



HIV LONG-ACTING INJECTABLES

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**PATIENT ACCESS
CONSIDERATIONS FOR
Injectable HIV Therapies
& Injectable HIV Pre-
Exposure Prophylaxis**

HIV LONG-ACTING INJECTABLES

Authors' Note

This project was made possible with support from Gilead Sciences, Merck, and ViiV Healthcare's Positive Action Community Grants. (Disclaimer: The contents of this report do not necessarily reflect the views of the project's funders.) For this project, ADAP Advocacy exercised full control and discretion over the content of the implementation strategy, epistemic modality, survey and focus group design, marketing concept, and independent evaluation. This project's analysis, findings, and summarization were independent of the funder's influence.

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Executive Summary

In pursuing this project, ADAP Advocacy sought to understand patient perspectives on long-acting injectables (LAIs). This occurred through three methods – a quantitative survey, a qualitative focus group, and an examination of data – across two populations – those who are HIV-positive (*the use of LAIs for treatment*) and those who are HIV-negative (*the use of LAIs for prevention*). This project was made possible by support from Gilead Sciences, Merck, and ViiV Healthcare's Positive Action Community Grants. For this project, ADAP Advocacy exercised full control and discretion over the content of the implementation strategy, epistemic modality, survey and focus group design, marketing concept, and independent evaluation. This project's analysis, findings, and summarization were independent of the funder's influence.

ADAP Advocacy received 305 responses to the Perspectives Survey on LAI Treatments for People Living with HIV (“HIV Treatment Survey”), which resulted in a total of 262 eligible participants from 38 states, the District of Columbia, and Puerto Rico. In addition, ADAP Advocacy conducted a post-survey focus group with 8 participants to further explore patient awareness and knowledge of, perspectives about, and access to LAI treatment options. ADAP Advocacy received a total of 184 responses to the Perspectives Survey on LAI HIV

Prevention Medications (“HIV Prevention Survey”), which resulted in a total of 154 eligible participants from 35 states, the District of Columbia, and Puerto Rico. ADAP Advocacy conducted a post-survey focus group with 8 participants to further explore patient awareness and knowledge of, perspectives about, and access to LAI prevention options (i.e., Apretude).

The findings from this project serve as a starting point for ADAP Advocacy to conduct additional patient-centric research to learn more about the barriers, as well as facilitators faced by patients seeking LAIs. This project's research questions concerned patient treatment preferences, information pathways, utilization, and barriers to access.

This project had limitations, as well as areas for future exploration that were unable to be pursued at this time. They are as follows:



Rural and Geographic Representation:

Future research should make concerted efforts to solicit responses from people living in rural states, the Midwest, and states in the Mountain West region of the United States to better understand the attitudes, barriers, and facilitators patients face in those parts of the country.



Transgender & Non-Binary Representation

Future researchers should work to increase the participation of those who identify as Transgender (Trans), Non-Binary, or outside of the “Man / Woman” binary. Despite the involvement of trans individuals in developing this survey, ADAP Advocacy received just fifteen responses from individuals identifying differently than “Man” or “Woman.” It is particularly important to increase participation among these populations given recent research indicating trans women disproportionately experience social marginalization, discrimination, physical and sexual violence, and significant risks of exposure to HIV ([Hayes & Shanker, 2024](#)).



Representation of Young People (13-35)

Additional efforts should be made to solicit responses from individuals aged 13-35—a demographic that comprises the majority (64%) of new HIV diagnoses in the United States ([CDC, 2023b](#)). ADAP Advocacy’s treatment survey was not open to those under the age of 18 and received just 38 responses from those aged 18-35 (representing 14.5% of total respondents) whereas the prevention survey was also not open to those under 18 and received 44 responses from those aged 18-35, representing 28.6% of the total number of respondents. It is worth noting that garnering responses from persons under 18 outside of a clinical setting is likely to be difficult, given the push by some lawmakers to limit the information that minors can view.

Introduction



Long-acting Injectables (LAIs) include more than just antiretroviral therapies, such as Cabenuva (cabotegravir/rilpivirine, ViiV Healthcare) or Sunlenca (lenacapavir, Gilead Sciences), which are used to treat HIV. They also include treatments such as Apretude (cabotegravir, ViiV Healthcare), an injectable used as PrEP, Egrifta (tesamorelin, Theratechnologies, Inc.) used to reduce visceral abdominal fat because of lipodystrophy, Serostim (somatropin, EMD Serono, Inc.) for wasting, and Trogarzo (ibalizumab-uiyk, Theratechnologies, Inc.) which is intravenous therapy for those with multi-drug resistant HIV infections. These therapies are proven to be effective, and their cost-benefit may be underappreciated, especially in the context of public health benefits related to reduced new transmissions. There are also broader implications for LAIs and corresponding patient perspectives outside of the HIV space. For example, according to a recent piece in *STAT* by Damian Garde, Merck recently received approval from the U.S. Food & Drug Administration (FDA) for a first-in-class LAI cardiovascular therapy known as Winrevair (sotatercept-csrk) used to treat pulmonary arterial hypertension, and there are many more LAIs under development for various conditions (Garde, 2024). However, due to perceptions of the cost and logistical challenges for supply and administration

even for those who are fully insured, some patients who might prefer or benefit from LAIs may not be accessing them. The challenge is even greater for those who utilize the AIDS Drug Assistance Program (ADAP) under the Ryan White HIV/AIDS Program (RWHAP). Much of the national conversation has focused on policy considerations to improve equity of care regarding injectables. Those considerations have included discussions of how to reduce provider bias in offering injectable therapy as an option, ways to expand the network of facilities where injections and intravenous therapies can be administered for injectable HIV therapy recipients and HIV PrEP recipients, and ways to utilize community-level resources for peer education and advocacy.

HIV Long-Acting Injectables are powerful tools in the fight against HIV, and those utilizing ADAP deserve the same equity of care and access as those who are fully insured with more robust financial

means. Whether it be geographical logistical challenges, treatment education deficiencies, supply chain issues, or even provider bias, ADAP recipients have many injection therapy barriers to overcome. This project explores the issues limiting access to LAIs for treatment and prevention – including current health systems' infrastructural hurdles, rural health equity and ongoing barriers to rural access, potential provider biases (including conflicts/assumptions) which might discourage LAIs from being prescribed, and potential payor obstructions (including prior authorization, co-pay accumulators). This project builds on the patient advocacy established in the ADAP Advocacy's policy report (published in August 2022), [**HIV Long-Acting Injectables: Policy Considerations for Injectable Therapies under the Ryan White HIV/AIDS Program & State AIDS Drug Assistance Programs.**](#)

Background

The advent, testing, and commercial availability of Long Acting Injectable medications for the prevention and treatment of HIV have provided clinicians with newer powerful tools to provide to patients in order to prevent the acquisition of HIV and to help those living with the disease achieve viral suppression—when a patient has fewer than 200 copies of HIV per milliliter of blood ([Centers for Disease Control and Prevention, 2023c](#)). So promising are these medications that the World Health Organization (WHO) in 2022 advised countries to utilize cabotegravir (CAB-LA) as Pre-Exposure Prophylaxis (PrEP or LAI-PrEP) alongside other existing HIV prevention options, including oral PrEP and the dapivirine vaginal ring, particularly in key populations, such as sex workers, men who have sex with men (MSM), persons who inject drugs (PWID), persons who are incarcerated, and persons of transgender experience ([WHO, 2022](#)). According to one modeling study in the *Journal of Acquired Immune Deficiency Syndrome*, adding the utilization of LAI-PrEP to the existing levels of oral PrEP utilization by just 10% would reduce the incidence of HIV by 36% by the year 2030, with the impacts varying between cities, ranging from 22% in Atlanta to 51% in San Francisco. If LAI-PrEP is added at 25%, the incidence reduction would increase to 54% by 2030 ([Balasubramanian et al., 2023](#)).

According to ViiV Healthcare, at the end of 2023 there were 11,000 patients taking LAI PrEP from across the United States with utilization across all patient populations including new-to-PrEP patients as well as PrEP users who prefer an injectable option. These patients are tracking closely with the overall demographic growth of New-to-PrEP populations and include Black and Latine MSM and cisgender women, transgender women, and White MSM, among others. Currently, healthcare providers prescribing LAI PrEP are mainly in the primary care space with a slight majority of prescribers being nurse practitioners and physician assistants. HIV and Infectious Disease specialists who also see PrEP patients are also prescribing LAI PrEP.

While there is significant potential for these medications to fundamentally change the state of HIV care and prevention, significant barriers will have to be overcome for these medications to achieve targets for the elimination of HIV, including the awareness, availability, affordability, utilization, and uptake of CAB-LA for PrEP and CAB-LA + rilpivirine (RPV-LA; CAB/RPV) for treatment. This is especially true in the aforementioned key populations, as well as in the racial and ethnic minority populations that represent the majority of new HIV diagnoses in the United States ([CDC, 2023a](#)).

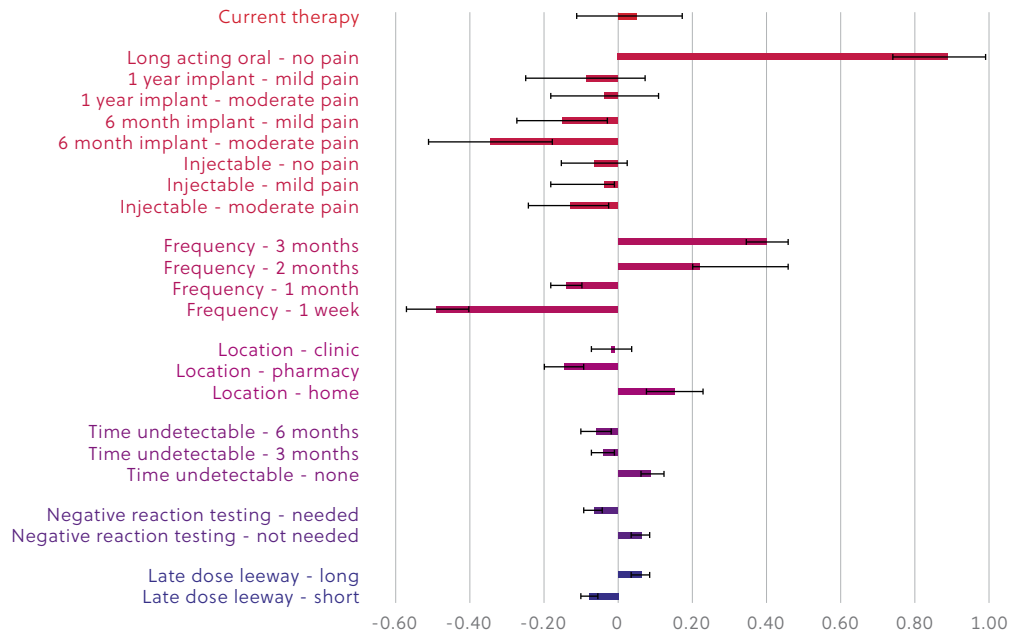
AWARENESS, INTERESTS, AND ATTITUDES ABOUT LAIS

Early research conducted in 2018 found that 74% of People Living with HIV/AIDS (PLWHA) and 89% of PrEP users expressed interest in LAIs for the treatment and prevention of HIV. Additionally, 73% of those surveyed in both groups felt that LAIs provided an advantage over taking daily oral combined antiretroviral therapy (cART). PrEP users were significantly more likely to respond that LAIs provided both advantages and disadvantages to existing oral regimens. The advantages included being certain not to forget cART treatment (68% in PrEP users compared to 39% in PLWHA) and of not needing to think about treatment (62% compared to 28%). PrEP users were, however, more likely to respond that LAIs presented drawbacks, including a perceived loss of freedom (30% in PrEP users compared to 6% in PLWHA), a fear of adverse effects (47% compared to 29%), and the feeling of being treated as a Guinea pig (23% compared to 17%). Majorities of respondents in both groups (42% of PLWHA and 53% of PrEP users) indicated that dosing schedules that required visits every other month were of little concern (Slama et al., 2023).

Another study conducted from March 2021 to June 2022 in Washington state and Atlanta,

Georgia, gave respondents a choice between five different hypothetical HIV treatment options, including daily oral cART, long-acting oral tablets, subcutaneous injections, intramuscular injections, and implants. Across all participants, patients responded that long-acting oral tablets were the only treatment modality preferred to daily cART, with a preference weight of 0.89 for long-acting oral tablets compared to 0.03 for their current daily oral treatment. Both of the injection options and implants were reported to be less preferable to patients over their current regimens regardless of the pain levels associated with the treatment delivery. In addition to treatment modality, this research also asked questions about the length of time between doses and the location of dosing. Patients preferred dosing schedules that spanned two and three months over their existing daily regimens, while finding monthly dosing less preferable. They also preferred home-based dosing to both clinic- and pharmacy-based dosing (FIGURE 1). Finally, patients also preferred long-acting treatments when there was no negative reaction testing required to be prescribed treatment (Graham et al., 2023).

FIGURE 1 Patient Preferences for HIV Treatment Modalities Compared to Existing Daily Oral Combined Antiretroviral Therapy Regimens



Note. Retrieved from Graham et al., 2023.

John et al. found that, among sexual minority men aged 17-24, experienced PrEP users approved of LAI-PrEP more than those who had not used PrEP. Those surveyed raised concerns about their ability to adhere to LAI-PrEP dosing and clinic appointments, their awareness and knowledge of LAI-PrEP safety and efficacy, their comfort with needles, and whether LAI-PrEP would minimize PrEP stigma more broadly. All participants felt that self-injection was more acceptable than appointment-based injection so long as adequate training was provided. They also reported that the rigorous clinical requirements of oral PrEP (i.e., regular testing appointments) were a barrier to oral PrEP utilization, which could potentially be overcome with an LAI-PrEP delivery modality ([John et al., 2023](#)).

