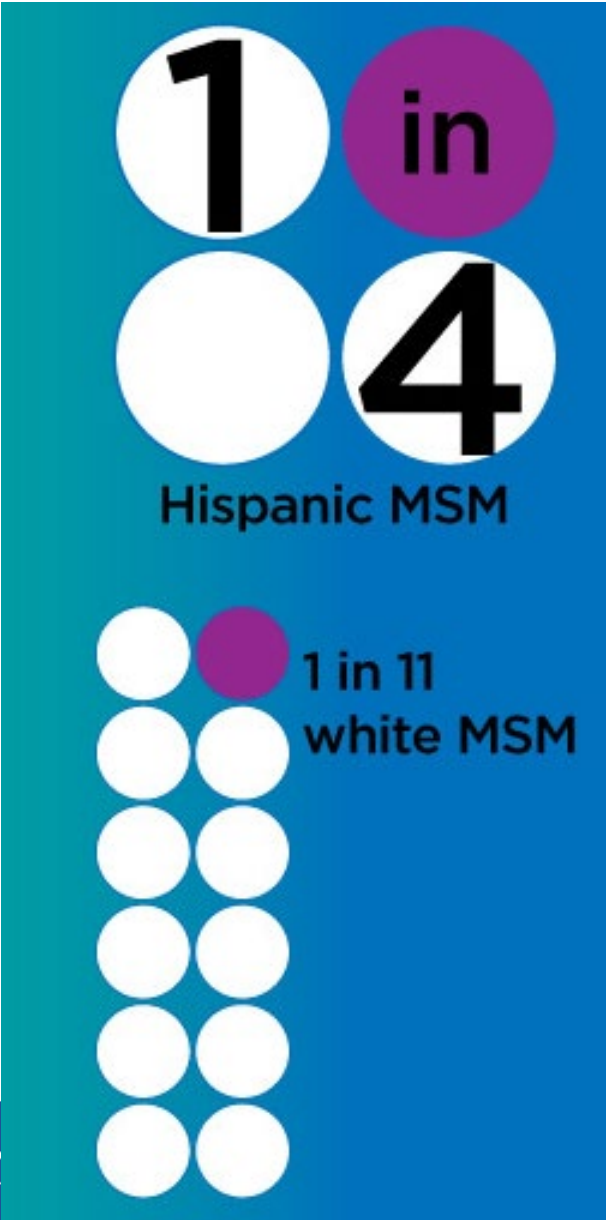
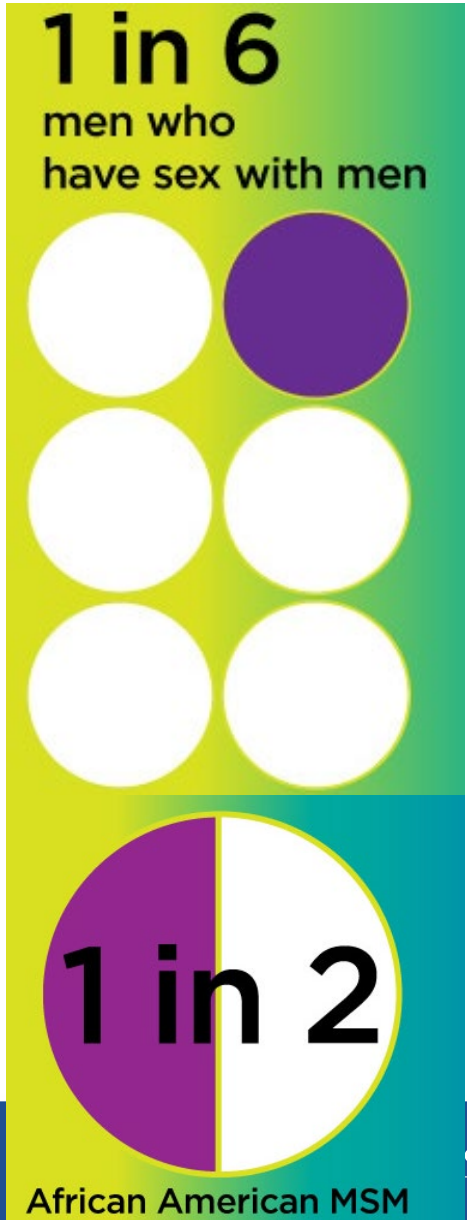
Percent of Total Population that Has Received a COVID-19 Vaccine by Race/Ethnicity, March 1 to April 19, 2021



State of the HIV Epidemic

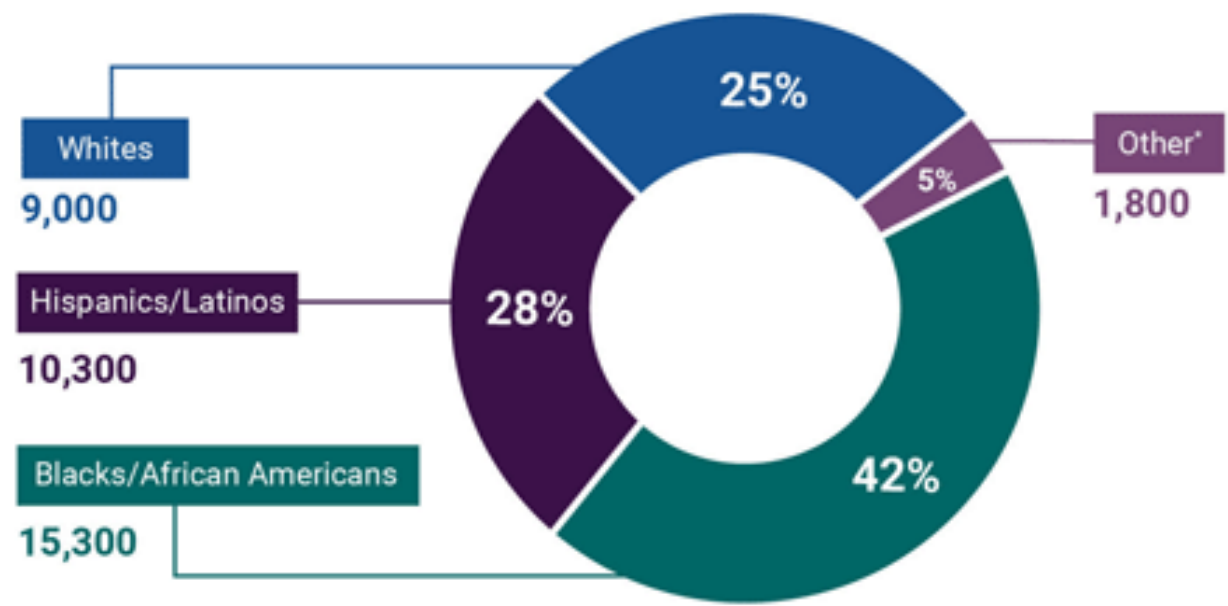


Disparities in Risk of Acquisition

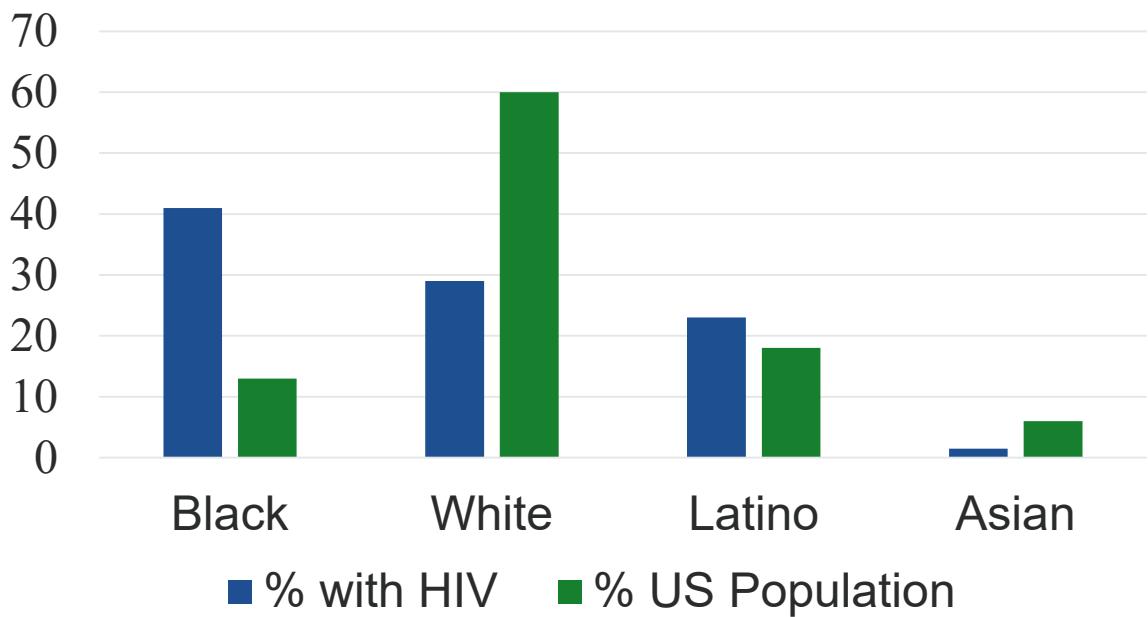


Disparities by Race/Ethnicity

New diagnoses by race/ethnicity (2018)

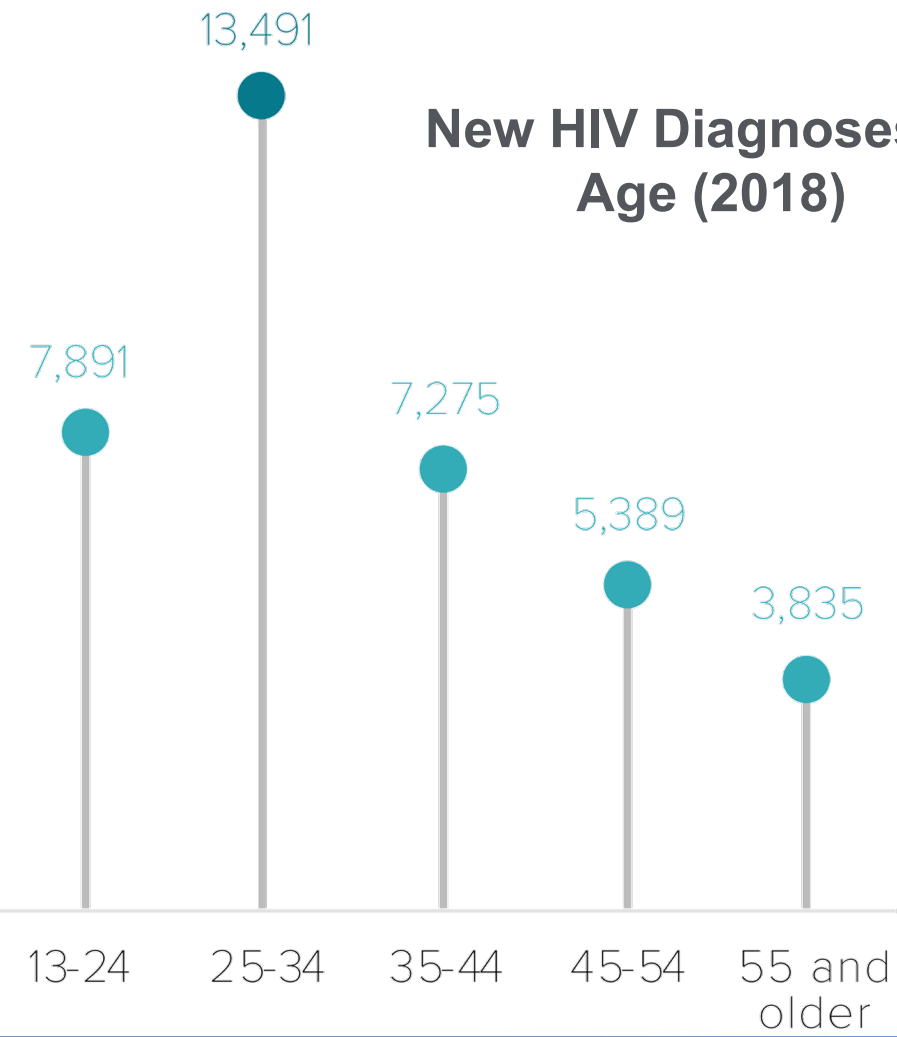


Disparities in HIV Diagnoses by Race/ethnicity (2018)

