

Open and Unrestricted Access to HIV Medicines Can Reduce Health Inequities in HIV Treatment and Prevention

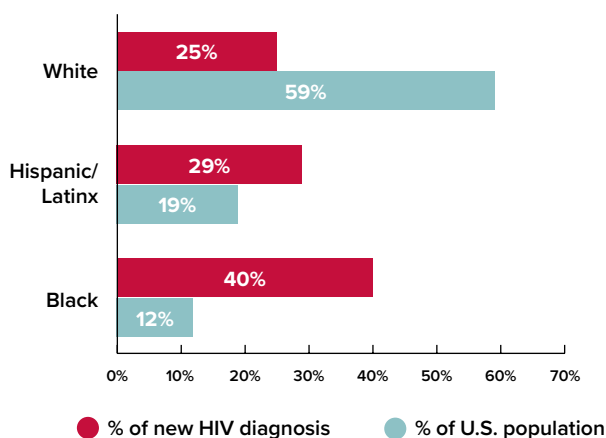


Black and Hispanic/Latinx communities represent some of the most underserved groups in the US, facing barriers that can limit their ability to access and adhere to HIV treatment and prevention medications. Open access - unrestricted access to antiretroviral medicines (ARVs) without the requirement of prior authorization or step therapy - can serve to reduce systemic health inequities and improve the overall health of people living with HIV (PLWH) and people who could benefit from PrEP.

Systemic Health Inequities

Black and Hispanic/Latinx communities are disproportionately impacted by HIV, have higher rates of HIV diagnosis, and lower rates of viral suppression and PrEP uptake.

New HIV Diagnosis¹

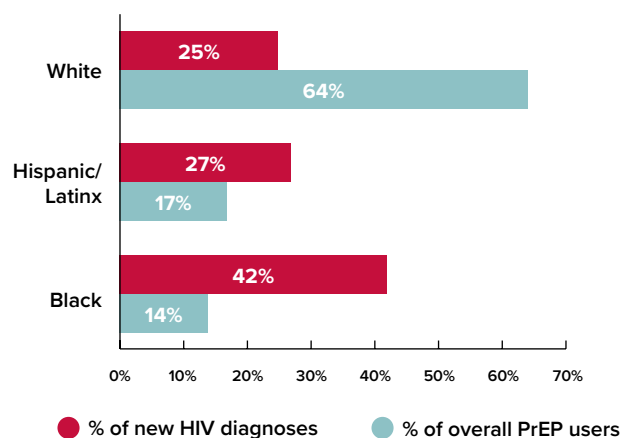


Lower Rates of Viral Suppression

Only 62% of Black individuals and 64% of Hispanic/Latinx individuals living with HIV were virally suppressed in 2021.

This compares to 72% of white individuals living with HIV.

PrEP Users²



Racial/Ethnic Disparities at the Regional Level³

In the South, Black people make up 48% of new HIV diagnoses but only 21% of PrEP users.

In the West, Hispanic/Latinx people represent 46% of new HIV diagnoses but only 23% of all PrEP users.

Socio-Economic Factors Impact Access

Black and Hispanic/Latinx communities are at the greatest risk of acquiring HIV and can face significant social and structural challenges that impact health, including economic insecurities; mental health and substance use issues; stigma and discrimination; social segregation; healthcare deserts; and distrust of the healthcare system.

Additional barriers, like prior authorization and step therapy, make it even harder for people to receive the medicines they need and can result in people falling out of care altogether.

93% of physicians surveyed reported that prior authorizations lead to delays in medically necessary therapy.

82% of physicians reported that prior authorizations sometimes lead to patients abandoning a recommended medication.

34% of physicians reported that prior authorizations have led to serious adverse events for their patients.⁴

Addressing Compounding Disparities

HIV-related disparities do not exist in a vacuum. The communities most affected by HIV are also more likely to experience comorbidities like cardiovascular disease (CVD). This can create a snowball effect of compounding disparities, further complicating a person's ability to remain healthy.

Healthcare providers, in consultation with patients, are best equipped to select the right HIV treatment or prevention medicine for an individual that does not cause or worsen comorbidities. Open access policies reduce HIV-related inequities by helping to ensure that all people have timely access to the highest standard of HIV treatment and prevention.

Comorbidities for Black People Living with HIV

- ✓ **Highest estimated 10-year risk of CVD compared** with other racial and ethnic groups, along with Hispanic/Latinx PLWH.⁵
- ✓ **More poorly controlled Blood Pressure/Hypertension, diabetic dyslipidemia, and lipid management** compared to White PLWH.^{6,7}
- ✓ **Higher stroke incidence** than White PLWH in the AIDS Clinical Trials Group Longitudinal Linked Randomized Trials cohort.^{8,9}

Barriers for Black patients with CVD¹⁰

Black patients with CVD are negatively impacted by prior authorization.

61% report delays in care

45% increased medication discontinuation

50% higher patient confusion

Open Access Saves Lives

- ✓ Prevents insurers from imposing barriers, like prior authorization and step therapy, on life-saving HIV treatment and prevention medicines.
- ✓ Ensures that doctors and patients are empowered to make the best medical decisions for each patient.
- ✓ Brings policymakers one step closer to addressing existing disparities and ending the HIV epidemic.

1 AIDSvU.org. Local Data: United States. Accessed <https://aidsvu.org/aidsvu-releases-new-data-highlighting-ongoing-inequities-in-prep-use-among-black-and-hispanic-people-and-across-regions-of-the-county/>.

2 AIDSvU.org. <https://aidsvu.org/national-latinx-aids-awareness-day-toolkit/>.

3 AIDSvU.org. Local Data: United States. Accessed <https://aidsvu.org/aidsvu-releases-new-data-highlighting-ongoing-inequities-in-prep-use-among-black-and-hispanic-people-and-across-regions-of-the-county/>.

4 American Medical Association. AMA 2020 Prior Authorization Survey. <https://www.ama-assn.org/system/files/prior-auth-reforms-issue-brief.pdf>. Accessed 2020

5 Feinstein MJ, Nance RM, Drozd DR et al. Assessing and Refining Myocardial Infarction Risk Estimation Among Patients With Human Immunodeficiency Virus: A Study by the Centers for AIDS Research Network of Integrated Clinical Systems. Accessed from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5310962/>.

6 Kent ST, Schwartz JE, Shimbo D et al. Race and sex differences in ambulatory blood pressure measures among HIV+ adults. Accessed from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5667355/>.

7 Richardson KK, Bokhour B, McInnes DK et al. Racial Disparities in HIV Care Extend to Common Comorbidities: Implications for Implementation of Interventions to Reduce Disparities in HIV Care. Accessed from: <https://pubmed.ncbi.nlm.nih.gov/27979005/>.

8 Chow FC, Wilson MR, Wu K, Ellis RJ, Bosch RJ, Linas BP. Stroke incidence is highest in women and non-Hispanic blacks living with HIV in the AIDS Clinical Trials Group Longitudinal Linked Randomized Trials cohort.

Accessed from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5955006/>.

9 Thakur KT, Lyons JL, Smith BR, Shinohara RT, Mateen FJ. Stroke in HIV-infected African Americans: a retrospective cohort study. Accessed from: <https://pubmed.ncbi.nlm.nih.gov/26155903/>.

10 Association of Black Cardiologists. Identifying How Prior Authorization Impacts Treatment of Underserved & Minority Patients. Accessed from: <http://abcario.org/wp-content/uploads/2019/03/AB-20190227-PA-White-Paper-Survey-Results-final.pdf>.