Additional clinical research needs to be conducted to determine the efficacy of LAI-PrEP among PWID populations, but existing research indicates that it may be a more effective and feasible alternative to oral PrEP regimens. Biello et al. interviewed thirty-three PWID who were HIV-negative regarding the perceived acceptability of LAI-PrEP. Respondents indicated that a dosing schedule of every other month would help to reduce barriers to daily oral PrEP adherence by mitigating the risks of forgetting to take medication while they were “high” and of safeguarding pills when experiencing homelessness. Those surveyed also reported that potential barriers to LAI-PrEP included medical mistrust, a concern that injections could alter or interfere with their “high,” or be triggering for PWID attempting to achieve recovery from Injection Drug Use (IDU). The issue of medical mistrust is particularly concerning, as PWID frequently report being stigmatized and mistreated when attempting to access healthcare services ([Biancarelli et al., 2019](#)).

COST EFFECTIVENESS AND ACCESSIBILITY

In addition to patient awareness and perspectives about the use of LAI-PrEP and LAIs for treatment, patients, advocates, and payors have expressed concerns about the cost effectiveness of LAIs over oral regimens. With wholesale acquisition costs (WACs) of \$3,700 per 3 mL dosing kit for Apretude® (\$25,900 per year for seven doses in the first year, and \$22,200 for six doses each year thereafter; [National Alliance of State and Territorial AIDS Directors, 2022](#)) and \$6,088.50 per 6 mL dosing kit for Cabenuva® (\$42,619.50 per

year for seven doses in the first year, \$36,531 for six doses each year thereafter; [National Alliance of State and Territorial AIDS Directors & HIV Medicine Association, 2023](#)), some stakeholders are concerned that the cost of these medications outweighs their efficacy and ease of use for patients. It is important to note that drug pricing using WACs does not necessarily reflect the actual cost to patients because there are numerous other factors. WAC is the price of prescription drugs set by drug manufacturers, but it is often referred to as the list price. No one pays the list price because it is the price prior to any discounts, rebates, or copay assistance cards. Nonetheless, cost effectiveness remains an important consideration.

Research presented at the virtual Conference on Retroviruses and Opportunistic Infections (CROI 2021) found that, in order for CAB-LA to be cost-effective for use as PrEP in the United States, it would need to cost no more than \$10,200 per year—more than half the current WAC for Apretude ([Neilan et al., 2022](#)). While cost-effectiveness research for Cabenuva has been conducted for the United Kingdom, Spain, and the continent of Africa, ADAP Advocacy was unable to find peer-reviewed research on its cost-effectiveness in the United States. Pinto et al. found that, while ViiV Healthcare—the manufacturer of both Apretude and Cabenuva—provides a patient assistance program (PAP) for individuals on commercial insurance up to \$13,000, cost estimates from PAPs often do not indicate a viable financial safety net for patients to afford medications that are so expensive as to be out of reach ([Pinto et al., 2023](#)).

In addition to cost concerns, Pinto et al. also found that additional barriers to access exist, including the eligibility criteria to qualify for treatment using CAB/RPV, the failure of patients to successfully complete a 28-day oral lead-in dose before starting CAB/RPV, the failure of patients to demonstrate continued viral suppression prior to starting CAB/RPV (a requirement that would preclude an estimated 43.2% of PLWHA in the United States from eligibility), the requirement for patients to attend an in-person dosing appointment due to geographic or provider shortage limitations, and unplanned adherence to the dosing schedule due to competing life activities, illness, stigma, depression, mental illness, expensive or unreliable transportation, and forgetfulness ([Pinto et al., 2023](#)). These findings echo those presented in

ADAP Advocacy’s August 2022 publication, “HIV Long-Acting Injectables: Policy Considerations for Injectable Therapies under the Ryan White HIV/AIDS Program & State AIDS Drug Assistance Programs” ([ADAP Advocacy, 2022](#)).

Fletcher et al. also echoed these findings in the context of treating patients who are experiencing substance use disorders or housing instability. While respondents expressed optimism that LAI-PrEP would be more effective for them in terms of adherence, they also expressed concerns that they may be unable to access doses because of a lack of transportation, the location of dosing, weather conditions, forgetfulness, and life stability. Participants indicated that combining their dosing with the receipt of other services would make it more convenient for them to access treatment, but that some would need multiple reminders via email, text messages, phone call, or in-person outreach efforts made by clinic staff ([Fletcher et al., 2023](#)).

PATIENT PERSPECTIVES ON QUALITY-OF-LIFE IMPROVEMENTS

Research focusing on patient-reported outcomes during the ALTAS-2M HIV-1 clinical trial found that patients who received treatment with CAB+RPV at both 4-week and 8-week dosing intervals preferred LAI treatment to their previous daily oral regimen (Chounta et al., 2021). Additionally, women in Spain and the United States reported that receiving treatments with LAIs made them feel like they had less on their plates, reduced fears of missing or having missed an oral dose, saved time, resulted in lower levels of stress and anxiety compared to cART, and made them feel empowered ([Mantsios et al., 2021](#)). This perceived improvement in quality of life in both cases increased as the time between doses became longer.

Findings

ADAP Advocacy's community partners utilized social media to amplify the request for treatment survey respondents (examples at left).



FINDINGS FROM THE PERSPECTIVES SURVEY ON LONG-ACTING INJECTABLE (LAI) TREATMENTS FOR PEOPLE LIVING WITH HIV

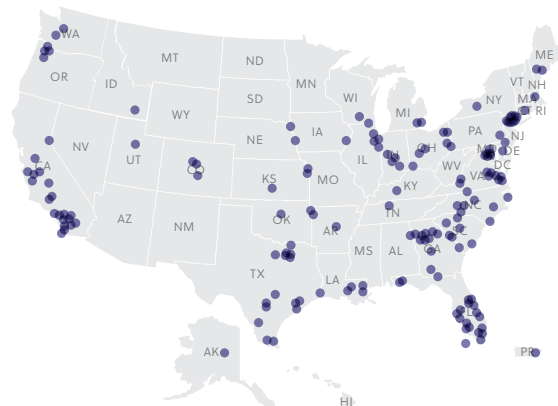
ADAP Advocacy received a total of 305 responses to the Perspectives Survey on LAI Treatments for People Living with HIV (“HIV Treatment Survey”), of which 3 responses were duplicates, 2 incomplete, and 38 deemed ineligible due either to the respondent indicating that they were not living with HIV (n=25) or were living with HIV but were not residents of the United States or its territories (n=13). This resulted in a total of 262 eligible participants from 38 states, the District of Columbia, and Puerto Rico (FIGURE 2). California has the most respondents, with 50 eligible responses, followed by Florida (n=33), Georgia (n=25), Virginia (n=23), New York (n=22), and Texas (n=18). Twelve states—Arizona, Hawaii, Minnesota, Mississippi, Montana, New Hampshire, New Mexico, North Dakota, Rhode Island, South Dakota, Vermont, and Wyoming—had zero respondents.

ADAP Advocacy's community partners utilized social media to amplify the request for treatment survey respondents (examples at left).

In addition to the HIV Treatment Survey, ADAP Advocacy conducted a post-survey focus group with eight participants to further explore patient awareness and knowledge of, perspectives about, and access to LAI treatment options. While the survey itself included multiple types of injectable treatments related to HIV, focus group participants spoke primarily of Cabenuva (cabotegravir / rilpivirine, ViiV) as the primary treatment method for HIV. Those responses have been integrated throughout each subsection based upon the theme

FIGURE 2 Perspectives Survey on Long-Acting Injectable (LAI) Treatments for People Living with HIV, by Response Location

Total Respondents = 262



or positions expressed in those comments. Patient names have been removed to protect the identities of the focus group participants.

Respondent Demographics

More than half of respondents (56.9%, n=149) to the HIV Treatment Survey identified as Caucasian / White, with an additional 20.2% (n=53) identifying as Black / African-American, 12.2% (n=32) as Hispanic / Latine, and 10.7% (n=28) as another race (TABLE 1).

More than half of respondents (58%, n=152) identified as Men, with 36.3% (n=95) identifying as Women, and 5.7% (n=15) as Transgender, Non-Binary, or indicating that they preferred not to answer.

A plurality of HIV Treatment Survey respondents (44.3%, n=116) were aged 56 years or older,

with 40.1% (n=105) aged 36-55, 14.5% (n=38) aged 18-35, and 1.1% (n=3) preferring not to identify their age range.

A majority of HIV Treatment Survey respondents (59.5%, n=156) reported individual annual incomes between 100% and 500% of the 2023 Federal Poverty Level (FPL), which ADAP Advocacy classified as being Eligible for AIDS Drug Assistance Program services. 28.2% (n=74) reported earning annual incomes above 501% of the FPL or declined to provide income information, which ADAP Advocacy classified as being Ineligible for Public Insurance Programs. Finally, 12.2% (n=32) of respondents indicated earning annual incomes at or below 100% of the FPL, which ADAP Advocacy classified as being Eligible for Medicaid Services.

TABLE 1 HIV Treatment Survey Respondents, by Race and Selected Demographic Characteristics

| | Caucasian / White | | Black / African-American | | Hispanic / Latine | | Other Races | | TOTAL | PERCENT |
|---|-------------------|--------------|--------------------------|--------------|-------------------|--------------|--------------------------------|--------------|------------|--------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | | |
| TOTALS | 149 | 56.9% | 53 | 20.2% | 32 | 12.2% | 28 | 10.7% | 262 | |
| GENDER | Caucasian / White | | Black / African-American | | Hispanic / Latine | | Other Races | | TOTAL | PERCENT |
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | | |
| Man | 83 | 54.6% | 31 | 20.4% | 21 | 13.8% | 17 | 11.2% | 152 | 58.0% |
| Woman | 64 | 67.4% | 17 | 17.9% | 10 | 10.5% | 4 | 4.2% | 95 | 36.3% |
| Trans, Non-Binary, or Prefer Not to Answer | 2 | 13.3% | 5 | 33.3% | 1 | 6.7% | 7 | 46.7% | 15 | 5.7% |
| TOTAL | 149 | 56.9% | 53 | 20.2% | 32 | 12.2% | 28 | 10.7% | 262 | |
| AGE GROUP | Caucasian / White | | Black / African-American | | Hispanic / Latine | | Mixed Race / Two or More Races | | TOTAL | PERCENT |
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | | |
| 18-35 | 18 | 0.0% | 5 | 0.0% | 8 | 0.0% | 7 | 0.0% | 38 | 14.5% |
| 36-55 | 59 | 56.2% | 25 | 23.8% | 13 | 12.4% | 8 | 7.6% | 105 | 40.1% |
| 56+ | 72 | 62.1% | 23 | 19.8% | 11 | 9.5% | 10 | 8.6% | 116 | 44.3% |
| Prefer Not to Answer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 100.0% | 3 | 1.1% |
| TOTAL | 149 | 56.9% | 53 | 20.2% | 32 | 12.2% | 28 | 10.7% | 262 | |

Table 1 continued on next page

TABLE 1 HIV Treatment Survey Respondents, by Race and Selected Demographic Characteristics

| INCOME GROUP | Caucasian / White | | Black / African-American | | Hispanic / Latine | | Mixed Race / Two or More Races | | TOTAL | PERCENT |
|------------------------------------|-------------------|--------------|--------------------------|--------------|-------------------|--------------|--------------------------------|--------------|------------|---------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | | |
| Medicaid Eligible (≤100% of FPL) | 11 | 34.4% | 14 | 43.8% | 3 | 9.4% | 4 | 12.5% | 32 | 12.2% |
| ADAP Eligible (101% - 500% of FPL) | 93 | 59.6% | 30 | 19.2% | 20 | 12.8% | 13 | 8.3% | 156 | 59.5% |
| Ineligible for Public Insurance | 45 | 60.8% | 9 | 12.2% | 9 | 12.2% | 11 | 14.9% | 74 | 28.2% |
| TOTAL | 149 | 56.9% | 53 | 20.2% | 32 | 12.2% | 28 | 10.7% | 262 | |

Treatment Preferences

When asked about their individual preferences for the treatment of HIV, 52.3% (n=137) of respondents indicated that they would prefer to receive treatment via either provider- or self-administered LAIs compared to 47.7% (n=125) who preferred daily oral pill-based regimens (FIGURE 3).

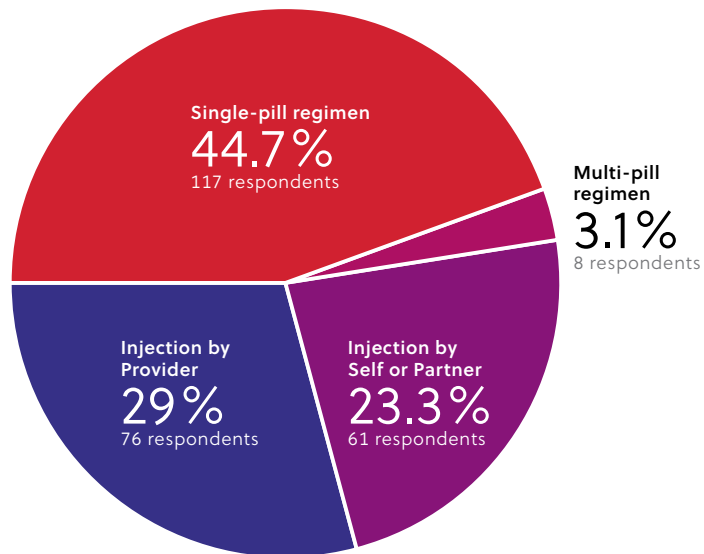
These findings were consistent across all demographic groups with the exceptions of Women, 61.1% of whom (n=58) responded that they would prefer pill-based regimens over LAIs, and Medicaid-eligible respondents, 68.8% of whom (n=22) preferred pill-based regimens (Appendix B). 26.2%

of White respondents (n=39) indicated that they would prefer to administer injections themselves, rather than receiving them from providers (22.8%; n=34). In every other racial demographic group, respondents overwhelmingly preferred to receive LAI injections from a provider. When examining responses based on income, only those respondents whose incomes made them ineligible for public insurance programs indicated that they preferred to administer injections themselves (29.7%; n=22) rather than have them administered by a provider (28.4%; n=21).