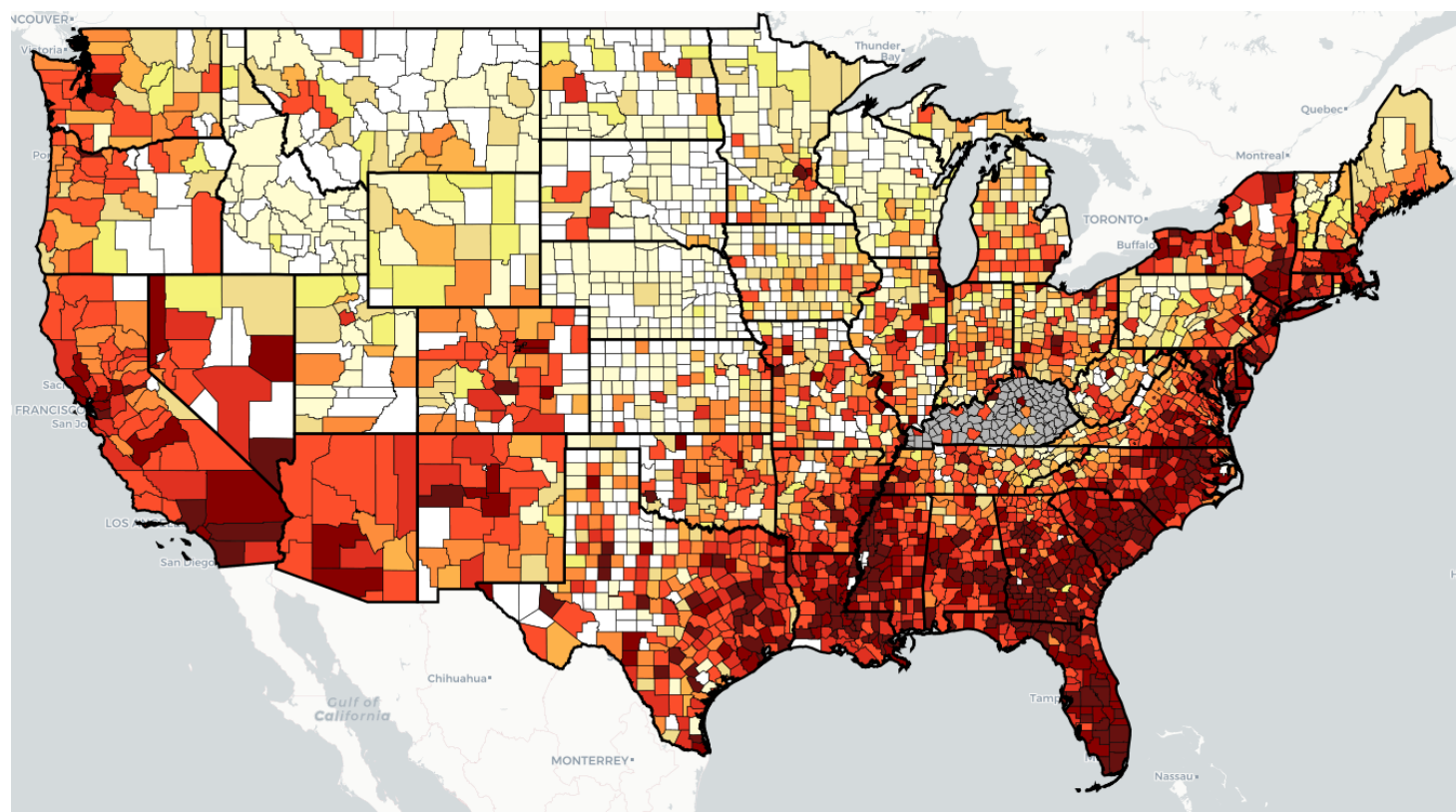


Disparities by Age and Geography

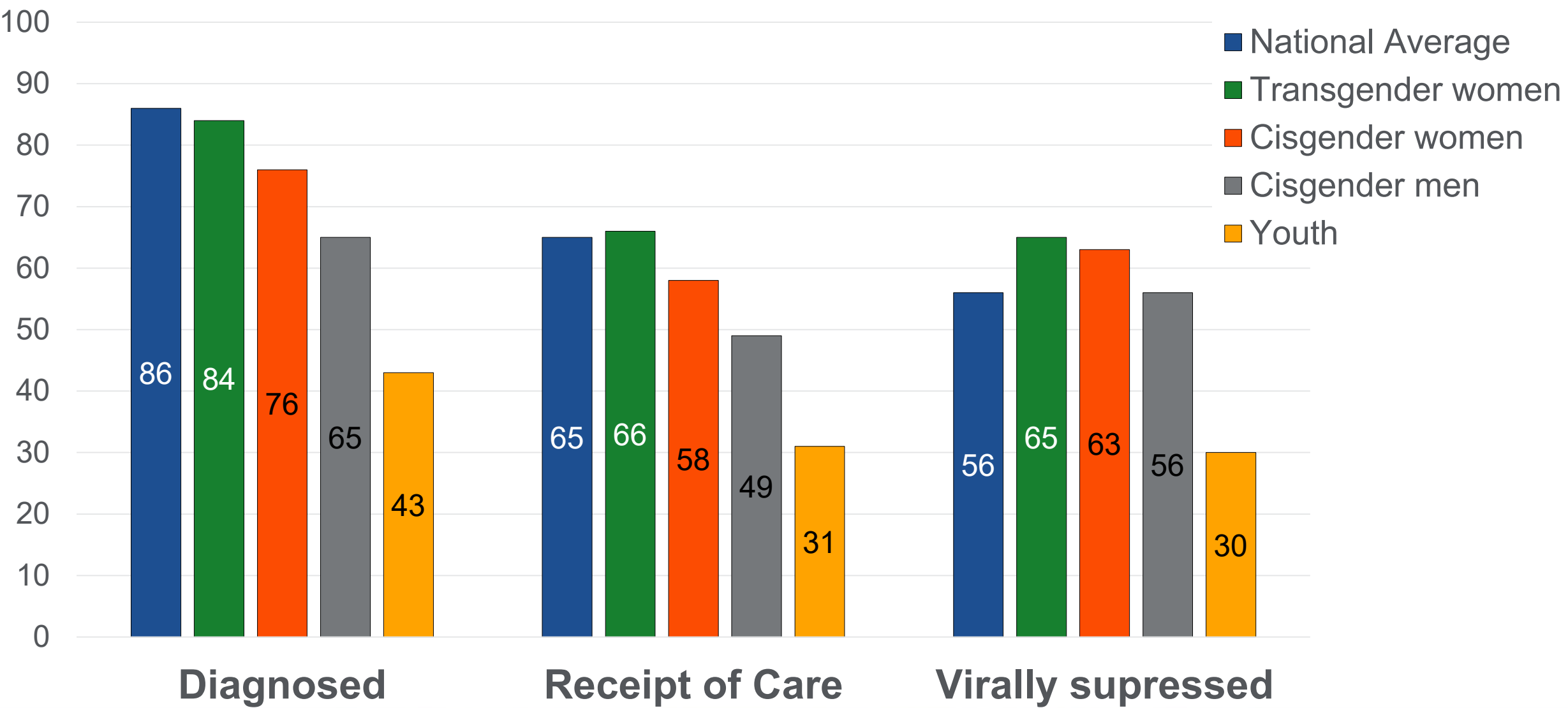
New HIV Diagnoses by Age (2018)



Rates of Persons Living with HIV, 2018



Disparities in HIV Care Continuum Progression (2018)



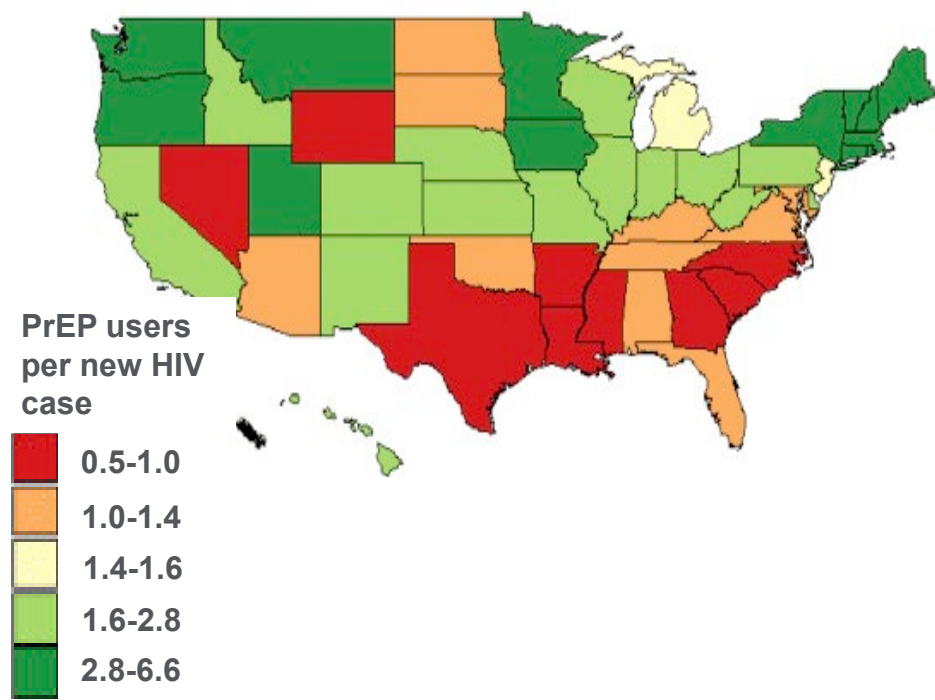
Biomedical Treatment and Prevention

Oral and LAI HIV Therapy



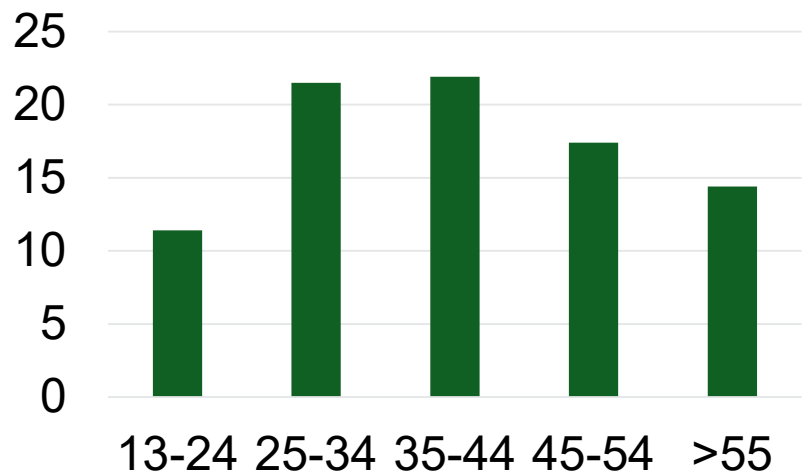
Oral PrEP Challenges

PrEP to Need Ratio in 2017 (Q4)

