



HIV LONG-ACTING AGENTS: Policy Considerations for Injectable Therapies under the Ryan White HIV/AIDS Program & State AIDS Drug Assistance Programs

Injectable therapies in local HIV service delivery systems; advocacy & policy discussions about strategies to best remove/reduce barriers to care

The Executive Summary

***Issue:** Obstacles and operational barriers to timely access of new agents, especially injectables, have increased. Some of these products are described as “Long-Acting Agents” (LAAs) and sometimes they are products in “limited distribution networks” vital to the well-being of people living with HIV/AIDS (PLWHA). The barriers that commonly occur hinder equitable access for PLWHA relying on AIDS Drug Assistance Programs (ADAPs) and other insurance products to provide them on a regular basis.*

The ADAP Advocacy Association formed a workgroup of patients, advocates, providers, and industry partners to highlight the issues, potential barriers, and best practices to provide solutions, both short and long term, to improve equitable access for ADAP recipients nationwide. “How can ADAPs and other insurance programs evolve to address and overcome these hurdles?”

PLWHA relying on ADAP to obtain their life saving medications *MUST* receive equitable and timely access to medications relative to their insured counterparts; inclusive of LAAs, injectable therapies, and other newly approved medications by the U.S. Food & Drug Administration (FDA).

Goal: Reduce Barriers to Care, Increase Care Retention – Guiding Principles:

Lead with Equity: Healthcare equity is paramount to ending the HIV epidemic; access to services and medications should be available to all who seek to manage HIV infection, *regardless* of their payer or insurance coverage; commercial, Medicaid, Medicare or ADAP. Additionally, medication accessibility is not the only lever to optimize health and outcomes; access to healthcare facilities and culturally competent providers vested in reducing health disparities are critically necessary components to furthering access and retention in care.

Center with the PLWHA Community: It is critical to center the community in design and implementation of programs. We have learned from the [Denver Principles](#) and meaningful inclusion of people with AIDS (MIPA) and other Federal Grantee expectations that effective community engagement builds meaningful, sustainable partnerships and strengthens program efficiencies.

Empowerment: Understanding treatment options, including what to expect and how to administer, could result in better dialogue between patients and their provider team, leading to improved quality of care. HRSA, when evaluating grant applications, should incorporate a scoring mechanism to prioritize entities focusing on reinvesting in and having affected communities lead the program operations of the Ryan White HIV/AIDS Program (RWHAP):

- greater emphasis on increasing peer counselors within RWHAP recipients and sub recipients staffing
- local areas should be evaluating hiring practices to focus on where they may be able to recruit talent and labor from their patient and service area and population bases.

Americans living in rural areas of the country face transportation, geographic, and financial barriers. In many rural areas receiving treatment for HIV requires extensive planning, transportation considerations, and entire days of time taken away from work and family to access services.

Leverage AETCs for targeted education about engaging in providing LAAs, specifically injectables, in a clinic flow model. To assist in providers “getting over the administrative hurdle” provide technical assistance on “pharmacy versus medical” benefit models.

Design solutions at the state level for advocacy in legislative perspectives. Advocates and other stakeholders, particularly funders, need to focus on removing barriers in utilization, simplifying programmatic processes, streamlining formulary management process, and creating an array of financial options (demonstration projects, coordinating financial resources, etc.)

Client Engagement – Where Do We Get the Resources and Training Needed for Meaningful Engagement at the Local Levels? While organizations may create educational resources of their own, these can be supplemented with the resources made available by government agencies, AIDS Service Organizations (ASOs), LGBTQ-focused organizations, pharmacies that focus on serving PLWHA, food pantries, and other support service models.

Summary Recap:

- 1 Lead with Equity**
- 2 Start and Center with PLWHA**
- 3 Leverage AETCs and other local centers**
- 4 Partner with local pharmacy expertise on complex medication topics**
- 5 Identify “Best Practice” client engagement strategies to adopt locally**
- 6 Hyperlinks**