FIGURE 3 HIV Treatment Preferences, by Treatment Delivery Method

How would you personally prefer to receive treatment for HIV?

Total Respondents = 262



Focus group participants generally agreed with the 23.3% of survey respondents who indicated they would prefer a self-injected or auto-injector-based delivery method. One participant summarized:

“ If it was self-injection and auto-fills, I would love that. I would welcome that if it was every 4-6 months. I travel a lot. It would be so easy for me to administer my own medication without anyone knowing and without having to change my schedule.”

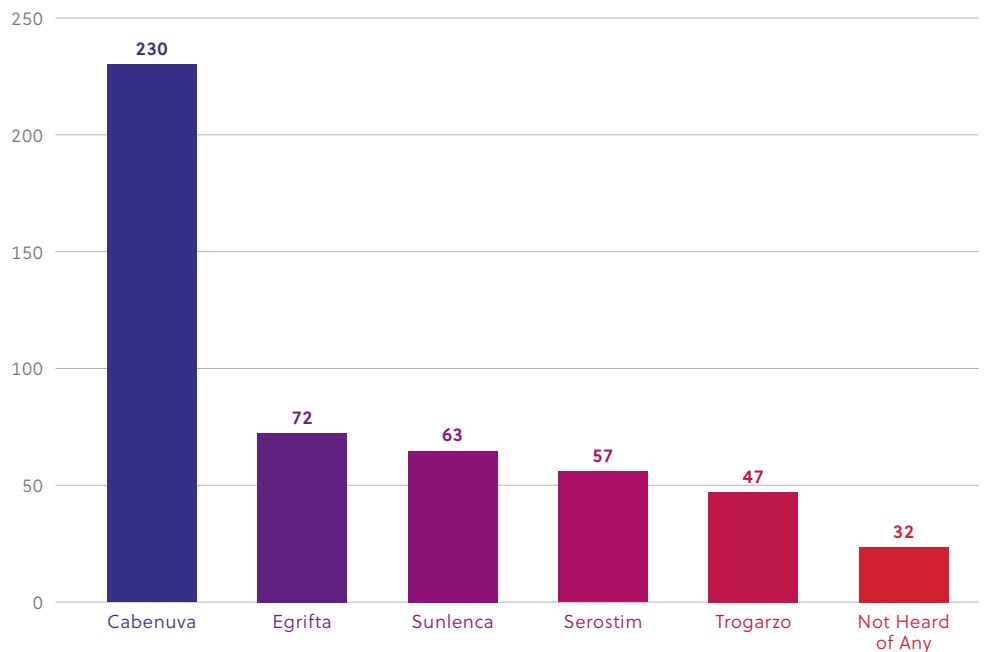
Awareness of Long-Acting Injectable Medications

When asked which LAI medications they were aware of, 87.8% (n=230) of the 262 respondents were aware of Cabenuva (cabotegravir / rilpivirine, ViiV). Comparatively, just 27.5% (n=72) were aware of Egrifta (tesamorelin, Thera Technologies), 24% (n=63) of Sunlenca (lenacapavir, Gilead Sciences), 21.8% (n=57) of Serostim (somatropin, EMD Serono), and 17.9% (n=47) of Trogarzo (balizumab-uiyk, Thera Technologies). 12.2% (n=32) of respondents were unaware of any of the listed medications (FIGURE 4).

FIGURE 4 Awareness of Long-Acting Injectable Medications, by Medication

Have you heard of the following Long-Acting Injectable (LAI) medications?

Total Respondents = 262



Respondents who indicated that they were unaware of any of the listed LAI medications were asked a follow up question to determine initial attitudes toward LAIs once being made aware that these medications exist. 50% (n=16) indicated that they would be open to discussing LAI treatment options with a healthcare provider and 37.5% (n=12) indicated willingness to switch to an LAI medication from a daily oral pill-based regimen, while 28.1% (n=9) indicated that they didn't know. 15.6% (n=5) of respondents indicated that a fear of needles would prevent them from utilizing LAI medications as a treatment method and 12.5% (n=4) indicated that a lack of trust, either in the

treatment process (e.g., providers, scheduling, dosing) or the medications themselves, would prevent them from using LAI medications (TABLE C2).

Cabenuva was the LAI medication of which most respondents were aware. Awareness of Cabenuva was highest amongst Black respondents, with 94.3% (n=50) indicating that they were aware of the drug, followed by Hispanic respondents, 93.8% (n=30) of whom indicated similarly. Awareness was lowest, but still relatively high, amongst respondents of races other than White, Black, and Hispanic, with 78.6% (n=22) being aware of Cabenuva. When evaluating awareness by gender, Men were the most likely to indicate that

they were aware of Cabenuva, at 90.8% (n=138), followed by Women at 84.2% (n=80), and Trans/ Non-Binary respondents at 80% (n=12). Awareness of Cabenuva had a positive correlation with the age of respondents, with awareness increasing the older respondents were. 94% (n=109) of respondents aged 56 years and older indicated awareness of Cabenuva, followed by respondents aged 36-55 at 86.7% (n=91), and respondents aged 18-35 at 76.3% (n=29). Respondents whose individual incomes fell within general ADAP income eligibility guidelines were the most likely to be aware of Cabenuva, with 91.7% (n=143) indicating awareness, while just 75% (n=24) of those with incomes low enough to qualify for Medicaid were aware of the drug (Table C1).

Sources of Information About LAIs

Respondents who indicated awareness of LAI medications were asked to identify where they learned about them. Those respondents were able to select multiple sources of information. Sources of information about LAIs can be broken into four categories:

1. Advertisements, including television, digital, and print ads;
2. Informal sources, including social media posts, word of mouth, internet searches, and other sources;
3. Private or Public Organizations, including Community-Based Organizations (CBOs), AIDS Services Organizations (ASOs), advocacy organization, social workers, case workers, and health departments, and;
4. Healthcare Providers, including specialist physicians, primary care physicians (PCPs), and pharmacists.

Advertisements as Sources of Information

Of the 230 respondents who were aware of LAI medications, 51.7% (n=119) indicated that they learned of those medications through television advertisements, with 22.2% (n=51) indicating digital advertisements, and 19.6% (n=45) indicating print advertisements (FIGURE 5). Respondents over the age of 36 were the most likely to indicate learning about LAIs through television advertisements, with 57.1% (n=52) of those aged 36-55 and 55.6% (n=60) selecting these ads as a source of information. Comparatively, just 23.3% (n=7) of respondents aged 18-35 selected television advertisements as a source

of information. The selection of print advertisements as a source of information was also strongly associated with the age of respondents, with 26.9% (n=29) of those aged 56 or older, 15.4% (n=14) of those aged 36-55, and just 6.7% (n=2) indicating that they learned about LAIs from print advertisements.

Focus group participants generally felt that advertisements for LAI medications were not representative of diverse populations. One focus group participant said the following about LAI advertisements:

“ I’m sick and tired of seeing Cisgendered, Gay, White Men in these advertisements for all of these medications. There’s very little diversity when it comes to pharmaceutical companies promoting these medications. There is some, but not as much as there should be when we talk about the rate of seroconversion within marginalized communities. ”

Informal Sources of Information

Many respondents learned about LAI medications through informal sources of information, including 32.6% (n=75) indicating that they heard about LAIs through social media, 29.6% (n=68) through word of mouth, 17.8% (n=41) through internet searches, and 11.7% (n=27) through other sources (FIGURE 5).

Respondents who were of races other than White, Black, or Hispanic were the most likely to indicate that they learned of LAIs through social media, with 54.5% (n=12) identifying this source compared to 35.5% (n=11) of Hispanic respondents, 31.8% (n=41) of White respondents, and just 22.9% (n=11) of Black respondents. Women and Trans / Non-Binary respondents were roughly equally likely to select social media as a source of information, with 38% (n=30) of Women and 38.5% (n=5) of Trans / Non-Binary respondents selecting social media. Respondents aged 18-35 were the most likely to learn about LAIs through social media, with 60% (n=18) selecting this option compared to 38.5% (n=25) of those aged 36-55 and 20.4% (n=22) of those aged 56+. Similarly, respondents whose individual incomes were too high to qualify for public insurance programs were the most likely to respond that they learned of LAIs through social media, with 45.3% (n=29) selecting this source of information, compared to 29.6% (n=42) of ADAP-eligible respondents and 16.7% (n=4) of those who were Medicaid-eligible.

Those respondents who were aged 36-55 were the most likely to indicate that they learned of LAI medication via word of mouth, with 38.5% of respondents selecting that option. Similarly, those who were financially ineligible for public insurance programs were the most likely to select “word of mouth” as their source of information, at 39.1% (n=25). When examining respondents who indicated learning of LAIs via internet searches, 29.2% (n=14) of Black respondents and 36.7% (n=11) of respondents aged 18-35 selected this option.

Private and Public Organizations as Learning Points

Of the 230 respondents eligible for this question, 34.8% (n=80) indicated learning about LAI medications from CBOs or ASOs and 25.7% (n=59) indicated learning about them from advocacy organizations. Social or case workers, along with health departments, were some of the least likely sources of information, with just 8.3% (n=19) and 6.5% (n=15) of respondents selecting these options,

respectively (FIGURE 5). Respondents aged 18-35 were the least likely to learn about LAIs through CBOs or ASOs, with just 23.3% (n=7) selecting this option, compared to 42.6% (n=46) of respondents aged 56 or older.

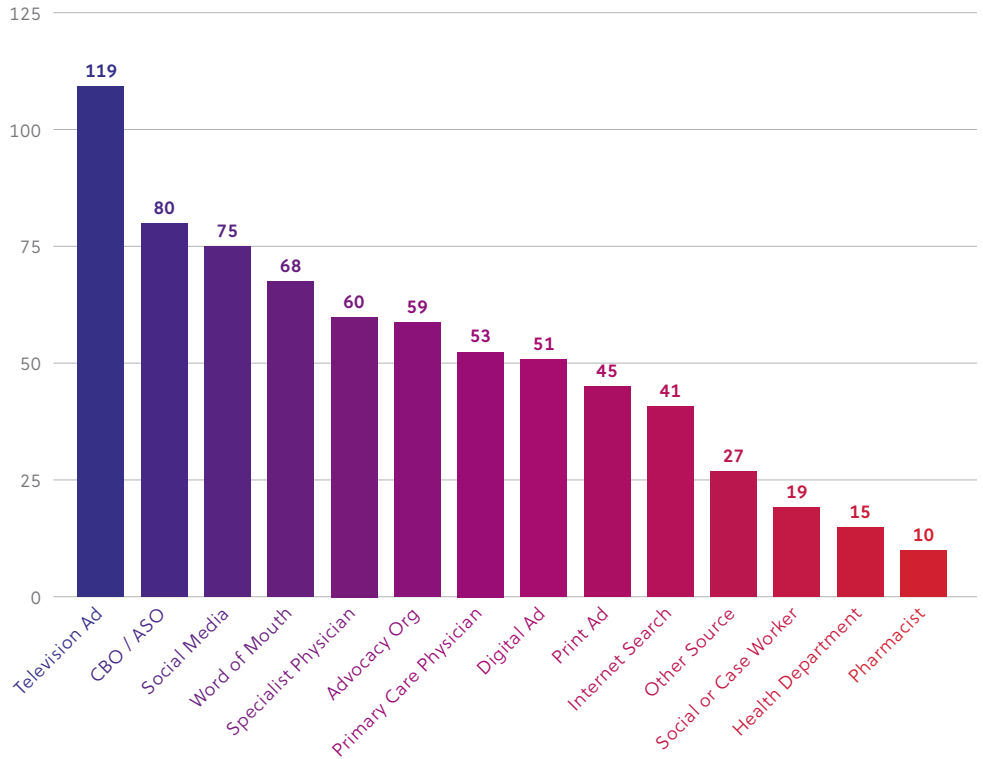
Healthcare Providers as Information Sources

26.1% (n=60) of respondents indicated learning about LAIs through specialist physicians, such as infectious disease specialists, while 23% (n=53) said that they learned of them through PCPs. Pharmacists were the least likely source of information, with just 4.3% (n=10) of respondents indicating learning about LAIs through a pharmacist (FIGURE 5). Zero respondents whose individual incomes made them eligible for Medicaid indicated learning about LAIs through a specialist physician, with both ADAP-eligible and those ineligible for public insurance were roughly equally likely to select specialist physicians as their source for information, at 28.9% (n=41) and 29.7% (n=19), respectively.

FIGURE 5 Number of Respondents Who Learned About LAI Medications, by Source of Information

How did you hear about Long-Acting Injectable (LAI) medications for the treatment of HIV?

Total Respondents = 230



The Relationships of Respondents to LAI Medications

Survey respondents who were aware of LAI medications (n=230) were asked to describe their relationship to LAI medications: 40.4% (n=93) indicated that they had researched at least one LAI medication, with another 37% (n=85) indicating that they had neither researched nor sought access to LAIs. Just 15.2% reported that they were currently using LAIs, with 5.7% (n=13) indicating that they had previously used LAI medications, but no longer were ([Table E1](#)).

Utilization

Respondents of races other than White, Black, or Hispanic were the demographic group to most likely report currently utilizing LAI medications for the treatment of HIV, at 22.7% (n=5), while Black respondents were the least likely, at 10.2% (n=5). White respondents were the likeliest to indicate that they had previously utilized LAIs, at 7.8% (n=10). Men were the most likely to respond that they were currently utilizing LAIs, at 18.8% (n=26) and that they had previously utilized LAIs, but no longer were, at 6.5% (n=9), whereas just 7.7% (n=1) Trans and Non-Binary respondents indicated that they were currently utilizing LAIs. Respondents aged 18-35 were the least likely to report utilizing LAIs, at 6.7% (n=2), while persons aged 36-55 were the most likely, at 17.6% (n=16). Those aged 56 years and older were the most likely to indicate that they had previously used an LAI regimen but were no longer doing so, at 9.3% (n=10). Respondents whose incomes would qualify for Medicaid coverage were also the least likely to indicate current utilization of LAIs, at 4.2% (n=1), while those whose incomes would qualify them for coverage under the AIDS Drugs Assistance Program (ADAP) were the most likely to report both current and previous utilization, at 16.9% (n=24) and 7.7% (n=11), respectively ([Table E1](#)).