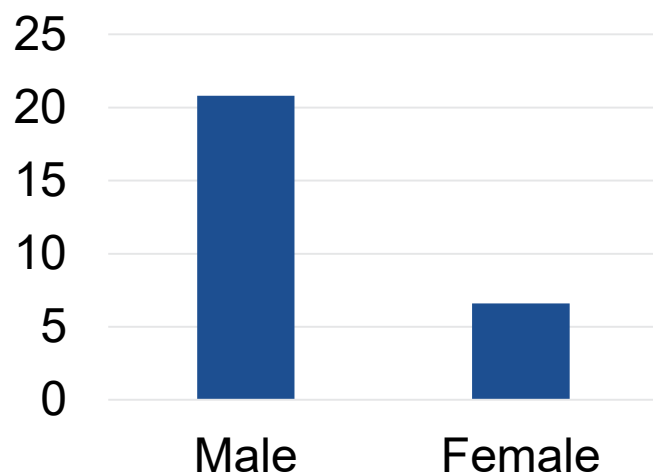


2018 oral PrEP Prescriptions by:

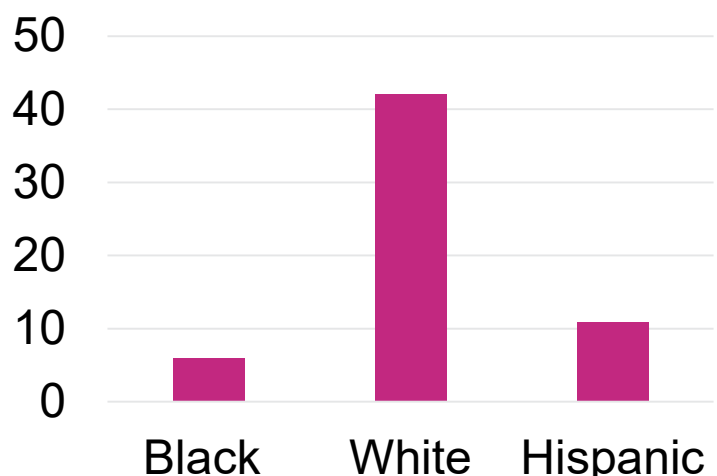
Age



Gender



Race/Ethnicity



Status of Long-Acting Injectable PrEP

- LAI PrEP (Cabotegravir) is a bi-monthly shot in the buttocks
- Superior to oral PrEP in Phase III trials
- Well tolerated and preferred over oral PrEP
- Not yet approved by the FDA



Status of Long-Acting Injectable ART

- LAI ART consists of two shots each month (Cabotegravir + Rilpivirine)
- Non-inferior to oral ART in Phase III trials
 - Received FDA approval (1/21) for people who are **virally suppressed**
- ATLAS-2M study
- Well tolerated and preferred by **clinical trial participants**



Facilitators and Barriers to LAI ART and PrEP

Perceived **Barriers** to LAI

- Fear of new products
- Potential side effects
- Medical mistrust
- Transportation
- Pregnancy
- Already take lots of pills

Perceived **Facilitators** to LAI

- Shots more effective than pills
- Ease and convenience
- Increased autonomy
- Confidentiality

A Qualitative Exploration of Women's Perceptions of Injectables and Interest in Long-Acting Injectable Pre-exposure Prophylaxis (PrEP) Among Women in the Women's Interagency HIV Study (WIHS): A Qualitative Study Across Six Cities in the United States

AIDS and Behavior
https://doi.org/10.1007/s10461-020-03023-9

ORIGINAL PAPER

Morgan M. Philbin¹ · Carrigan Parish¹ · Elizabeth N. Kinnard¹ · Sarah E. Reed² · Maria L. Alcaide³ · Mardge H. Cohen⁴ · Oluwakemi Sosanya⁵ · Anandi N. Sheth⁶ · Jennifer Cocohoba⁷ · Lakshmi Goparaju⁸ · Elizabeth T. Golub¹¹ · Margaret F.

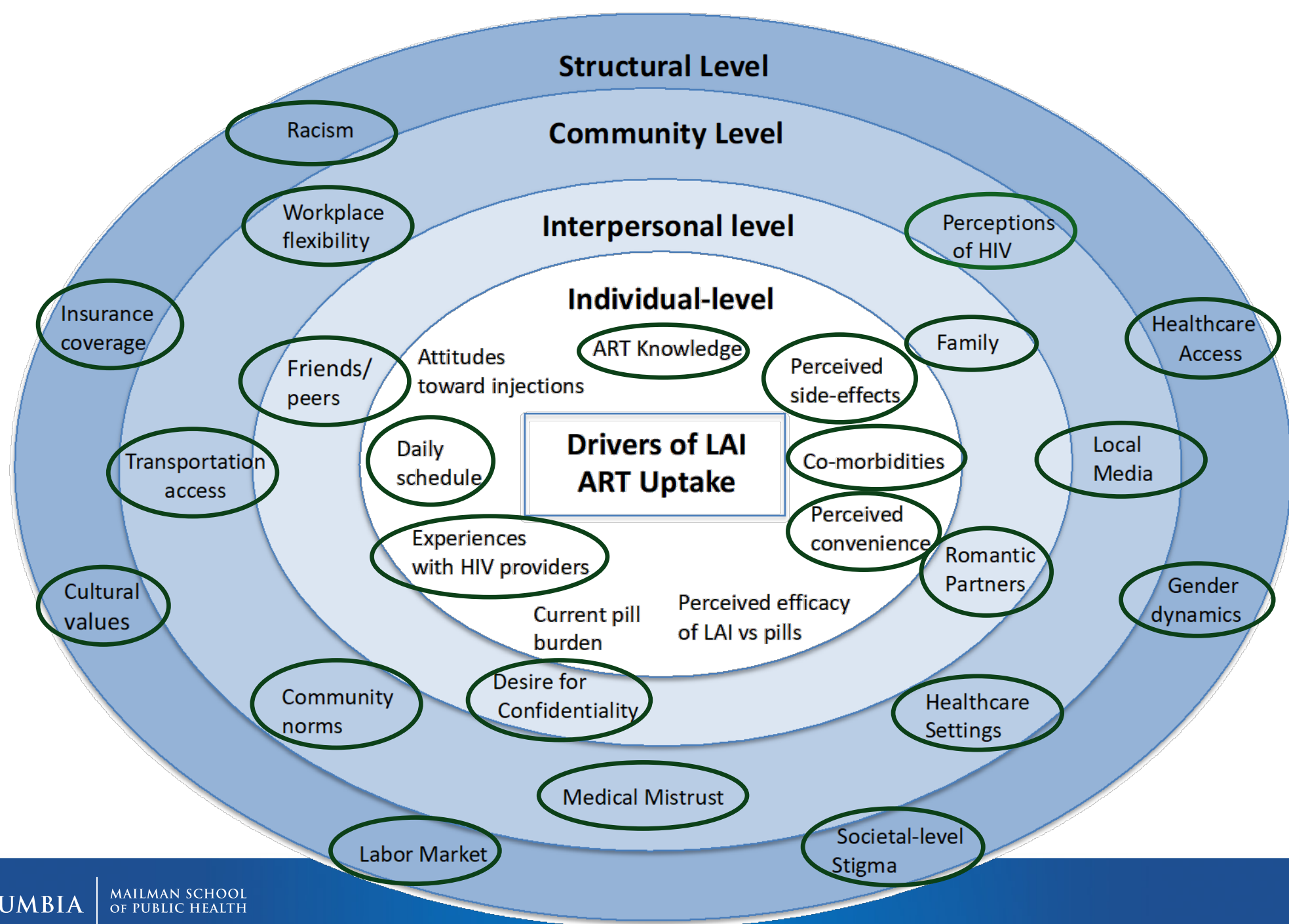
IMPLEMENTATION SCIENCE

Multisite Study of Women Living With HIV's Perceived Barriers to, and Interest in, Long-Acting Injectable Antiretroviral Therapy

Morgan M. Philbin, PhD, MHS,^a Carrigan L. Parish, DMD,^a Elizabeth N. Kinnard, MPH,^a Sarah E. Reed, MA,^a Deanna Kerrigan, PhD, MPH,^b Maria L. Alcaide, MD,^c Mardge H. Cohen, MD, Oluwakemi Sosanya, NP,^e Anandi N. Sheth, MD,^f Adaora A. Adimora, MD, MPH,^{g,h} Jennifer Cocohoba, PharmD,ⁱ Lakshmi Goparaju, PhD, MPhil,^j Elizabeth T. Golub, PhD, MEd, MPH, Margaret Fischl, MD, FACP,^c and Lisa R. Metsch, PhD^a



U01 AI103397 (**Metsch & Fischl**) “Women’s attitudes towards and willingness to accept injectable HIV therapy” Women’s Interagency HIV Study (WIHS).”



Case Studies



Building the Case Studies

IMPLEMENTATION SCIENCE

Multisite Study of Women Living With HIV's Perceived Barriers to, and Interest in, Long-Acting Injectable Antiretroviral Therapy

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A Qualitative Exploration of Women's Interest in Long-Acting Injectable Antiretroviral Therapy Across Six Cities in the Women's Interagency HIV Study: Intersections with Current and Past Injectable Medication and Substance Use

ORIGINAL PAPER

Interest in Long-Acting Injectable Pre-exposure Prophylaxis (LAI PrEP) Among Women in the Women's Interagency HIV Study (WIHS): A Qualitative Study Across Six Cities in the United States

Morgan M. Philbin¹ · Carrigan Parish¹ · Elizabeth N. Kinnard¹ · Sarah E. Reed¹ · Deanna Kerrigan² · Maria L. Alcaide³ · Mardge H. Cohen⁴ · Oluwakemi Sosanya⁵ · Anandi N. Sheth⁶ · Adaora A. Adimora^{7,8} · Jennifer Cocohoba⁹ · Lakshmi Goparaju¹⁰ · Elizabeth T. Golub¹¹ · Margaret Fischl³ · Lisa R. Metsch¹

“Youth friendly” clinics: Considerations for and engaging HIV-infected adolescents in

Amanda E. Tanner, Morgan M. Philbin, Anna Duval, Jonathan Morgan M. Philbin¹ · C Kapogiannis · AIDS Behav (2014) 18:1501–1510 DOI 10.1007/s10461-013-0650-6

ORIGINAL PAPER

Factors Affecting Linkage to Care and Engagement in Care for Newly Diagnosed HIV-Positive Adolescents Within Fifteen Adolescent Medicine Clinics in the United States

Promise of Pre-Exposure Prophylaxis for Black Men Who Have Sex with Men: An Ecological Approach to Attitudes, Beliefs, and Barriers

Morgan M. Philbin, PhD, MHS,¹ Caroline M. Parker, MA,² Richard G. Parker, PhD,² Patrick A. Wilson, PhD,² Jonathan Garcia, PhD,³ and Jennifer S. Hirsch, PhD²

Gendered Social Institutions and Preventive Healthcare Seeking for Black Men Who Have Sex with Men: The Promise of Biomedical HIV Prevention

“What I Got to Go Through”: Normalization and HIV-Positive Adolescents^{1,2}

Morgan M. Philbin

Factors Affecting Linkage to Care and Engagement for Newly Diagnosed HIV-Positive Adolescents Within Fifteen Adolescent Medicine Clinics in the United States

Morgan M. Philbin · Amanda E. Tanner · Anna DuVal · Jonathan M. Jiahong Xu · Bill Kapogiannis · Jim Bethel · J. Dennis Fortenberry · The Adolescent Trials Network for HIV/AIDS Interventions



T32
MH019139
(Sandfort)
“Behavioral
Sciences
Research
in HIV
Infection.”



U01 HD040533 (Tanner)
“CATCH: Comprehensive
Assessment of Transition
and Coordination for HIV-
Positive Youth as they
Move from Adolescent to
Adult Care.”



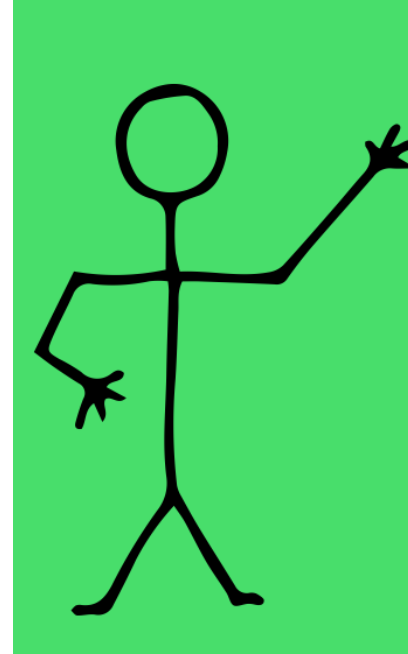
K01 DA039804
(Philbin) “Assessing
the impact of state-
level policies on drug
use and HIV risk for
young men who have
sex with men.”



U01 AI103397 (Metsch & Fischl) “Women's
attitudes towards and
willingness to accept
injectable HIV therapy”
Women's Interagency
HIV Study (WIHS).”

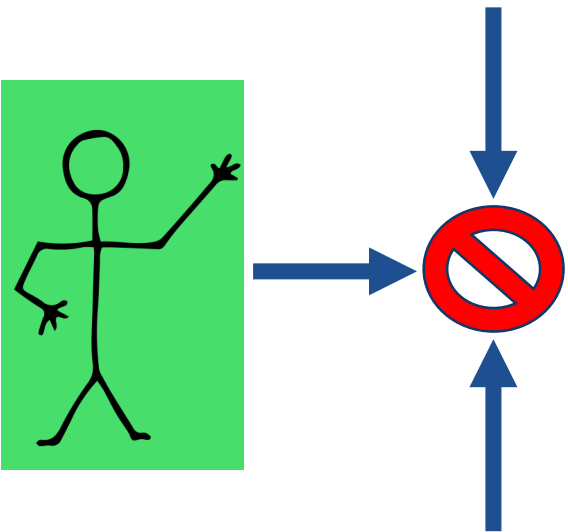
Case #1: Transgender Woman Living with HIV

- Age: 35
- Lives in rural North Carolina
- White
- Partnered
- Works at a coffee shop
- Does not have a car
- Detectable viral load



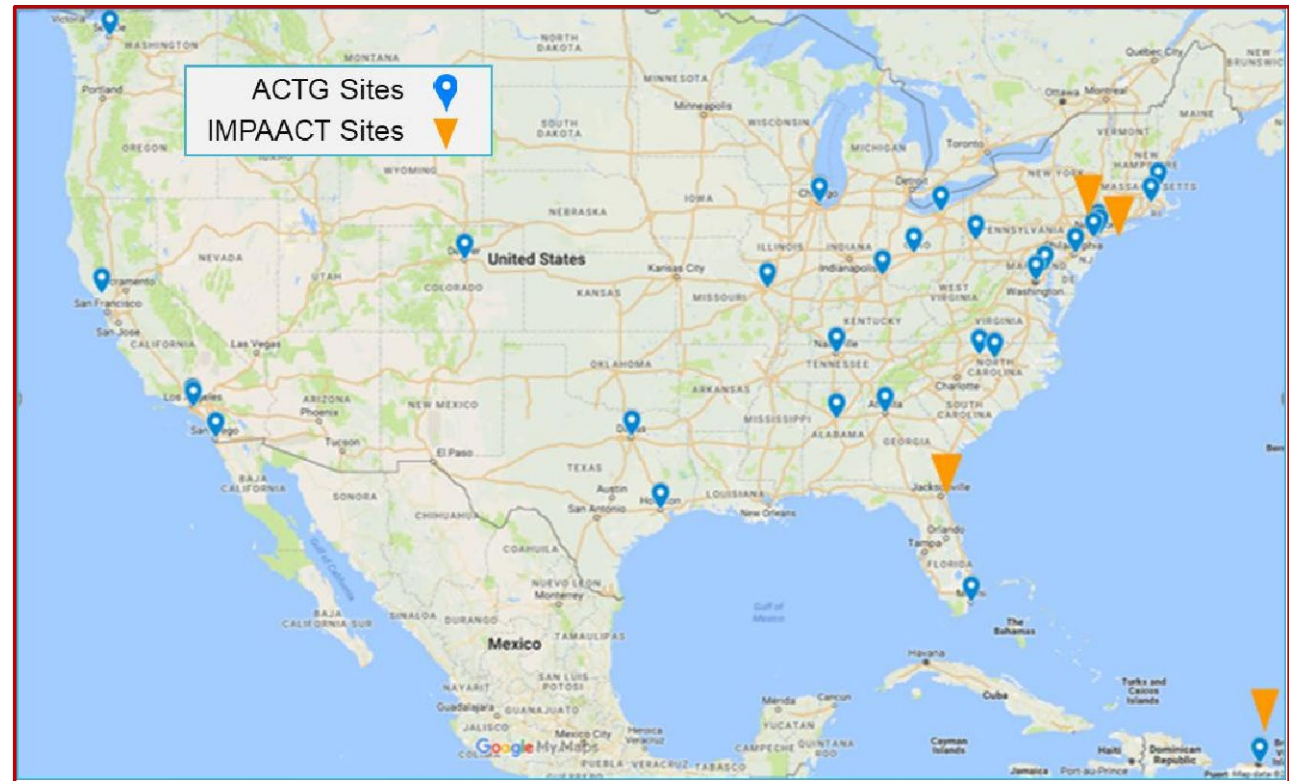
Case #1: Transgender Woman Living with HIV

Provider mentions LAI; she is interested but has a detectable viral load



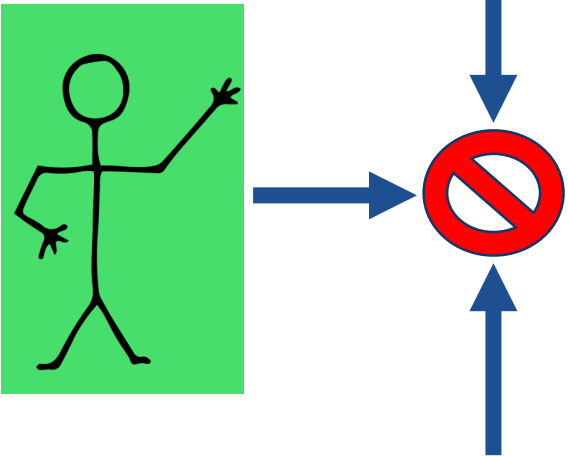
Support services for oral ART adherence

35 sites across the US

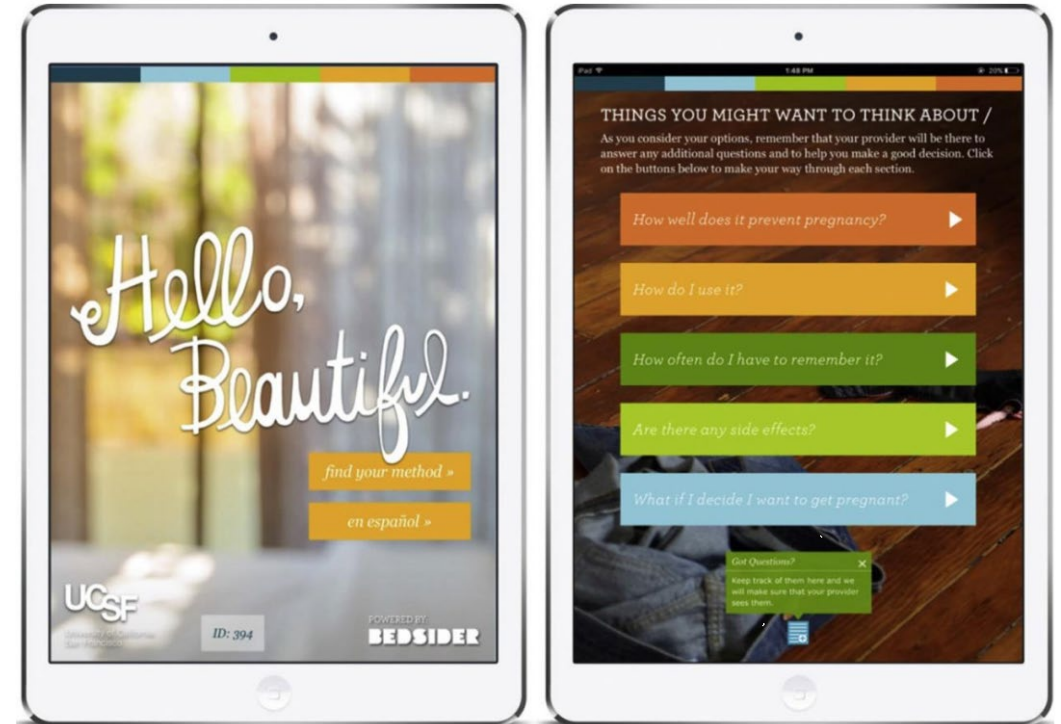


Case #1: Transgender Woman Living with HIV

Her viral load is undetectable;
the provider urges LAI ART
because he “doesn’t trust her”
to take pills