Respondents Who Sought Information About LAI Medications

Black respondents were the likeliest to indicate that they had neither researched nor attempted to access LAIs, with 44.9% (n=22) responding in this manner. Women were also more likely to respond in this manner, with 46.8% (n=37) indicating that they had neither researched nor tried to access LAIs, while Trans and Non-Binary respondents (53.8%,

n=7) were the most likely to indicate that they had researched LAIs. 48.1% (n=52) of respondents aged 56 years or older responded that they had neither researched nor tried to access LAIs, while those aged 18 to 35 were the most likely to indicate having researched LAIs, at 60% (n=18). Medicaid-eligible respondents were the likeliest group to report having not researched or attempted to access LAIs, at 58.3% (n=14), while those who are financially ineligible for public insurance assistance were the most likely to indicate having researched LAIs, at 51.6% (n=33; [Table E1](#)).

Respondents Who Neither Researched Nor Sought Access to LAI Medications

When examining why respondents indicated that they have neither researched nor attempted to access LAI medications, 54.1% of the 85 respondents (n=46) indicated that they were happy with their current treatment regimen. 25.9% (n=22) indicated that they were concerned about potential side effects associated with LAIs, and 18.8% (n=16) stated that they were worried that their insurance provider would not cover the medications. 18.8% (n=16) also explicitly stated that they felt LAIs “weren’t right for me.” White respondents were more likely to respond that they were happy with their current regimen, at 65.2% (n=30), as were 75% of those aged 18-35 (n=6). White respondents were also more likely to indicate that they felt LAIs “weren’t right for me,” at 28.3% (n=13), as were 25% of Men (n=11) and 25% of respondents aged 56 or older (n=13; [Table E2](#)).

Attempts to Access Information About or Prescriptions for LAI Medications

Some survey respondents (n=145) were asked for which LAI medications they had attempted to access information about or prescriptions. Cabenuva was the only LAI medication that over 50% of respondents in every demographic group reported attempting to access, with 70.3% of all respondents (n=102) indicating that they had tried to do so, while 21.4% (n=31) responded that they did not seek access to any of the medications ([Table E3](#)).

Many focus group participants expressed confusion about the criteria they must meet in order to qualify for treatment using LAIs. Some inquired whether one had to be treatment-naïve, have an undetectable viral load, or be treatment-stable (i.e., adherent to their treatment regimen as prescribed).

The responses from focus group participants seemed to indicate a lack of consistency and transparency about those criteria across jurisdictions, providers, and the primary payor for prescription medications, with payor-side constraints varying widely.

One participant (a Black Woman) reported:

“ I get my care from the Department of Veterans Affairs. I was told I have to meet two criteria: I have to be detectable and have to face some kind of stigma to qualify. When I tried to access it via a free clinic, it was only available to MSM who were part of a study.”

Another participant noted,

“ I feel like there’s a lot of information left out, so you can’t really make an informed decision about what’s required to be able to take the medication.”

Several focus group respondents also noted that they would have preferred to have access to a basic video presentation about Cabenuva followed by a peer-to-peer consultation with someone actually taking the LAI to inquire about their experiences with the medication:

“ If we’re [not receiving sufficient information about LAIs] in the places where we all live, I wonder how people in rural areas are getting information, if they’re getting information at all. I would love to have a seminar where I can interact with real people, and you can ask questions. There needs to be something for women, where we can ask real questions and how LAIs affect our bodies, particularly at different stages of life and with different hormone levels.”

Attempts to Access Providers About LAI Medications

Respondents who were asked whether or they attempted to find a medical provider able and willing to assist them with gaining information about or a prescription for LAI medications (n=114) largely attempted to do so, with 66.7% (n=76) indicating making those attempts. This was true across every demographic group. One-third of respondents indicated that they had not sought a medical provider (TABLE 2). 89.5% of those who indicated attempting to find a medical provider (n=68) reported finding said provider, and 86.8% of those respondents (n=59) were already under that provider’s care.

TABLE 2 **Have You Tried to Find a Medical Provider, by Select Demographic Groups**

Have You Tried to Find a Medical Provider

| | Yes | | No | | RESPONDENTS |
|---------------|-----------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 76 | 66.7% | 38 | 33.3% | 114 |

Have You Tried to Find a Medical Provider, by Race

| | Yes | | No | | RESPONDENTS |
|---------------------------------|-----------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 44 | 68.8% | 20 | 31.3% | 64 |
| Black / African-American | 13 | 68.4% | 6 | 31.6% | 19 |
| Hispanic / Latine | 10 | 58.8% | 7 | 41.2% | 17 |
| Other Races | 9 | 64.3% | 5 | 35.7% | 14 |
| TOTAL | 76 | 66.7% | 38 | 33.3% | 114 |

Table 2 continued on next page

TABLE 2 Have You Tried to Find a Medical Provider, by Select Demographic Groups

Have You Tried to Find a Medical Provider, by Gender

| | Yes | | No | | RESPONDENTS |
|---------------------------|-----------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 53 | 68.8% | 24 | 31.2% | 77 |
| Woman | 19 | 61.3% | 12 | 38.7% | 31 |
| Trans / Non-Binary | 4 | 66.7% | 2 | 33.3% | 6 |
| TOTAL | 76 | 66.7% | 38 | 33.3% | 114 |

Have You Tried to Find a Medical Provider, by Age

| | Yes | | No | | RESPONDENTS |
|-----------------------------|-----------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 10 | 71.4% | 4 | 28.6% | 14 |
| 36-55 | 32 | 62.7% | 19 | 37.3% | 51 |
| 56+ | 35 | 71.4% | 14 | 28.6% | 49 |
| Prefer Not to Answer | 0 | 0.0% | 1 | 100.0% | 1 |
| TOTAL | 77 | 67.0% | 38 | 33.0% | 115 |

Have You Tried to Find a Medical Provider, by Eligibility for Public Insurance Programs

| | Yes | | No | | RESPONDENTS |
|--|-----------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 6 | 75.0% | 2 | 25.0% | 8 |
| ADAP Eligible | 50 | 72.5% | 19 | 27.5% | 69 |
| Ineligible for Public Insurance | 21 | 55.3% | 17 | 44.7% | 38 |
| TOTAL | 77 | 67.0% | 38 | 33.0% | 115 |

Respondent Interactions with Medical Providers About LAI Medications

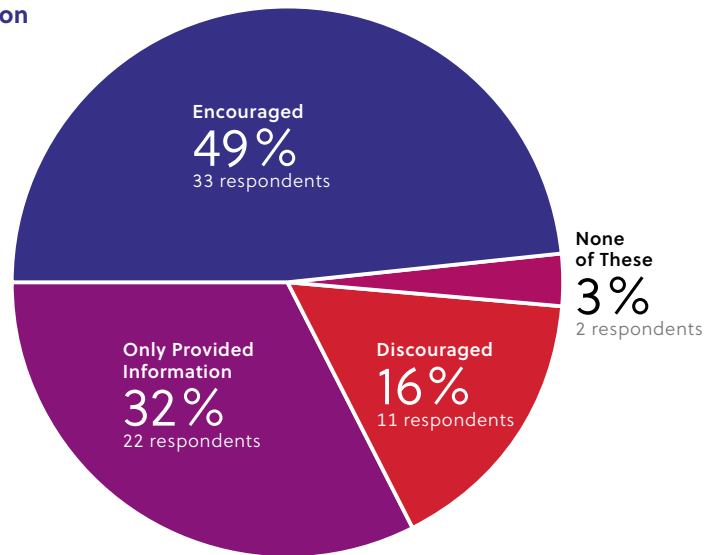
Just under half of respondents who found a provider (48.5%, n=33) were encouraged by that provider to try LAI medications, while roughly a third of respondents (32.4%, n=22) indicated that their provider only gave them information but made no

treatment recommendations (FIGURE 6). Of those 68 respondents, 91.2% (n=62) felt that they received enough information from their providers to make an informed decision about whether LAI medications were right for them, and this sentiment was shared across all demographic groups.

FIGURE 6 Respondent Interactions with Medication Providers About LAI Medications

Has your medical provider encouraged or discouraged you about Long-Acting Injectable medications?

Total Respondents = 68



Focus group participants' experiences with their providers varied significantly. A few indicated their providers were reliable sources of information and that they had good working relationships with them, while others indicated that their providers were barriers to accessing LAI medications:

“ No matter what I ask, my provider tells me I'm not eligible for treatment. I feel like I'm not being heard by my physician. I love him, because he's gotten me where I am today, but every time I try to talk about LAIs, I keep running into a wall... I don't know if my doctor has a bias against me, personally, or against the medications. He may be looking after me for a specific reason but isn't taking into consideration what [medications] I want to use.”

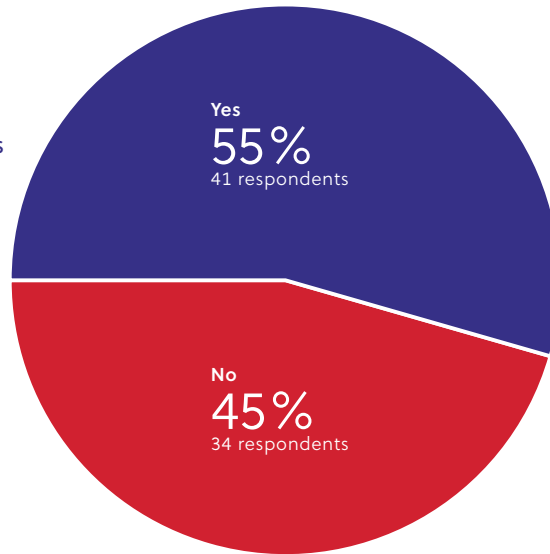
Barriers to Accessing LAI Medications

Some survey respondents (n=114) were asked which, if any, barriers they encountered when attempting to access LAI medications. More than a third of respondents (34.2%, n=39) said that they encountered no barriers, with Black and Hispanic respondents being the most likely to indicate no barriers encountered, at 47.4% (n=9) and 47.1% (n=8), respectively. Men were also more likely to indicate experiencing no barriers to access, at 36.4% (n=28), with barriers being less common relative to the older age of respondents. The most reported barrier across all groups was a lack of insurance coverage for LAI medications (25.4% of respondents, n=29). Respondents who reported encountering barriers (n=75) were more likely to report that those barriers made them determine that LAI medications were not right for them (FIGURE 7).

FIGURE 7 **Respondent Interactions with Access Barriers to Long-Acting Injectable Medications**

Did access barriers convince you that Long-Acting Injectable (LAI) medications were not right for you?

Total Respondents = 75



Several focus group participants noted that they experienced challenges in accessing LAIs. Like survey respondents, focus group participants indicated that sporadic supply chain issues and issues with insurance have negatively impacted their ability to secure medications:

“ I started LAI in late-2023. Medicaid services in Puerto Rico did not approve people to receive injectables. When they were approved, supplies or patient enrollment was limited, and I had to go back to an oral regimen for a few months. Patients were very vocal about supply issues, and the government properly responded with an inquiry and in late-2023, circumstances improved. ”

One participant noted the tangible issue of shipping and storage requirements for pill-based treatment regimens, as well:

“ Sometimes, when I [travel], I only have a limited number of pills left, and I’m not back in time to get my refill so my pharmacist will give me a 14-day supply and ship the rest to my house. That can be problematic in the summer due to them sitting in my mailbox in the heat. ”

Another participant indicated she experienced trouble getting her medications at her independent, community-based pharmacy because of Medicaid reimbursement schedules and timing:

“ My pharmacist explained to me that, because I take Tivicay and Symtuza, Medicaid wasn’t reimbursing him until 2 or 3 months later, so he told me that he couldn’t get my meds for me anymore. Switching to another pharmacy was a real headache. I eventually ended up taking medicines every 2-3 days to make sure that I had enough drugs to last the month. My physician worked something out for me, but Medicaid not reimbursing my pharmacy has negatively impacted my health. I have to have my pills in pill packs so that I can better manage my care. [My pharmacy] has really helped me out by packaging them in pill packs. Before, I wasn’t taking my medications, and it caused me to build up resistances to medications. ”

Another participant specifically noted that they believed that awareness of and access to LAI medications varies by race:

“ I feel like sometimes, White people, depending on their socioeconomic backgrounds, have more access to medications than we as Black people do. It seems like [redacted] didn’t have any issues getting the medications he wanted, whereas I’m fighting tooth and nail to get [the drugs I want]. The only reason I’ve heard of these injections, whether for PrEP or for HIV, is because I work [in the HIV field]. If I had not have been in the [HIV] field, I probably wouldn’t have heard about it. Even going to my clinic, I don’t think it would have even been offered. ”

Medication Dosing Method as a Barrier to Treatment

A significant majority of survey respondents (69.8%, n=183) indicated that the inability to administer LAI medication doses at home, either by themselves or their loved ones, did not serve as a barrier in deciding that LAIs were “right for them” (FIGURE 8). This position was held across every demographic group, with at least 60% of respondents in each group holding this view.