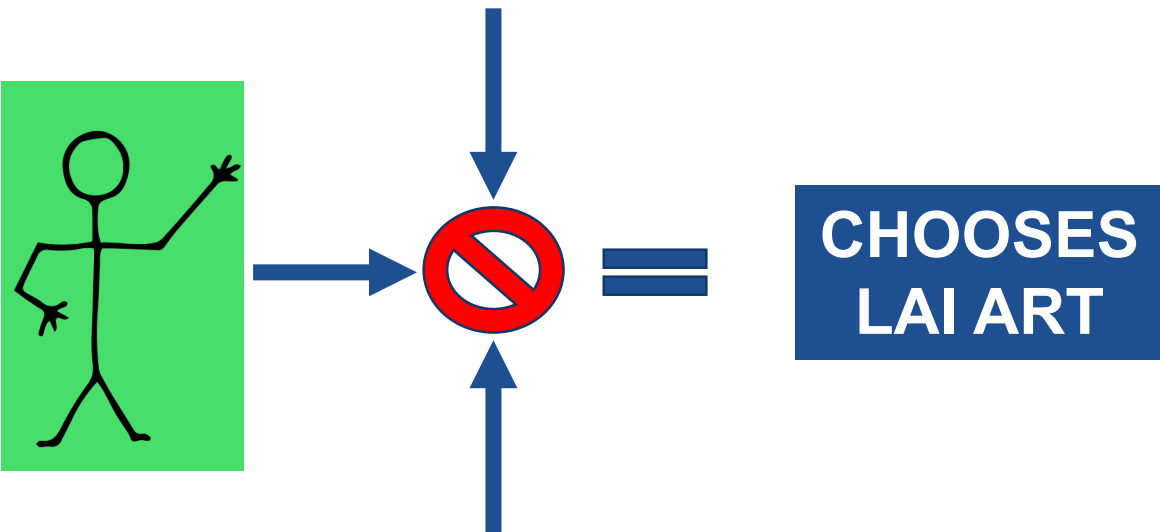
Patient Decision Aid to
facilitate shared decision
making and autonomy



R34 MH124552 (**Philbin**) “Optimizing HIV adherence by developing a shared decision support tool to facilitate women’s choice between oral and LAI ART”

Case #1: Transgender Woman Living with HIV

Hard to get to the clinic
every month for LAI ART



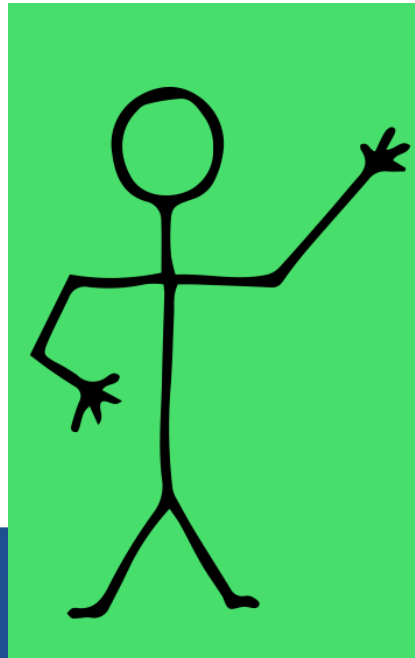
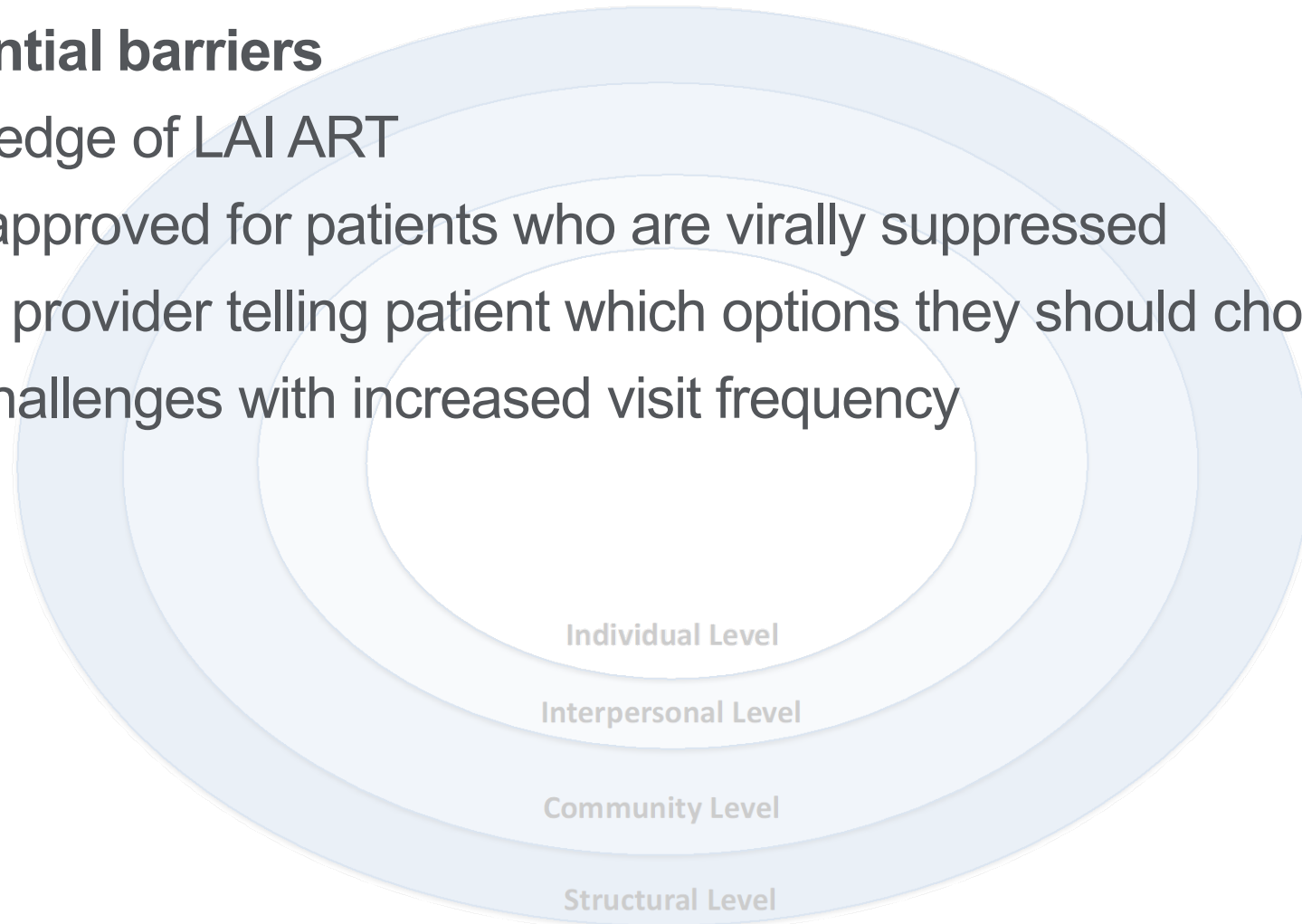
Co-locate LAI ART &
gender affirming care



Case #1: Transgender Woman Living with HIV

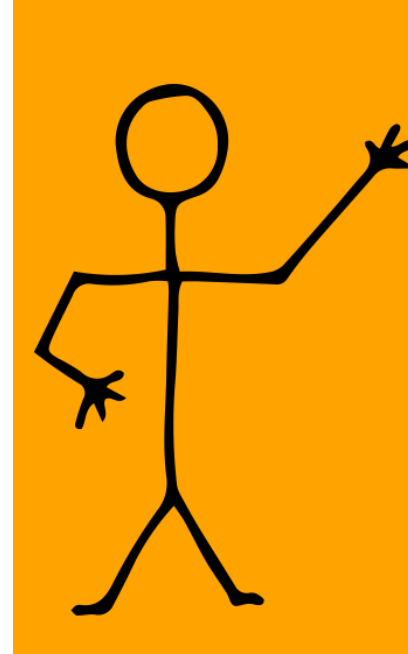
Summary of potential barriers

- Provider's knowledge of LAI ART
- LAI ART is only approved for patients who are virally suppressed
- Risk of coercion; provider telling patient which options they should choose
- Transportation challenges with increased visit frequency



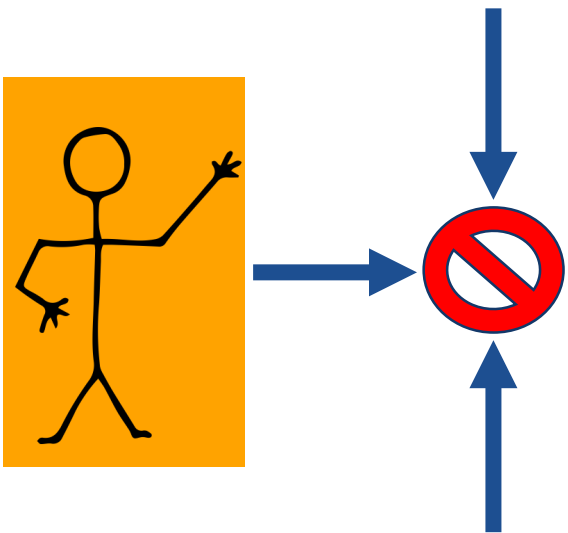
Case #2: Young Woman Living with HIV

- Age 27
- Lives in Baltimore, MD
- Married
- Has 4 children
- Black/African American
- Recently incarcerated
- Does not own a car
- History of injection drug use



Case #2: Young Woman Living with HIV

Recently incarcerated
and lacks insurance

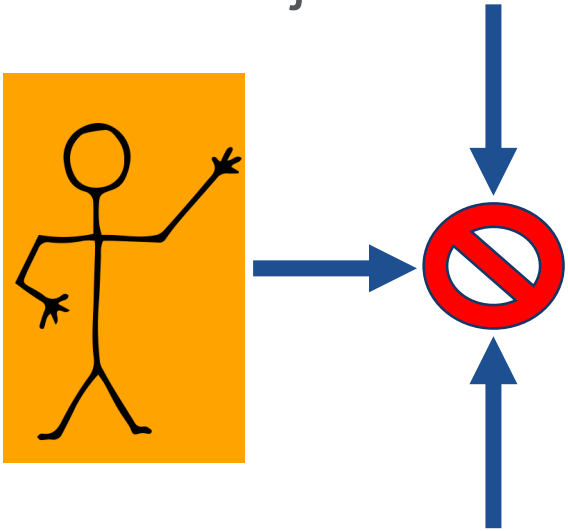


Ensure streamlined
healthcare engagement
post incarceration



Case #2: Young Woman Living with HIV

Provider offers LAI ART; she wants to get pregnant and is wary of side effects; history of injection drug use



Discussion of potential future LAI ART use and intersection of LAIs and injection drug use