According to focus group participants, the limitation of only having a single hip-based injection

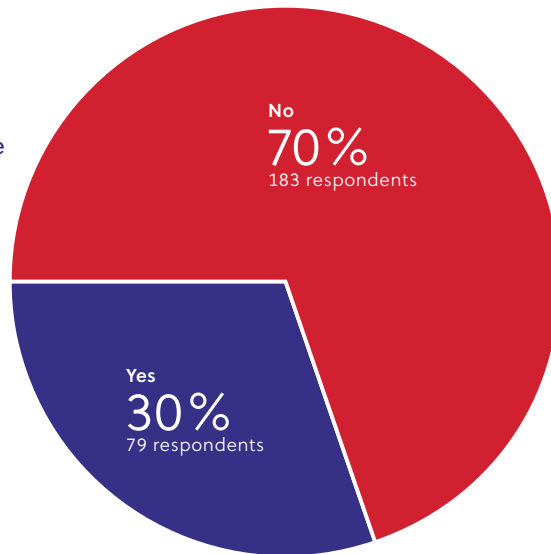
site presented a barrier to pursuing LAI treatment with Cabenuva. Participants reported that they needed additional information on what to expect with the injection site. One participant noted:

“ My other concern is with the injection site and being sore. I need to know how long my injection site is going to be sore. Is it just sore like when you get a flu shot, or is it something that will last for 2 or 3 days? What are some ways to mitigate that pain? ”

FIGURE 8 Respondent Interactions with Administration Barriers to Long-Acting Injectable Medications

Does the inability to administer Long-Acting Injectable (LAI) medications make you think LAI aren't right for you?

Total Respondents = 262





FINDINGS FROM THE PERSPECTIVES SURVEY ON LONG-ACTING INJECTABLE (LAI) HIV PREVENTION MEDICATIONS

ADAP Advocacy received a total of 184 responses to the Perspectives Survey on LAI HIV Prevention Medications (“HIV Prevention Survey”), of which 30 were deemed ineligible due either to the respondent indicating that they were living with HIV (n=21) or were living with HIV but were not residents of the United States or its territories (n=8). This resulted in a total of 154 eligible participants from 35 states, the District of Columbia, and Puerto Rico (FIGURE 9). California has the most respondents, with 21 eligible responses, followed by Missouri (n=14), Florida (n=11), Georgia (n=9), Texas(n=8), and Arizona, the District of Columbia, and Illinois, each of which had 7 respondents. Seventeen states—Alaska, Arkansas, Hawaii, Idaho,

Kentucky, Maine, Mississippi, Montana, Nevada, New Mexico, North Dakota, Oregon, Rhode Island, South Dakota, Utah, Vermont, and Wyoming—had zero respondents.

ADAP Advocacy's community partners utilized social media to amplify the request for prevention survey respondents (examples at left).

In addition to the HIV Prevention Survey, ADAP Advocacy conducted a post-survey focus group with 8 participants to further explore patient awareness and knowledge of, perspectives about, and access to LAI prevention options (i.e., Apretude). Those responses have been integrated throughout each subsection based upon the theme or positions expressed in those comments. Patient names have been removed to protect the identities of the focus group participants.

FIGURE 9 Perspectives Survey on Long-Acting Injectable (LAI) HIV Prevention Medications, by Response Location

Total Respondents = 154



Respondent Demographics

A majority of respondents (66.2%, n=102) to the HIV Prevention Survey identified as Caucasian / White, with an additional 14.9% (n=23) identifying as Black / African-American, 9.1% (n=14) as Hispanic / Latine, and 9.7% (n=15) as another race (TABLE 3).

Nearly half of respondents (48.7%, n=75) identified as Women, with 36.4% (n=56) identifying as Men, and 14.9% (n=23) as Transgender, Non-Binary, or indicating that they preferred not to answer.

A majority of HIV Prevention Survey respondents (58.4%, n=90) were aged 36-55, with 28.6% (n=44) aged 18-35, 12.3% (n=19) aged 56 years or older, and 0.6% (n=1) preferring not to identify their age range.

A majority of HIV Treatment Survey respondents (50.6%, n=78) reported individual annual incomes above 501% of the Federal Poverty Level (FPL) or declined to provide income information, which ADAP Advocacy classified as being Ineligible for Public Insurance Programs. 40.3% (n=62) reported earning annual incomes between 101% and 500% of the FPL, which ADAP Advocacy classified as being Eligible for AIDS Drug Assistance Program services. Finally, 9.1% (n=14) of respondents indicated earning annual incomes at or below 100% of the FPL, which ADAP Advocacy classified as being Eligible for Medicaid Services.

TABLE 3 HIV Prevention Survey Respondents, by Race and Selected Demographic Characteristics

| | Caucasian / White | | Black / African-American | | Hispanic / Latine | | Other Races | | TOTAL | |
|---------------|-------------------|--------------|--------------------------|--------------|-------------------|-------------|-------------|-------------|------------|--|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | | |
| TOTALS | 102 | 66.2% | 23 | 14.9% | 14 | 9.1% | 15 | 9.7% | 154 | |

| GENDER | Caucasian / White | | Black / African-American | | Hispanic / Latine | | Other Races | | TOTAL | PERCENT |
|---|-------------------|--------------|--------------------------|--------------|-------------------|-------------|-------------|-------------|------------|--------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | | |
| Man | 36 | 64.3% | 12 | 21.4% | 5 | 8.9% | 3 | 5.4% | 56 | 36.4% |
| Woman | 50 | 66.7% | 11 | 14.7% | 8 | 10.7% | 6 | 8.0% | 75 | 48.7% |
| Trans, Non-Binary, or Prefer Not to Answer | 16 | 69.6% | 0 | 0.0% | 1 | 4.3% | 6 | 26.1% | 23 | 14.9% |
| TOTAL | 102 | 66.2% | 23 | 14.9% | 14 | 9.1% | 15 | 9.7% | 154 | |

| AGE GROUP | Caucasian / White | | Black / African-American | | Hispanic / Latine | | Mixed Race / Two or More Races | | TOTAL | PERCENT |
|-----------------------------|-------------------|--------------|--------------------------|--------------|-------------------|-------------|--------------------------------|-------------|------------|--------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | | |
| 18-35 | 21 | 47.7% | 9 | 20.5% | 8 | 0.0% | 6 | 13.6% | 44 | 28.6% |
| 36-55 | 66 | 73.3% | 10 | 11.1% | 6 | 6.7% | 8 | 8.9% | 90 | 58.4% |
| 56+ | 14 | 73.7% | 4 | 21.1% | 0 | 0.0% | 1 | 5.3% | 19 | 12.3% |
| Prefer Not to Answer | 1 | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.6% |
| TOTAL | 102 | 66.2% | 23 | 14.9% | 14 | 9.1% | 15 | 9.7% | 154 | |

| INCOME GROUP | Caucasian / White | | Black / African-American | | Hispanic / Latine | | Mixed Race / Two or More Races | | TOTAL | PERCENT |
|---|-------------------|--------------|--------------------------|--------------|-------------------|-------------|--------------------------------|-------------|------------|--------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | | |
| Medicaid Eligible (≤100% of FPL) | 8 | 57.1% | 3 | 21.4% | 2 | 14.3% | 1 | 7.1% | 14 | 9.1% |
| ADAP Eligible (101% - 500% of FPL) | 38 | 61.3% | 11 | 17.7% | 6 | 9.7% | 7 | 11.3% | 62 | 40.3% |
| Ineligible for Public Insurance | 56 | 71.8% | 9 | 11.5% | 6 | 7.7% | 7 | 9.0% | 78 | 50.6% |
| TOTAL | 102 | 66.2% | 23 | 14.9% | 14 | 9.1% | 15 | 9.7% | 154 | |

Prevention Medication Preferences

When asked about their individual preferences for the medication-based prevention of HIV, 71.4% (n=110) of respondents indicated that they would prefer to receive treatment via either provider- or self-administered LAIs compared to 28.6% (n=44) who preferred a daily oral pill-based regimen (FIGURE 10). These findings were consistent across all demographic groups (TABLE 4).

26.2% of White respondents (n=39) indicated that they would prefer to administer injections

themselves, rather than receiving them from providers (22.8%; n=34). In every other racial demographic group, respondents overwhelmingly preferred to receive LAI injections from a provider. When examining responses based on income, only those respondents whose incomes made them ineligible for public insurance programs indicated that they preferred to administer injections themselves (29.7%; n=22) rather than have them administered by a provider (28.4%; n=21).

FIGURE 10 HIV Prevention Preferences, by Treatment Delivery Method

How you personally prefer to receive medication to prevent the transmission of HIV?

Total Respondents = 154

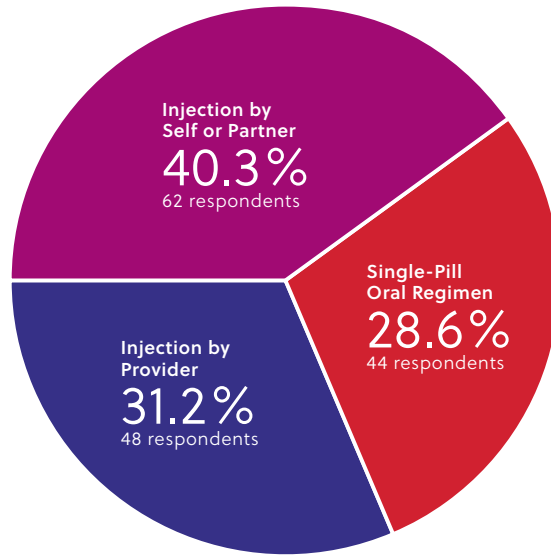


TABLE 4 Pre-Exposure Prophylaxis Treatment Preferences, by Treatment Delivery

PrEP Treatment Preference

| | Single-Pill | | Injection by Provider | | Injection by Self | | RESPONDENTS |
|---------------|-------------|--------------|-----------------------|--------------|-------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 44 | 28.6% | 48 | 31.2% | 62 | 40.3% | 154 |

Table 4 continued on next page

TABLE 4 Pre-Exposure Prophylaxis Treatment Preferences, by Treatment Delivery

PrEP Treatment Preference, by Race

| | Single-Pill | | Injection by Provider | | Injection by Self | | RESPONDENTS |
|--------------------------|-------------|--------------|-----------------------|--------------|-------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 30 | 29.4% | 26 | 25.5% | 46 | 45.1% | 102 |
| Black / African-American | 9 | 39.1% | 11 | 47.8% | 3 | 13.0% | 23 |
| Hispanic / Latine | 3 | 21.4% | 6 | 42.9% | 5 | 35.7% | 14 |
| Other Races | 2 | 13.3% | 5 | 33.3% | 8 | 53.3% | 15 |
| TOTAL | 44 | 28.6% | 48 | 31.2% | 62 | 40.3% | 154 |

PrEP Treatment Preference, by Gender

| | Single-Pill | | Injection by Provider | | Injection by Self | | RESPONDENTS |
|--------------------|-------------|--------------|-----------------------|--------------|-------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 25 | 44.6% | 16 | 28.6% | 15 | 26.8% | 56 |
| Woman | 17 | 22.7% | 26 | 34.7% | 32 | 42.7% | 75 |
| Trans / Non-Binary | 2 | 8.7% | 6 | 26.1% | 15 | 65.2% | 23 |
| TOTAL | 44 | 28.6% | 48 | 31.2% | 62 | 40.3% | 154 |

PrEP Treatment Preference, by Age Group

| | Single-Pill | | Injection by Provider | | Injection by Self | | RESPONDENTS |
|-----------------------|-------------|--------------|-----------------------|--------------|-------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 9 | 20.5% | 16 | 36.4% | 19 | 43.2% | 44 |
| 36-55 | 31 | 34.4% | 26 | 28.9% | 33 | 36.7% | 90 |
| 56+ | 4 | 21.1% | 5 | 26.3% | 10 | 52.6% | 19 |
| Prefer Not to Respond | 0 | 0.0% | 1 | 100.0% | 0 | 0.0% | 1 |
| TOTAL | 44 | 28.6% | 48 | 31.2% | 62 | 40.3% | 154 |

Table 4 continued on next page

TABLE 4 Pre-Exposure Prophylaxis Treatment Preferences, by Treatment Delivery

PrEP Treatment Preference, by Percentage of Federal Poverty Level (FPL)

| | Single-Pill | | Injection by Provider | | Injection by Self | | RESPONDENTS |
|---------------------------------|-------------|--------------|-----------------------|--------------|-------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 3 | 21.4% | 5 | 35.7% | 6 | 42.9% | 14 |
| ADAP Eligible | 17 | 27.4% | 21 | 33.9% | 24 | 38.7% | 62 |
| Ineligible for Public Insurance | 24 | 30.8% | 22 | 28.2% | 32 | 41.0% | 78 |
| TOTAL | 44 | 28.6% | 48 | 31.2% | 62 | 40.3% | 154 |

Awareness of Apretude

When asked if they were aware of Apretude (cabotegravir, Gilead), 58.4% (n=90) of the 154 respondents were aware of the LAI for the prevention of HIV transmission, while 41.6% (n=64) of respondents were unaware of the medication (FIGURE 11).

When breaking down responses to this question into demographic groups, 73.4% (n=47) of the 64 respondents who indicated that they were unaware of Apretude identified as Caucasian / White, reducing the statistical validity and generalizability of responses from other racial demographic groups.

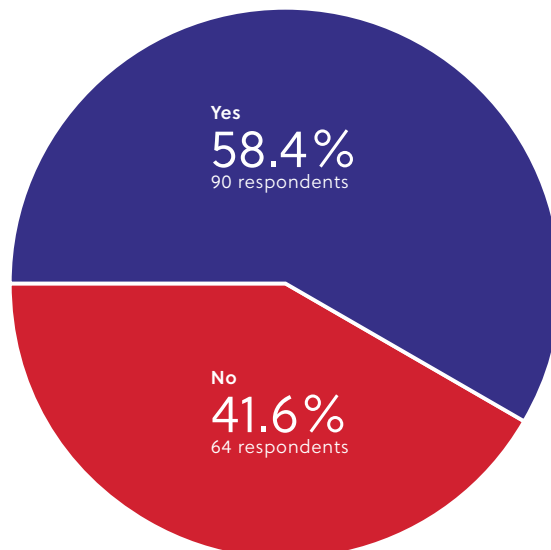
The 64 respondents who indicated that they were unaware of Apretude were asked a follow up question to determine initial attitudes toward the medication once being made aware that it exists.