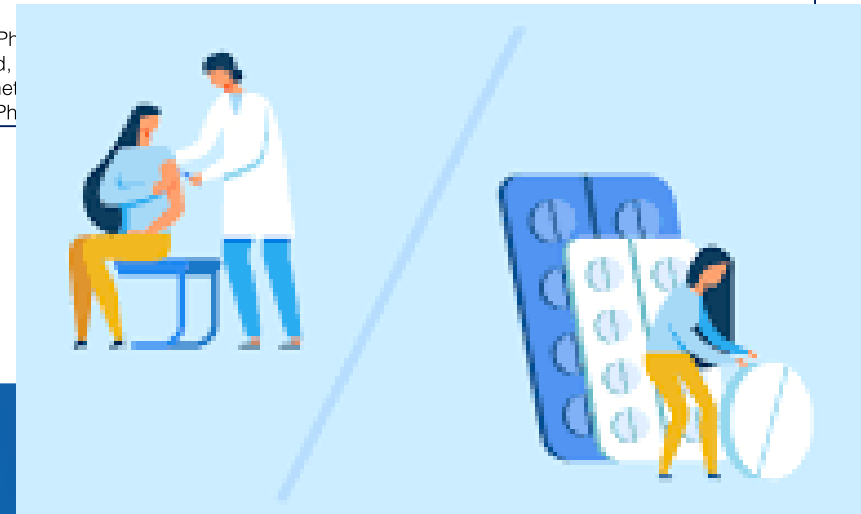
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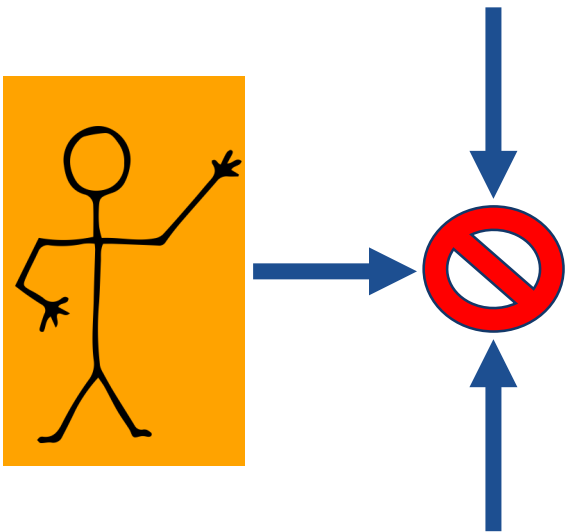
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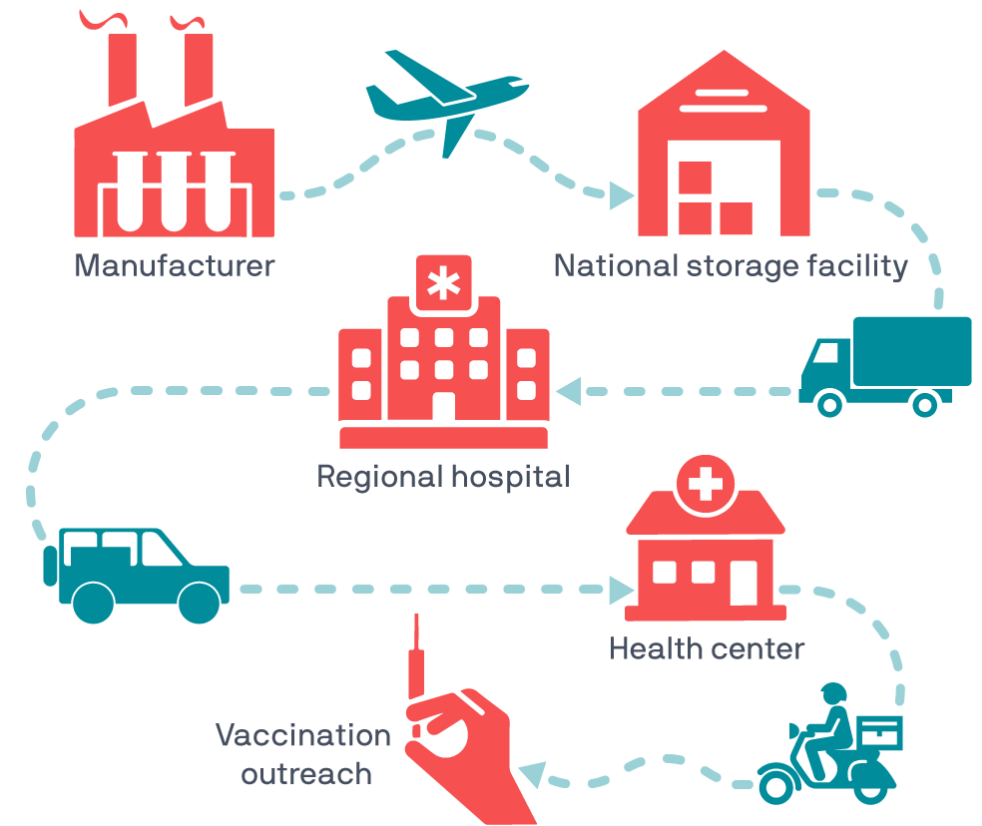
Case #2: Young Woman Living with HIV

Interested in LAI ART but
it is challenging for the
clinic to stock



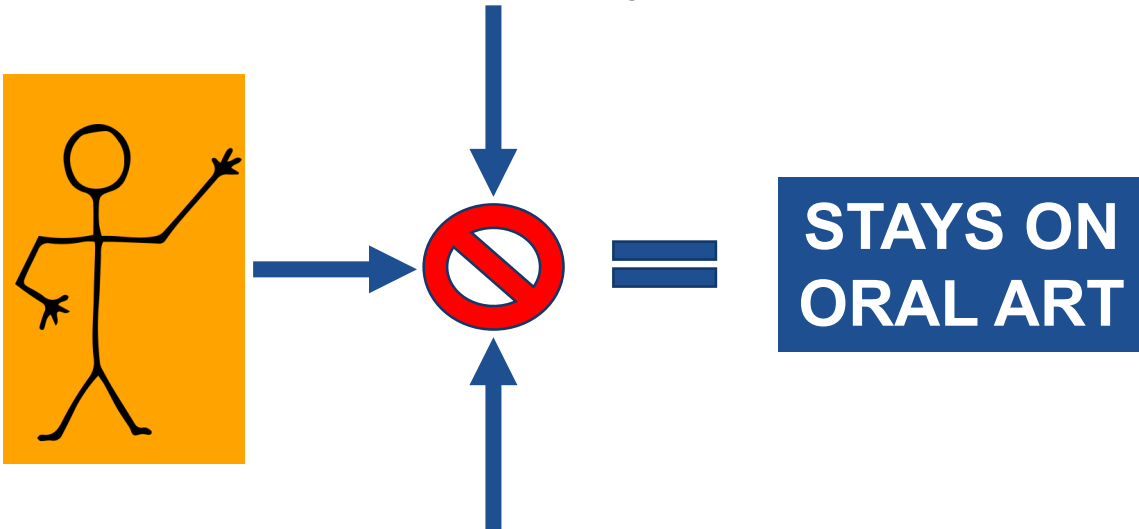
Ensure clinics are
prepared and that LAI ART
is available

Cold storage chain



Case #2: Young Woman Living with HIV

Can't afford more frequent office copays; clinic is 3 bus rides away



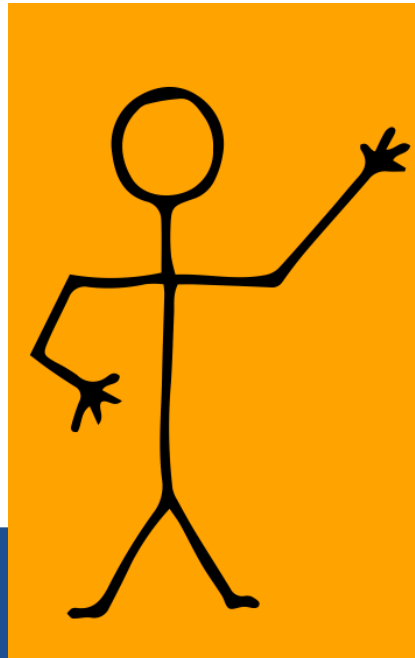
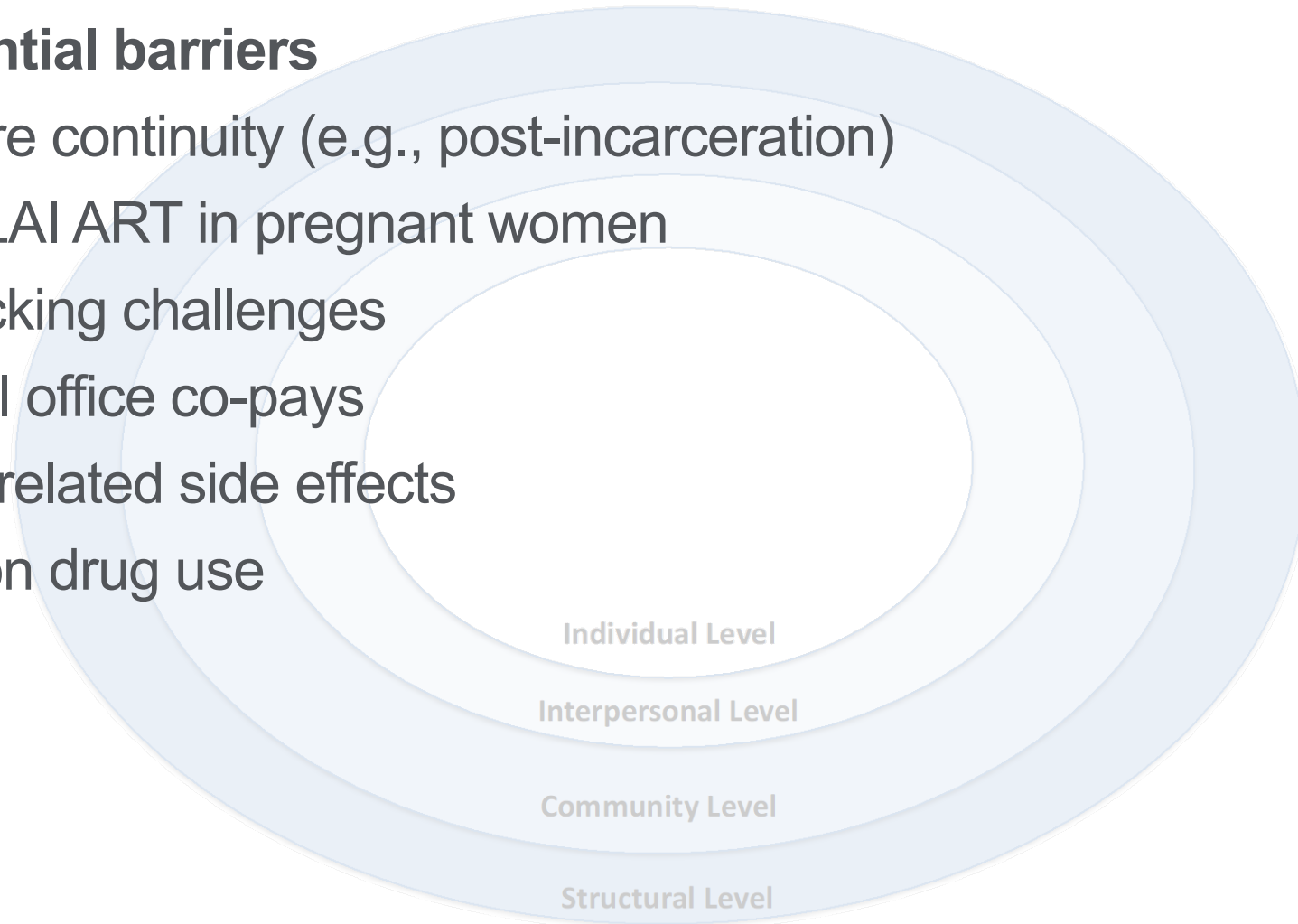
Limit copays; expand LAI ART into the community



Case #2: Young Woman Living with HIV

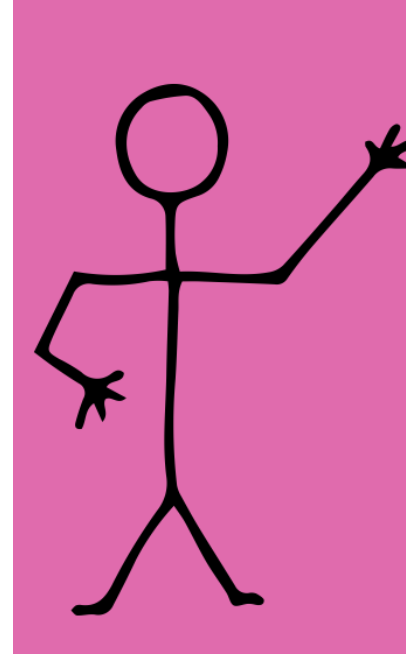
Summary of potential barriers

- Lack of healthcare continuity (e.g., post-incarceration)
- Lack of data on LAI ART in pregnant women
- Clinic-based stocking challenges
- Cost of additional office co-pays
- Fear of LAI ART-related side effects
- History of injection drug use



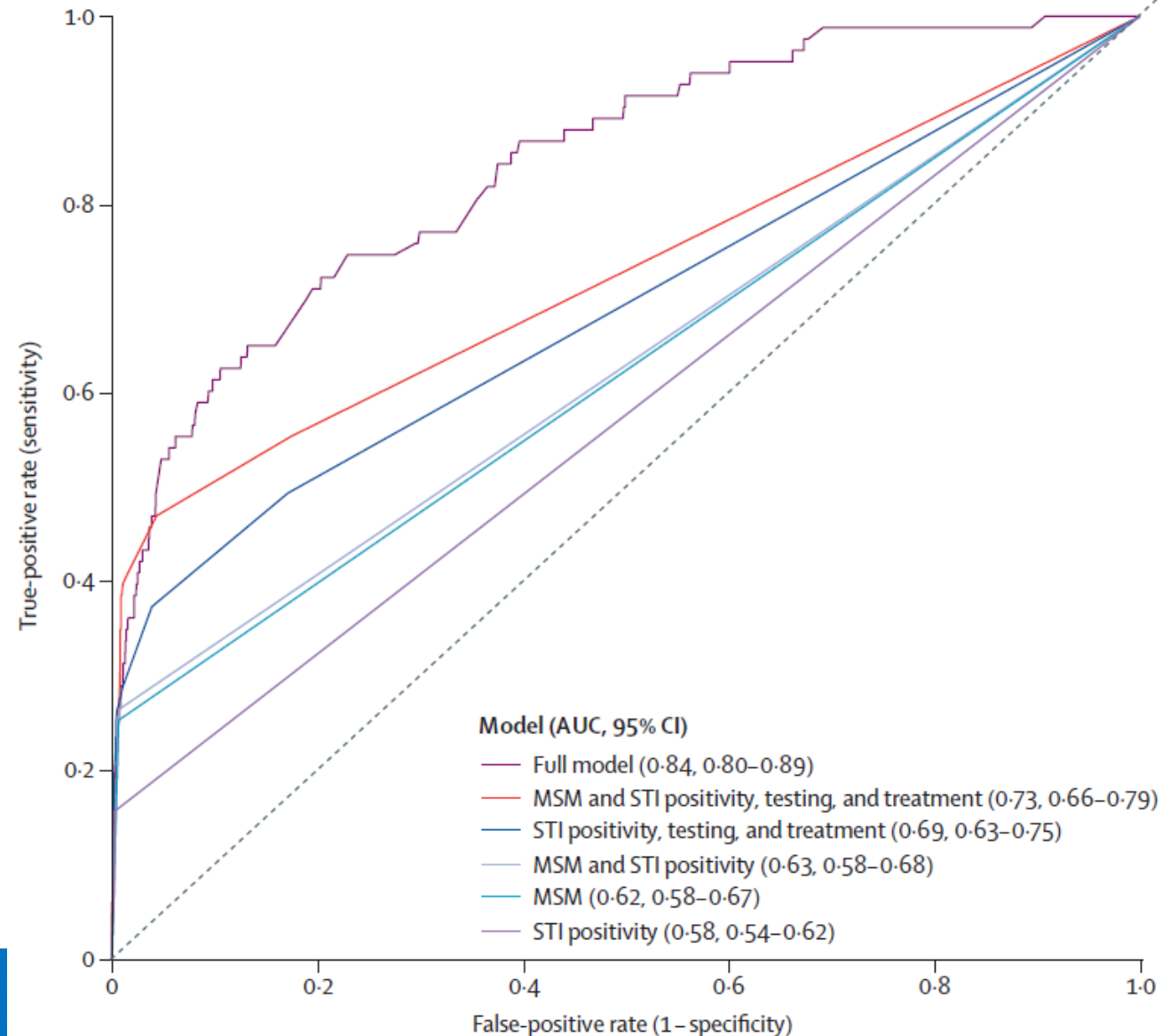
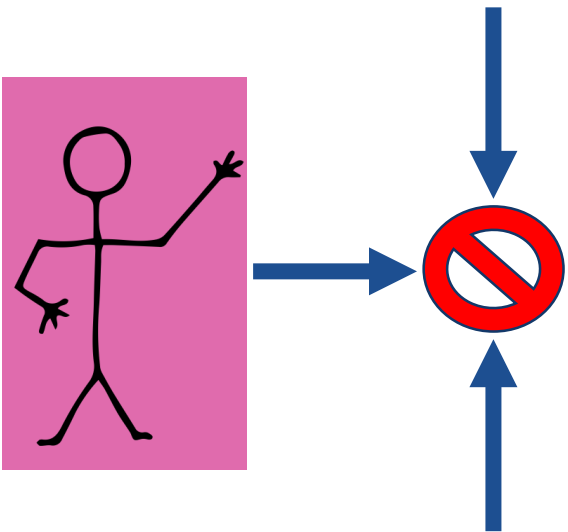
Case #3: Gay Man at Risk for HIV

- Age 22
- Lives in San Francisco, CA
- Single
- No children
- Latino
- Works at Oakland Airport
- Owns a car



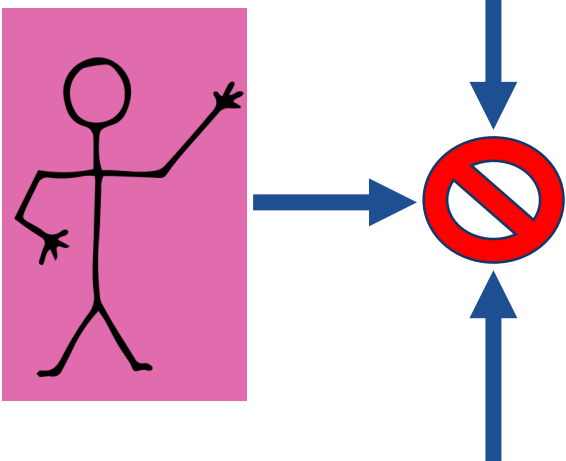
Case #3: Gay Man at Risk for HIV

Goes to doctor for annual visit; provider doesn't offer PrEP



Case #3: Gay Man at Risk for HIV

Provider offers PrEP but
the patient has low
perceived HIV risk



Focus on pleasure,
anxiety reduction and
lowered stigma



Chill Pill

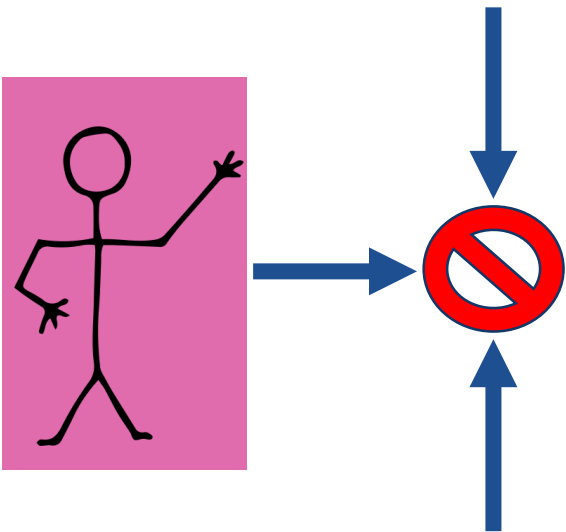
I worried about getting **HIV**
Now I take a pill called **PrEP**
PrEP prevents HIV


HIVChillPill.org

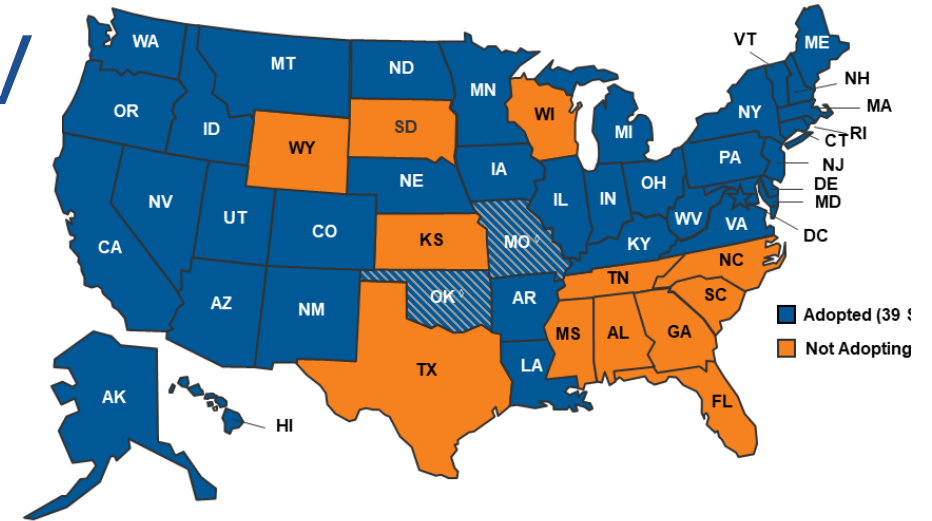


Case #3: Gay Man at Risk for HIV

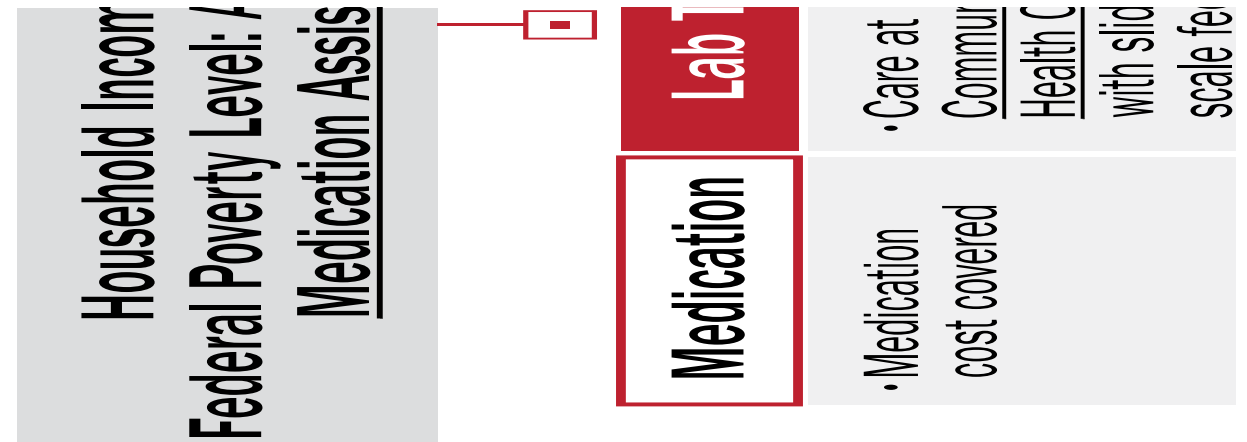
Wants LAI PrEP because of discretion but is afraid his insurance won't cover it