42.2% (n=27) indicated that they would be open to discussing Apretude with a healthcare provider and 28.1% (n=18) indicated willingness to switch to Apretude from a daily oral pill-based regimen, though 28.1% (n=18) indicated that were worried about being able to afford the medication or that their primary prescription drug insurance would not cover the medication. 6.3% (n=4) of respondents indicated that a fear of needles and/or a lack of trust, either in the treatment process (e.g., providers, scheduling, dosing) or the medications themselves, would prevent them from utilizing Apretude as a preventative medication. 35.9% (n=23) indicated that they didn't know how they felt about Apretude (Appendix F).

FIGURE 11 Awareness of Apretude for the Prevention of HIV Transmission

Have you heard Apretude for the prevention of HIV transmission?

Total Respondents = 154



Sources of Information About Apretude

Respondents who indicated awareness of Apretude were asked to identify where they learned about the LAI medication. Those respondents were able to select multiple sources of information. Sources of information about Apretude can be broken into five categories:

1. Advertisements, including television, digital, and print ads;
2. Informal sources, including social media posts, word of mouth, internet searches, and other sources;
3. Private or Public Organizations, including Community-Based Organizations (CBOs), AIDS Services Organizations (ASOs), advocacy organization, social workers, case workers, and health departments;
4. Healthcare Providers, including specialist physicians, primary care physicians (PCPs), and pharmacists, and;
5. First-Hand Knowledge (i.e., already taking Apretude).

The majority of respondents to this question (61.1%, n=55) were Caucasian / White, meaning that responses from other racial demographic groups were not generalizable. 41.1% (n=37) of respondents to this question identified as Women, with another 40% (n=36) identifying as Men. 58.9% (n=53) of respondents were aged 36-55, with another 32.2% (n=29) aged 18-35. Over half of respondents to this question (52.2%, n=47) earned incomes that made them ineligible for public insurance programs, and another 40% (n=36) indicated individual incomes that fell within eligibility criteria for the ADAP program.

Detailed findings about information sources can be found in [Tables G1](#) and [G2](#).

Advertisements as Sources of Information

Of the 90 respondents who were aware of Apretude, 36.7% (n=54) indicated that they learned of those medications through television advertisements, with 15.6% (n=14) indicating digital advertisements, and 7.8% (n=7) indicating print advertisements.

In the post-survey focus group hosted in April 2024, one participant stated,

“ I have not seen any kind of awareness campaign to create any awareness or demand for injectable PrEP, where we did for oral PrEP. I live in the [San Francisco] Bay Area...and I walk around, and it seems like LAI PrEP doesn't even exist.”

Informal Sources of Information

Many respondents learned about Apretude through informal sources of information, including 43.3% (n=39) indicating that they heard about the medication through social media, 36.7% (n=33) through word of mouth, 13.3% (n=12) through internet searches, and 8.9% (n=8) through other sources. No focus group participants indicated that they had acquired information about Apretude through informal sources of information.

Private and Public Organizations as Learning Points

Of the 90 respondents eligible for this question, 22.2% (n=20) indicated learning about Apretude from CBOs or ASOs and 20.0% (n=18) indicated learning about it from advocacy organizations. Ten or fewer respondents indicated learning about Apretude from any other private or public organization.

Two focus group participants indicated that they currently worked in the HIV field in, for, or with CBOs, ASOs, and/or other advocacy groups.

Healthcare Providers as Information Sources

15.6% (n=14) of respondents indicated learning about Apretude from a primary care physician. This sentiment was shared by one focus group participant:

“ My primary care physician made me aware of Apretude. I was completely unaware that it existed. He helped me navigate the switch from oral to LAI PrEP. Historically, that was not the case—when I was trying to find oral PrEP, I got bounced from provider to provider.”

No other provider type received enough responses to meet statistical significance given the sample size ([Table G1](#)).

First-Hand Experience with Apretude as an Information Source

10.0% (n=9) of respondents indicated that they were already prescribed Apretude for use as part of a PrEP regimen to prevent the transmission of HIV (Table G2).

The Relationships of Respondents to Apretude

Survey respondents who were aware of Apretude (n=90) were asked to describe their relationship to LAI medications: 58.9% (n=53) indicated that they had not researched or attempted to access Apretude, with another 26.7% (n=24) indicating that they had researched Apretude. No other options received enough responses to reach statistical significance (TABLE 5). When attempting to

ascertain why respondents indicated that they had not researched or attempted to access Apretude, 62.3% (n=33) of the 53 respondents selected “Other” as the reason why they did not seek information or access. None of the specific options listed received enough responses to reach statistical significance (Appendix H).

TABLE 5 **Pre-Exposure Prophylaxis Treatment Preferences, by Treatment Delivery Method**

Relationship to Apretude

| | Currently Using | | Prescribed Apretude, but Denied or Unable to Afford | | Previously Used | | Researched Apretude | | Not Researched or Attempted to Access | | RESPONDENTS |
|---------------|-----------------|-------------|---|-------------|-----------------|-------------|---------------------|--------------|---------------------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 6 | 6.7% | 4 | 4.4% | 3 | 3.3% | 24 | 26.7% | 53 | 58.9% | 90 |

Relationship to Apretude, by Race

| | Currently Using | | Prescribed Apretude, but Denied or Unable to Afford | | Previously Used | | Researched Apretude | | Not Researched or Attempted to Access | | RESPONDENTS |
|---------------------------------|-----------------|-------------|---|-------------|-----------------|-------------|---------------------|--------------|---------------------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 4 | 7.3% | 3 | 5.5% | 3 | 5.5% | 11 | 20.0% | 34 | 61.8% | 55 |
| Black / African-American | 1 | 7.7% | 0 | 0.0% | 0 | 0.0% | 5 | 38.5% | 7 | 53.8% | 13 |
| Hispanic / Latine | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 33.3% | 6 | 66.7% | 9 |
| Other Races | 1 | 7.7% | 1 | 7.7% | 0 | 0.0% | 5 | 38.5% | 6 | 46.2% | 13 |
| TOTAL | 6 | 6.7% | 4 | 4.4% | 3 | 3.3% | 24 | 26.7% | 53 | 58.9% | 90 |

Table 5 continued on next page

TABLE 5 Pre-Exposure Prophylaxis Treatment Preferences, by Treatment Delivery Method

Relationship to Apretude, by Gender

| | Currently Using | | Prescribed Apretude, but Denied or Unable to Afford | | Previously Used | | Researched Apretude | | Not Researched or Attempted to Access | | RESPONDENTS |
|---------------------------|-----------------|-------------|---|-------------|-----------------|-------------|---------------------|--------------|---------------------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 4 | 11.1% | 1 | 2.8% | 2 | 5.6% | 10 | 27.8% | 19 | 52.8% | 36 |
| Woman | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 10 | 27.0% | 27 | 73.0% | 37 |
| Trans / Non-Binary | 2 | 11.8% | 3 | 17.6% | 1 | 5.9% | 4 | 23.5% | 7 | 41.2% | 17 |
| TOTAL | 6 | 6.7% | 4 | 4.4% | 3 | 3.3% | 24 | 26.7% | 53 | 58.9% | 90 |

Relationship to Apretude, by Age Group

| | Currently Using | | Prescribed Apretude, but Denied or Unable to Afford | | Previously Used | | Researched Apretude | | Not Researched or Attempted to Access | | RESPONDENTS |
|-----------------------------|-----------------|-------------|---|-------------|-----------------|-------------|---------------------|--------------|---------------------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 1 | 3.4% | 3 | 10.3% | 0 | 0.0% | 11 | 37.9% | 14 | 48.3% | 29 |
| 36-55 | 5 | 9.4% | 1 | 1.9% | 3 | 5.7% | 10 | 18.9% | 34 | 64.2% | 53 |
| 56+ | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 3 | 37.5% | 5 | 62.5% | 8 |
| Prefer Not to Answer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 |
| TOTAL | 6 | 6.7% | 4 | 4.4% | 3 | 3.3% | 24 | 26.7% | 53 | 58.9% | 90 |

Relationship to Apretude, by Gender

| | Currently Using | | Prescribed Apretude, but Denied or Unable to Afford | | Previously Used | | Researched Apretude | | Not Researched or Attempted to Access | | RESPONDENTS |
|--|-----------------|-------------|---|-------------|-----------------|-------------|---------------------|--------------|---------------------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 0 | 0.0% | 1 | 14.3% | 0 | 0.0% | 2 | 28.6% | 4 | 57.1% | 7 |
| ADAP Eligible | 2 | 5.6% | 2 | 5.6% | 0 | 0.0% | 8 | 22.2% | 24 | 66.7% | 36 |
| Ineligible for Public Insurance | 4 | 8.5% | 1 | 2.1% | 3 | 6.4% | 14 | 29.8% | 25 | 53.2% | 47 |
| TOTAL | 6 | 6.7% | 4 | 4.4% | 3 | 3.3% | 24 | 26.7% | 53 | 58.9% | 90 |

Attempts to Access Providers About Apretude

37 of the 90 respondents asked about their relationship to Apretude (41.1%) were asked if they were able to find a medical provider able and willing to assist them with gaining information about or a prescription for Apretude, and 70.3% (n=26) indicated that they found such a provider (TABLE 6).

69.2% (n=18) of respondents who were able to find a provider were already under their care ([Appendix I](#)). However, because only 26 respondents were able to find a medical provider, these results are not generalizable.

TABLE 6 Were you able to find a medical provider who was able and willing to assist you with gaining information about and/or access to Apretude?

Gain Information About and/or Access to Apretude

| | Yes | | No | | RESPONDENTS |
|---------------|-----------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 26 | 70.3% | 11 | 29.7% | 37 |

Gain Information About and/or Access to Apretude, by Race

| | Yes | | No | | RESPONDENTS |
|---------------------------------|-----------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 15 | 71.4% | 6 | 28.6% | 21 |
| Black / African-American | 6 | 100.0% | 0 | 0.0% | 6 |
| Hispanic / Latine | 0 | 0.0% | 3 | 100.0% | 3 |
| Other Races | 5 | 71.4% | 2 | 28.6% | 7 |
| TOTAL | 26 | 70.3% | 11 | 29.7% | 37 |

Gain Information About and/or Access to Apretude, by Gender

| | Yes | | No | | RESPONDENTS |
|---------------------------|-----------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 10 | 58.8% | 7 | 41.2% | 17 |
| Woman | 8 | 80.0% | 2 | 20.0% | 10 |
| Trans / Non-Binary | 8 | 80.0% | 2 | 20.0% | 10 |
| TOTAL | 26 | 70.3% | 11 | 29.7% | 37 |

Table 6 continued on next page

TABLE 6 Were you able to find a medical provider who was able and willing to assist you with gaining information about and/or access to Apretude?

Gain Information About and/or Access to Apretude,
by Age

| | Yes | | No | | RESPONDENTS |
|----------------------|-----------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 9 | 60.0% | 6 | 40.0% | 15 |
| 36-55 | 15 | 78.9% | 4 | 21.1% | 19 |
| 56+ | 2 | 66.7% | 1 | 33.3% | 3 |
| Prefer Not to Answer | 0 | 0.0% | 0 | 0.0% | 1 |
| TOTAL | 26 | 68.4% | 11 | 28.9% | 38 |

Gain Information About and/or Access to Apretude,
by Eligibility for Public Insurance Programs

| | Yes | | No | | RESPONDENTS |
|---------------------------------|-----------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 1 | 33.3% | 2 | 66.7% | 3 |
| ADAP Eligible | 10 | 83.3% | 2 | 16.7% | 12 |
| Ineligible for Public Insurance | 15 | 68.2% | 7 | 31.8% | 22 |
| TOTAL | 26 | 70.3% | 11 | 29.7% | 37 |

Respondent Interactions with Medical Providers About LAI Medications

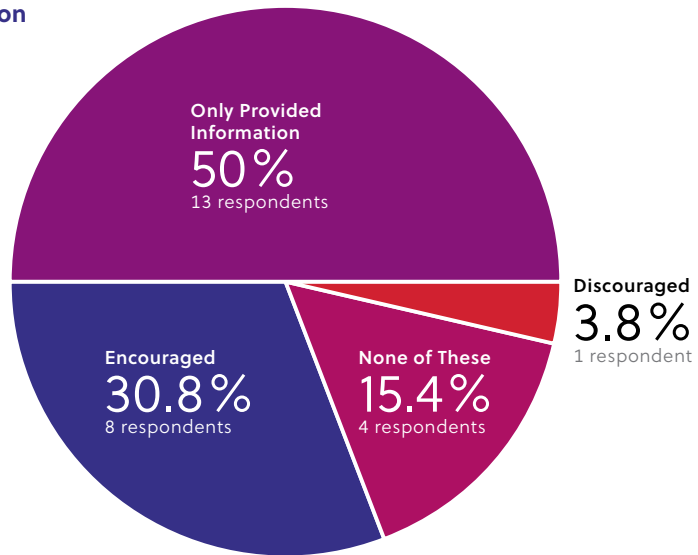
Half of respondents who found a provider (50%, n=13) indicated that their provider only gave them information but made no treatment recommendations (FIGURE 12). Of those 68 respondents, 91.2% (n=62) felt that they received enough information

from their providers to make an informed decision about whether LAI medications were right for them, and this sentiment was shared across all demographic groups. Again, because only 26 respondents were able to find a medical provider, these findings are not generalizable.

FIGURE 12 Respondent Interactions with Medication Providers About Apretude

Has your medical provider encouraged or discouraged you to try Apretude for prevention of HIV?

Total Respondents = 26



Barriers to Accessing LAI Medications

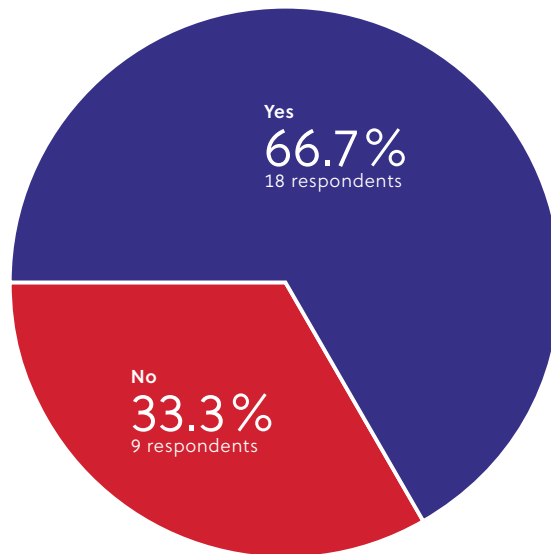
Some survey respondents (n=37) were asked which, if any, barriers they encountered when attempting to access LAI medications. 10 respondents (27%) indicated that they encountered no barriers to accessing information about or a prescription for Apretude. Only two barriers were encountered

by 10 or more respondents: the inability to find a knowledgeable provider (27%) and insurance coverage barriers (27%). Of the 27 respondents who reported encountering barriers to accessing Apretude, 66.7% (n=18) indicated that the barriers to access were so cumbersome that they decided Apretude was not right for them (FIGURE 13).

FIGURE 13 Access Barriers Driving Patient Decisions About Apretude

Did any barriers you encountered when trying to access information about or a prescription for Apretude lead you to determine Apretude was not right for you?

Total Respondents = 27



These themes were repeated in the post-survey focus group with one participant saying,

“ I’ve had trouble getting information about LAIs from my primary care providers. I would like to get onto injectables instead of daily oral PrEP, because I have a history of stomach issues and the oral PrEP can make me sick. My providers don’t appear to have much information though. ”

Another participant said:

“ Figuring out whether one’s medication is a pharmacy or medical benefit can be confusing and time consuming. Even though I was a PrEP navigator, the prior authorization and approvals process is difficult to navigate. There needs to be more clarity around coverage and benefits [...] there are still [...] grandfathered healthcare plans that aren’t covered under the ACA and thus aren’t required to cover certain things. ”

Also, about insurance coverage, a second focus group participant detailed his issues with gaining access to oral PrEP:

“ When I did contract work, it was a nightmare with insurance coverage, so I would have to beg providers for a bottle of PrEP and would not often get it, so I’d connect with friends who had 90-day scripts and tell them that I’d give them mine when I got a new bottle. ”

While only 18.9% (n=7) respondents indicated that the distance to their provider was a barrier to accessing Apretude, one focus group participant specifically mentioned that it was a serious issue:

“ I now have to drive 40 minutes, where before it was 4 minutes, but since I switched to my provider’s new practice, I have to drive because the closer location refuses to administer the dose. I have had a few times where I have scheduled it, made the trip, and they aren’t able to do it for some reason. I have a dependent who requires care while I am at appointments, so coordinating this became a frustrating issue. ”

Another focus group participant continued with this theme:

“ My university offers LGBT health and specialized health at the clinic 45 minutes away, or 1 hour 30 min via bus, which can be a barrier for those with classes or work. It’s a seamless process, private insurance-wise, but the fee is \$3,000 per semester. The services are super helpful in the inner city. They had funding in their clinics that my rural campus did not have or did not make available. ”

Medication Dosing Method as a Barrier to Treatment

27 survey respondents were asked if the injection-based dosing method of Apretude served as a barrier that made them determine Apretude was not right for them. 59.3% (n=16) indicated that it was not.

Discussion

KEY FINDINGS FROM THE HIV TREATMENT SURVEY INCLUDE:

- The majority of respondents (52.3%) indicated that they would prefer receiving LAI medication to treat their HIV over a daily pill-based regimen;
- Most respondents (87.8%) indicated being aware of Cabenuva as an LAI to treat HIV. Of those respondents who learned about the existence of LAI medications through this survey, half (50%) reported being open to discussing them with a medical provider;
- A majority of respondents (63%) indicated that their relationship to LAIs included having researched, previous taken, been prescribed but having been unable to obtain, or are currently taking LAI medications for the treatment of HIV;
- Most respondents (87.7%) indicated having no issues finding information about LAI medications. Of those respondents who did have trouble finding information (12.3%), most respondents had trouble finding information about insurance coverage (78.6%), prior authorization requirements (78.6%), and the cost they would have to pay to access LAIs (71.4%);
- A vast majority of respondents (70.3%) who sought access to information about or a prescription for an LAI medication did so for Cabenuva;
- A majority of respondents (66.7%) reported attempting to find a medical provider to assist them with gaining access to LAIs, of whom 89.5% were successful in finding that provider;
- Of those who found providers, less than half of respondents (48.5%) indicated that their provider encouraged them to switch to an LAI regimen;
- For a majority of respondents (69.8%), the inability to administer LAI medication themselves, as opposed to having the injections administered by a medical provider, did not serve as a barrier to interest in LAI medications, and;
- When provided with an opportunity to submit their contact information for potential selection to participate in a focus group on the topic of LAI medications for the treatment of HIV, a majority of respondents (51.5%, n=135) chose to do so.

Limitations, Opportunities, and Recommendations for Future Research

The findings from these surveys serve as a starting point for ADAP Advocacy to conduct additional patient-centric research to learn more about the barriers and facilitators faced by patients seeking LAI options for the prevention and treatment of HIV. This section discusses some of the opportunities and recommendations for improvement in future research efforts based upon ADAP Advocacy’s findings.

While responses were relatively high given a limited budget for advertisement and the use of primarily email, social media, and word of mouth marketing as a means of survey distribution, future research should make concerted efforts to solicit responses from people living in rural states, the Midwest, and states in the Mountain West region of the United States in order to better understand the attitudes, barriers, and facilitators patients face in those parts of the country. Beyond states where ADAP Advocacy received no responses, 34 jurisdictions had fewer than ten responses, with 14 having just one response. This indicates the need for additional investigation in those states to achieve statistically significant findings that would allow ADAP Advocacy to develop insights and policy recommendations more accurately.

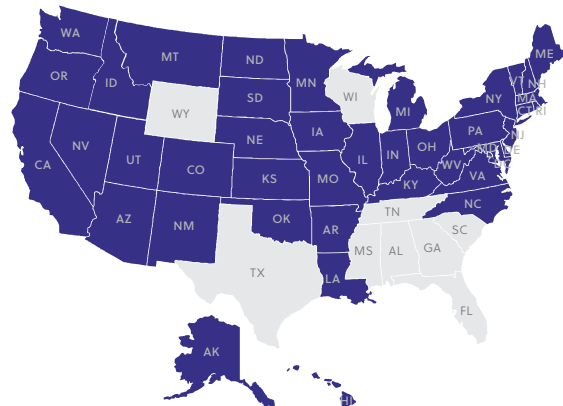
In addition to reaching further into these states, attention should be given to increasing the number of respondents who identify as Transgender (Trans), Non-Binary, or differently from the “Man / Woman” binary. Despite the involvement of trans individuals in developing this survey, ADAP Advocacy received just 15 responses from individuals identifying differently than “Man” or “Woman.” It is particularly important to increase participation among these populations given recent research indicating that

Trans Women disproportionately experience social marginalization, discrimination, physical and sexual violence, and significant risks of exposure to HIV ([Hayes & Shanker, 2024](#)).

Additional efforts should also be made to solicit responses from younger individuals aged 13-35—a demographic that comprises the majority (64%) of new HIV diagnoses in the United States ([CDC, 2023b](#)). ADAP Advocacy’s survey received no responses from those under the age of 18 and just 38 responses from persons aged 18-35. Garnering responses from persons under the age of 18 outside of a clinical setting is likely to be difficult, particularly given the recent push by state and federal legislatures to limit the types of content and information that minors can view on social media and through web browsing.

Future research efforts should also include additional outreach to secure responses from persons earning below 100% of the FPL. While ADAP Advocacy refers to this demographic group as “Medicaid-Eligible” in this report’s data and Tables, it should be noted that ten states—Alabama, Florida, Georgia, Kansas, Mississippi, South Carolina, Tennessee, Texas, Wisconsin, and Wyoming—have not adopted the federal Medicaid Expansion passed under the Affordable Care Act (Figure 14). This expansion includes a federal requirement that persons living with HIV whose income equals up to 138% of the FPL be eligible for coverage under state Medicaid programs and in expansion states resulted in a significant shift of PLWHA from state ADAP programs to Medicaid, freeing up financial resources for Ryan White Part B grantees and allowing them to expand services to their clients.

FIGURE 14 **Status of State Action on the Medicaid Expansion Decision**



Note. Retrieved from [KFF, 2024](#).

Aside from increasing responses from key geographic areas and demographic groups, future efforts should work to reduce survey complexity and the number of options available in quantitative questions. The HIV Treatment Survey attempted to quantify responses that were more qualitative in nature by including several questions that allowed respondents to select multiple responses that best described their attitudes about LAI medications, their decisions about whether to research or receive prescriptions for LAIs, the opinions about their interactions with medical professionals, and the barriers they encountered when trying to access LAIs. Despite trying to provide as many available options as possible, many of these options ended up garnering relatively few, if any, responses.

In addition to the inclusion of questions with multiple selection options, ADAP Advocacy used branching via conditional logic for certain questions to ensure that respondents only had to answer questions relevant to their answers and experiences. While the intent of this was to ensure that respondents weren't answering questions that didn't pertain to them, the number of respondents answering questions along these branched pathways was often too few to glean any real information from the responses. For example, respondents who indicated being unaware of any of the LAI medications covered in this survey were advanced to a question asking about their initial attitudes about LAIs now that they'd learned of the existence of LAIs. This branch resulted in just 32 eligible respondents out of a total of 262—generally too few respondents to glean any statistically significant findings from a survey—63% of whom (n=20) were White, thereby rendering responses from other respondents unreliable for the purposes of generalizing responses to their respective demographic groups.

Future research efforts should consider implementing one or more of the following survey design options:

1. Determine earlier in the survey development process whether questions will be quantitative or qualitative in nature, or some combination, thereof;
2. Ensure that survey branches are not so nuanced that they inadvertently limit the number of eligible respondents;

3. Limit the number of available options in multiple selection, opinion-based quantitative survey questions;
4. Work to plan survey distribution windows to account for any seasonal barriers that may lower the likelihood of responses (e.g., November and December holidays);
5. Develop, plan, and coordinate both generalized and targeted promotional efforts that are responsive to response trends to increase survey participation throughout the course of the survey distribution period.

KEY FINDINGS FROM THE HIV PREVENTION SURVEY INCLUDE:

- The majority of HIV Prevention Survey respondents (58.4%, n=90) were aged 36-55.
- The vast majority of respondents (71.4%) indicated that they would prefer receiving LAI medication to prevent the transmission of HIV over a daily pill-based regimen;
- Just over half of respondents (58.4%) indicated being aware of Apretude for use as LAI PrEP. More than four out of every ten respondents (42.2%) who learned about the existence of Apretude through this survey reported being open to discussing it with a medical provider;
- A majority of respondents (58.9%) indicated that they had neither researched nor attempted to access Apretude;
- When provided with an opportunity to submit their contact information for potential selection to participate in a focus group on the topic of LAI medications for the treatment of HIV, just 29.9% (n=46) chose to do so.

Limitations, Opportunities, and Recommendations for Future Research

The primary limitation of the HIV Prevention Survey involves the sample size of eligible participants. While the survey received 154 eligible responses, just 90 (58.4%) indicated being aware of Apretude as an LAI utilized for the prevention of HIV transmission. Of those 90 respondents who were aware of Apretude, 53.9% (n=55) identified as Caucasian / White, meaning that responses from respondents identifying as any other race fell below

the commonly accepted threshold for reliability (i.e., 20 instances). Because of this, it is impossible to generalize any findings that fall below that threshold of responses. This does not mean that the information gleaned from this survey does not provide insights into the patient experience of trying to access Apretude; rather, that those experiences may not typify the experience of non-White patients. Additionally, more than half (50.6%) of respondents reported earning more than 501% of the FPL, meaning that the populations who would most benefit from access to PrEP based upon annual HIV transmission statistics—Black and Brown individuals between the ages of 18-35 earning 300% or less of the FPL—were significantly underrepresented relative to the disproportionate impacts they bear.

As with the HIV Treatment Survey, the same limitations related to survey design, conditional logic and branching, and distribution applied.

Future research efforts should include additional planning and strategizing related to the advertising and distribution of survey tools. While efforts were made during this research to expand outreach into Black and Trans communities, more coordination will be needed to ensure that surveys are distributed by additional trusted community partners in disproportionately impacted communities.

Finally, the distribution method of this survey may have been a limiting factor in receiving responses. Because this survey was digitally distributed, potential respondents who lack access to personal or public Internet connections and technologies may have faced barriers that prevented them from participating.

Methodology

This report was created through a mixed-methods study which included a predominantly quantitative survey with PLWHA, those pursuing PrEP, those not pursuing care, and community stakeholders. Demographic data was collected on all participants, and all submissions remained anonymous, except those who provided their contact information for additional follow-up (and possible focus group participation). Focus group participants were selected in accordance with the demographic ratio percentages of the quantitative survey, ensuring a representative sample that was properly stratified by race and gender. Resultant prospective participant lists were examined for any conflicts of interest, and two survey respondents were eliminated from focus group participation on such grounds.

The authors thereafter convened qualitative focus groups (one for those who are HIV-positive and one for those who are HIV-negative) using a semi-structured interview guide to collect patient perspectives. Focus groups were scheduled in advance and held via Webex for a duration of 75 minutes, and participants who successfully completed their session received a \$250.00 stipend to compensate for their time.