Ensure LAI PrEP is covered by private insurance and Medicaid

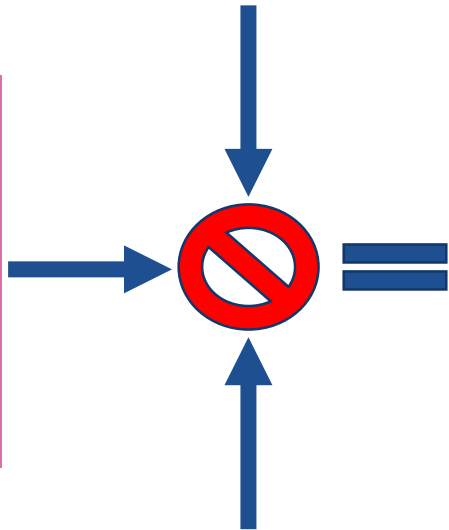
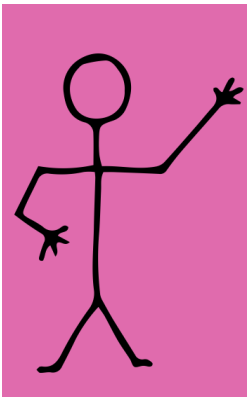


If Household income is <500% Below Poverty Level



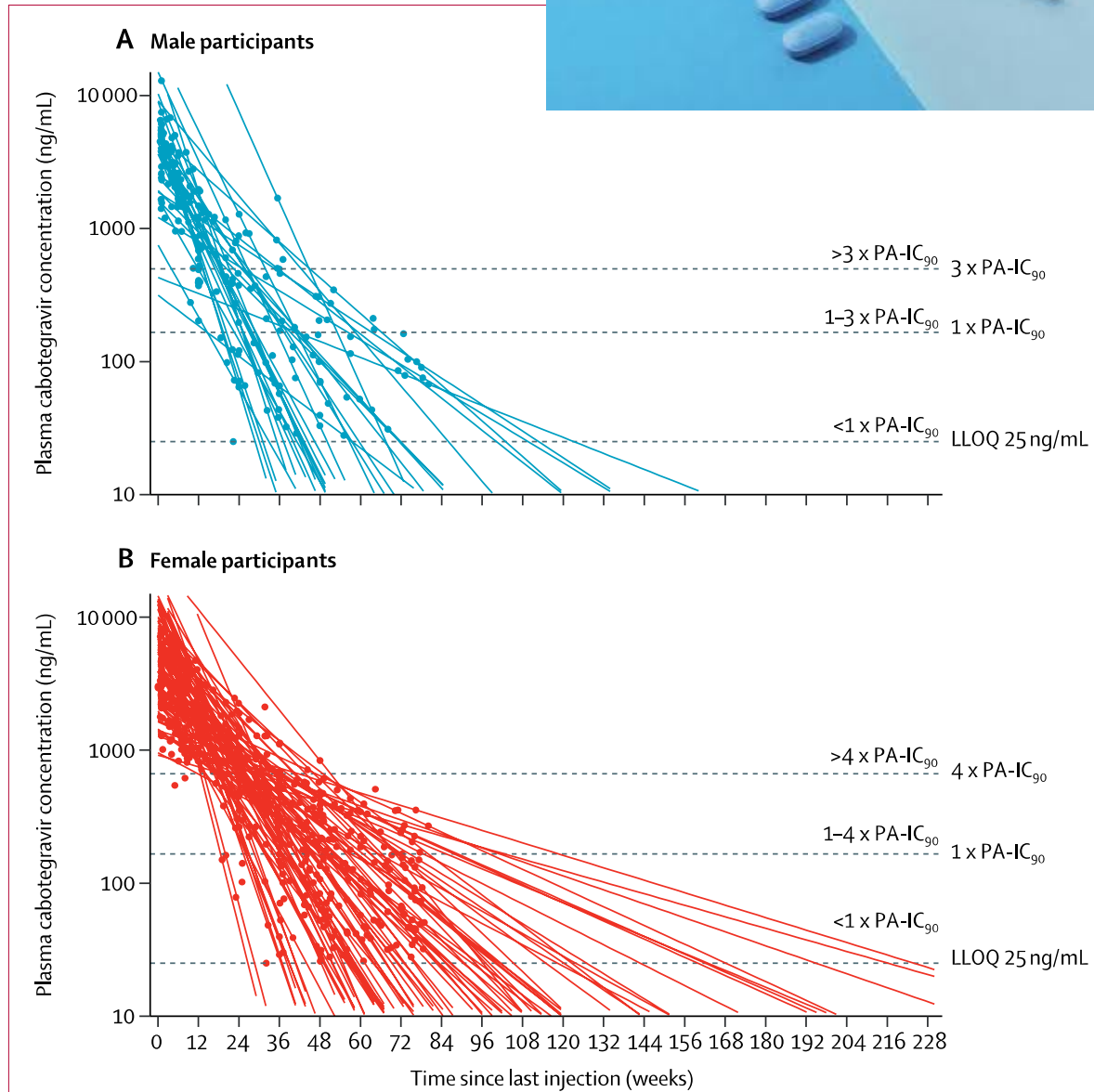
Case #3: Gay Man at Risk for HIV

Stays on LAI PrEP
for one year but
dislikes the injections



**LAI PrEP TO
ORAL PrEP**

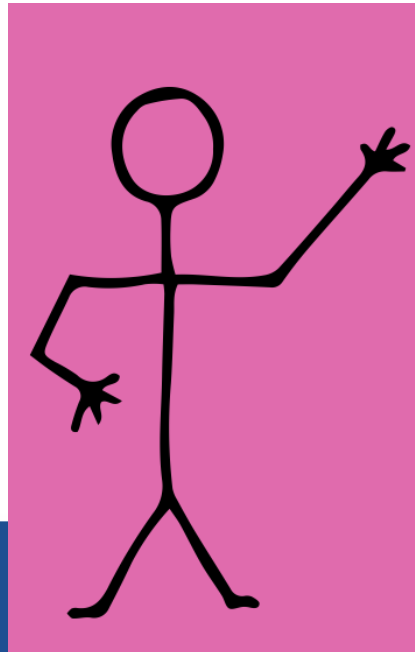
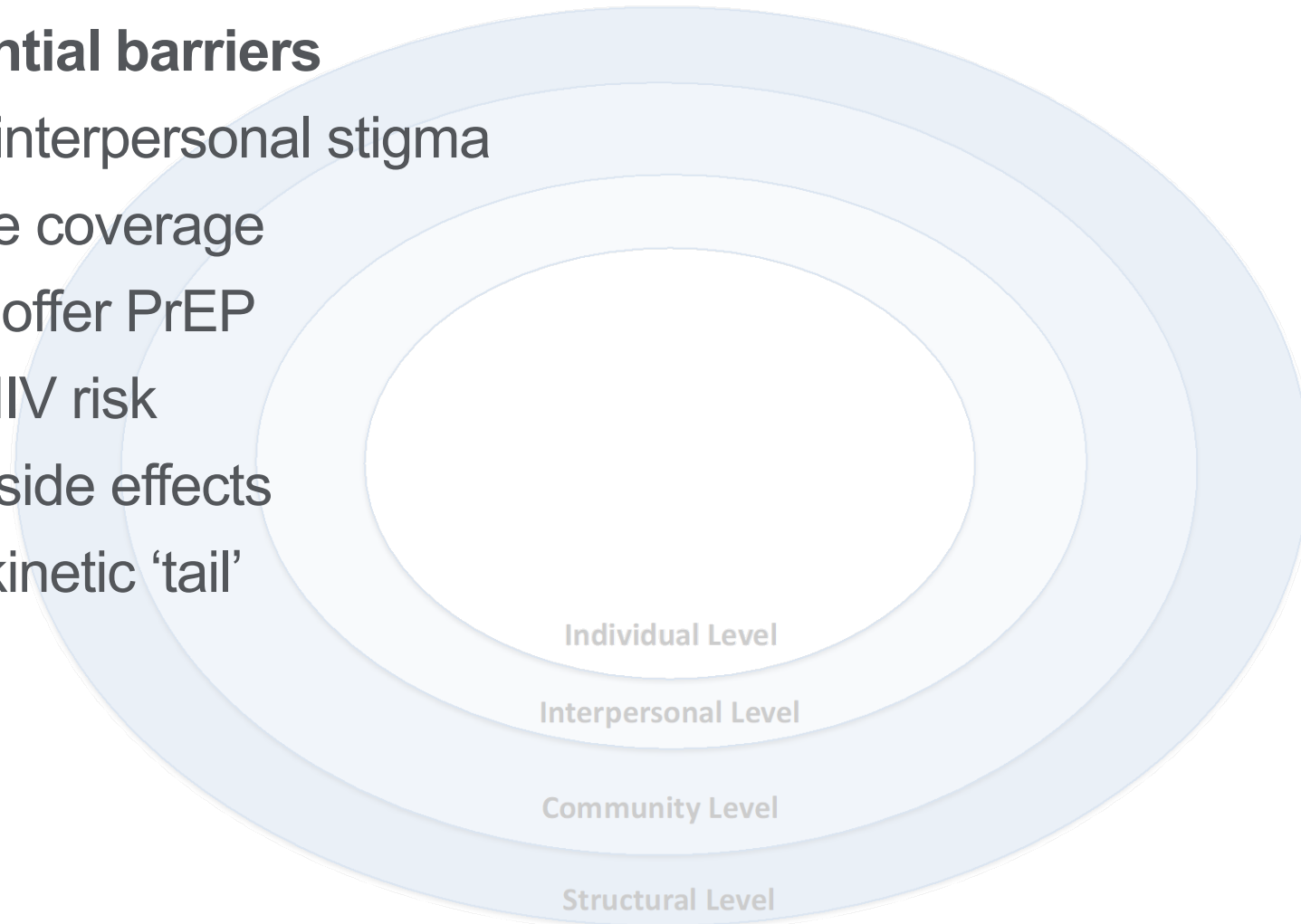
Plans for shift to
oral PrEP;
discussion of tail



Case #3: Gay Man at Risk for HIV

Summary of potential barriers

- Community and interpersonal stigma
- Lack of insurance coverage
- Provider doesn't offer PrEP
- Low-perceived HIV risk
- Injection-related side effects
- PrEP pharmacokinetic 'tail'



Conclusions



Health Equity and Health Justice

- We need to get (LAI) ART and (LAI) PrEP *to* people, not expect them to come to us



Facilitating Equity in Awareness and Access

- Address multi-level barriers to medication access and uptake
- Tailor public health messaging
- Limit coercion and facilitate shared decision making
- Increase confidence in science

Facilitating Equity in Awareness and Access

LAI ART and PrEP have incredible potential, but that potential will not be equitably distributed without a careful and thoughtful scale-up that addresses substantial constraints across individual, clinical, and structural levels



Acknowledgements

- NIH funders
- Mentors
- Research and community collaborators
- Participants who took the time to share their thoughts and insights



Thank you!

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