In addition to the survey and focus group, the authors analyzed data provided by institutional and community partners (e.g., pharmaceutical companies) relevant to the survey topics. For the

purposes of scope, please note that this report focused solely upon LAIs on market as of 9/13/23 and did not include products in the development pipeline. The LAIs covered by the project included Cabenuva (ViiV Healthcare), Sunlenca (salvage therapy; Gilead Sciences), Trogarzo (salvage therapy; Theratechnologies, Inc.), Egrifta (reduces excess abdominal fat in adult patients living with HIV and lipodystrophy; Theratechnologies, Inc.), Serostim (combats the physical wasting effects of HIV or from medications used to treat HIV, EMD Serono, Inc.), and Apretude (PrEP; ViiV Healthcare). All drug manufacturers of these aforementioned products were asked to support this project with a small charitable grant; Gilead Sciences and ViiV Healthcare's Positive Action Community Grants elected to fund this project, but Theratechnologies declined. Although Merck offers no LAIs for the treatment or prevention of HIV, it supported the project because it has investment in the LAIs therapeutic space.

The outcome of this study is being presented as a publication, and an executive summary and press release have been disseminated to media outlets and through organizational social media. The authors and ADAP Advocacy will also share the findings with the public health community through presentations and workshops, as requested. Interested parties can contact info@adapadvocacy.org to pursue such opportunities.

Acknowledgments

This project received generous financial support from Gilead Sciences, Merck, and ViiV Healthcare's Positive Action Community Grants. For this project, ADAP Advocacy exercised full control and discretion over the content of the implementation strategy, epistemic modality, survey and focus group design, marketing concept, and independent evaluation. This project's analysis, findings, and summarization were independent of the funder's influence.

The authors wish to also thank community partners and individual advocates who helped publicize the survey. The following community partners offered their assistance: Avita Care Solutions, Community Access National Network (CANN), Georgia Equality, HealthHIV, Human Rights Campaign, International Association of Providers in AIDS Care (IAPAC), New Haven Pride Center, PlusInc, Positive Women's Network (PWN),

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Evaluation

This project was independently evaluated by Matt Toresco CEO of Archo Advocacy LLC, which is a full-service healthcare consulting firm that seeks to keep the patient at the center of all healthcare decision-making & commercial operations in the biopharmaceutical community.

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Appendix A

Survey Instruments



Perspectives Survey on Long-Acting Injectable (LAI) Treatments for People Living with HIV

The Perspectives Survey on Long-Acting Injectable (LAI) Treatments for People Living with HIV is open to people who are **HIV-POSITIVE** and **residing in the UNITED STATES** and its Territories. Responses to this survey are anonymous and cannot be used to identify individuals, unless identifying information is shared at the end of the survey for the purposes of additional outreach. This survey takes approximately 5 minutes to complete.

Qualifying Questions

Please select the option which best describes your circumstances: *

- I am HIV Positive
 This does not apply to me

Are you a resident of the United States or its Territories? *

- Yes
 No

Please enter your Zip/Postal Code: *

Postal / Zip Code

HIV Treatment Questions

The questions in this section are designed to measure awareness of, attitudes about, and barriers to accessing long-acting injectable medication for the treatment of HIV/AIDS and/or conditions that may accompany HIV/AIDS.

Abbreviations and Definitions

1

For the purposes of this survey, ADAP Advocacy uses the following abbreviations:

ADAP - AIDS Drug Assistance Program

- A federal program that provides financially eligible Persons Living with HIV/AIDS with financial assistance to afford medications to treat HIV and many conditions that may accompany the disease)

AIDS - Acquired Immunodeficiency Syndrome

- A medical diagnosis of advanced Human Immunodeficiency Virus

Cabenuva - A long-acting injectable medication used to treat HIV.

Egrifta - A long-acting injectable medication used to reduce excess abdominal fat in adult patients living with HIV and the condition of lipodystrophy

HIV - Human Immunodeficiency Virus

LAI / LAIs - Long-Acting Injectable medications

- Medications that are designed to either prevent the transmission of or treat HIV over an extended period of time. These medications can be used to replace daily oral medications.

PLWHA - Person / Persons Living with HIV/AIDS

Seroestim - A long-acting injectable medication used to combat the physical wasting effects of HIV or from medications used to treat HIV

Sunlenca - A long-acting injectable medication used to treat HIV in patients who have not responded to first-line HIV treatments or who are living with multi-drug resistant strains of HIV

Trogarzo - A long-acting injectable medication used to treat HIV in patients who have not responded to first-line HIV treatments or who are living with multi-drug resistant strains of HIV

How did you hear about LAI medications for the treatment of HIV? (Please select all that apply) *

- Television Advertisement
 Print Advertisement
 Digital Advertisement
 Internet Search
 Social Media (i.e., Facebook, Twitter, Instagram)
 Primary Care Physician
 Specialist Care Physician
 Pharmacist
 Health Department
 Social Worker or Case Manager
 Advocacy Organization (i.e., Prevention Access Campaign)
 Community-Based Organization / AIDS Services Organization
 Word-of-Mouth (i.e., Friends, Family, Colleague)
 Other

What is your relationship to LAI medications for the treatment of HIV (i.e., Cabenuva, Egrifta, Seroestim, Sunlenca, and Trogarzo)? *

- I am currently using one or more of the LAI medications for the treatment of HIV
 I have been prescribed LAI medications for the treatment of HIV, but am having trouble affording it or my insurance has denied coverage
 I have previously used one or more of the LAI medications for the treatment of HIV but not at this time
 I have researched one or more of the LAI medications for the treatment of HIV
 I have not sought information about, or attempted to access any of the long-acting injectable medications to treat either HIV or conditions related to HIV

Have you heard of the following Long-Acting Injectable (LAI) medications? (Please select all that apply) *

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- Cabenuva (HIV treatment)
- Egrifta (to reduce excess abdominal fat in adult patients living with HIV and lipodystrophy)
- Serostim (to combat the physical wasting effects of HIV or from medications used to treat HIV)
- Sunlenca (HIV salvage treatment used to treat patients with multi-drug resistant strains of HIV)
- Trogarzo (HIV salvage treatment used to treat patients with multi-drug resistant strains of HIV)
- I have not heard of any of the long-acting injectable medications listed above

Have you tried to access information about or a prescription for any of the following LAI medications for the treatment of HIV or conditions related to HIV? (Please select all that apply) *

- Cabenuva
- Egrifta
- Serostim
- Sunlenca
- Trogarzo
- I have not tried to access any of these medications

If you answered 'Yes' to the previous question, how did you find this provider? (Please select all that apply): *

- Already under their medical care
- Insurance Company
- Pharmacist
- Health Department
- Community-Based Organization / AIDS Services Organization
- Social Worker or Case Manager
- Word-of-Mouth (i.e., Friends, Family, Colleagues)
- Other

Do you feel that your medical provider gave you enough information to help you make an informed decision about your LAI medications for the treatment of HIV? *

- Yes
- No

Other than from a medical provider, did you have trouble finding information about LAI medications for the treatment of HIV? *

- Yes
- No

What sort of information did you have trouble finding? (Please select all that apply): *

- General information about the medications (e.g., dosing information, eligibility, warnings, side effects)
- Cost / Affordability (e.g., price of the medications or potential ways to afford them)
- Whether or not your primary health insurance payor (e.g., private/employer-sponsored insurance, AIDS Drug Assistance Program, or Medicaid) offers coverage for LAI medications for the treatment of HIV

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- Information about any prior authorization requirements to be approved for LAI medications for the treatment of HIV
- Local resources to access more information via virtual or in-person conversations
- Local providers who are able to prescribe medications
- Local providers who can provide treatment (i.e., provide infusions or injections once the medication is prescribed)
- Other

Did you encounter any of the following barriers when attempting to access LAI medications treatment options for HIV? (Please select all that apply): *

- Trouble finding a provider who was knowledgeable about them
- Trouble finding a provider able and willing to prescribe them
- Provider felt you weren't a good medical fit
- The distance to get to the provider was too far
- Unable to attend regular appointments to pursue care (e.g. can't take off work, don't have child care)
- Lack of transportation options
- Insurance/Healthcare coverage does/would not cover the medication you were prescribed
- The provider did not provide you with information about Patient Assistance Programs to cover the cost of medications
- Unable to qualify for Patient Assistance Programs
- Trouble receiving medicine (e.g. supply chain issues)
- I did not encounter any barriers when trying to access LAI medications
- Other

Did any of these difficulties lead you to determine long-acting HIV injectables were not the right choice for you? *

- Yes
- No

Now that you know that LAI medications for the treatment of HIV exist, how would you characterize your perspective on them? (Please select all that apply): *

- I am open to discussing them with my medical provider
- I would consider switching from oral medications to long-acting injectable medications
- I have a fear of needles would prohibit me from long-acting injectable medications
- A lack of trust would prohibit me from long-acting injectable medications
- I honestly don't know

Have you tried to find a medical provider who was able and willing to assist you with gaining information about and/or access to LAI medications for the treatment of HIV? *

- Yes
- No

Were you able to find a medical provider who was able and willing to assist you with gaining information about and/or access to LAI medications for the treatment of HIV? *

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Yes
 No

Please indicate your race/ethnicity: *

American Indian / Alaska Native (AI/AN)
 Asian
 Black / African American
 Caucasian (White / European)
 Hispanic / Latine
 Mixed Race / Two or More Races
 Native Hawaiian / Pacific Islander
 Prefer not to answer
 Other

Please indicate your gender: *

Man
 Trans Man
 Woman
 Trans Woman
 Non-Binary
 Prefer not to answer
 I identify differently

Please indicate your annual individual income range: *

\$0 - \$14,580 / year
 \$14,581 - \$29,160 / year
 \$29,161 - \$43,740 / year
 \$43,741 - \$58,320 / year
 \$58,321 - \$72,900 / year
 More than \$72,901 / year
 Prefer not to answer

Focus Group Questions

Name *

First Name Last Name

Email

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Phone Number

Please enter a valid phone number.

[Submit](#)

Thank you for your interest in this survey!

[Submit](#)

Does the inability to self-administer LAIs to treat your HIV lead you to believe that LAI treatments are not a good fit for you? *

Yes
 No

Please select your age range: *

Under 18
 18-25
 26-35
 36-45
 46-55
 56-64
 65+
 Prefer not to answer

Please indicate which option best describes your coverage for prescription medications. (Please select all that apply): *

ADAP Full Coverage (ADAP covers the full cost of medication)
 ADAP Insurance Assistance (ADAP cover my insurance premiums and/or co-pays)
 Medicaid
 Medicare
 Veteran Affairs / Tri-Care
 Privately Insured (I purchased private insurance coverage through the Insurance Marketplace or another

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source)

Employer-Sponsored Insurance (I receive insurance through my employer)

Patient Assistance Programs (I utilize private or manufacturer patient assistance programs to afford my medications)

Uninsured / Self-Pay

Other

Would you be interested in participating in a focus group on the topic of this survey? *

Yes

No



Perspectives Survey on Long-Acting Injectable (LAI) HIV Prevention Medications

The Perspectives Survey on Long-Acting Injectable (LAI) HIV Prevention Medications is open to people who are **HIV-NEGATIVE** and **residing in the UNITED STATES** and its Territories. Responses to this survey are anonymous and cannot be used to identify individuals, unless identifying information is shared at the end of the survey for the purposes of additional outreach. This survey takes approximately 5 minutes to complete.

Qualifying Questions

Please select the option which best describes your circumstances: *

- I am HIV Negative
 This does not apply to me

Are you a resident of the United States or its Territories? *

- Yes
 No

Please enter your Zip/Postal Code: *

Postal / Zip Code

Questions About Long-Acting Injectable PrEP

The questions in this section are designed to measure awareness of, attitudes about, and barriers to accessing long-acting injectable medication to prevent the transmission of HIV.

Abbreviations and Definitions

For the purposes of this survey, ADAP Advocacy uses the following abbreviations:

1

Apretude - A long-acting injectable medication used as part of a Pre-Exposure Prophylaxis regimen for the prevention of HIV transmission
HIV - Human Immunodeficiency Virus
LAI / LAIs - Long-Acting Injectable medications
PrEP - Pre-Exposure Prophylaxis

- A medical regimen to reduce and prevention the transmission of HIV that includes oral or injected medications, regular testing for Sexually Transmitted Diseases and Infections, and testing to ensure that the medications are working as intended.

How would you personally prefer to receive PrEP for the prevention of HIV transmission? *

- Single-pill regimen taken once a day
 Injection by Provider received once every month or every other month
 Injection by Self or Partner once every month or every other month (this PrEP option is not currently available)

Have you heard of Apretude for use as Pre-Exposure Prophylaxis (PrEP) to prevent the transmission of HIV? *

- Yes
 No

Which of the following best describes your relationship with Apretude? *

- I have researched Apretude
 I have been prescribed Apretude, but am having trouble affording or my insurance has denied coverage for Apretude
 I am currently using Apretude
 I have previously used Apretude, but am not currently using
 I have not researched, sought a prescription for, or used Apretude

How did you hear about Apretude for the prevention of HIV? (Please select all that apply) *

- I am already taking Apretude
 Television Advertisement
 Print Advertisement
 Digital Advertisement
 Internet Search
 Social Media (i.e., Facebook, Twitter, Instagram)
 Primary Care Physician
 Specialist Care Physician
 Pharmacist
 Health Department
 Social Worker or Case Manager
 Advocacy Organization (i.e., Prevention Access Campaign)
 Community-Based Organization / AIDS Services Organization
 Word-of-Mouth (i.e., Friends, Family, Colleague)
 Other

2

If you answered 'Yes' to the previous question, where did you seek this information? (Please select all that apply): *

- Internet Search
- Social Media (i.e., Facebook, Twitter, Instagram)
- Primary Care Physician
- Specialist Care Physician
- Pharmacist
- Health Department
- Social Worker or Case Manager
- Advocacy Organization (i.e., Prevention Access Campaign)
- Community-Based Organization / AIDS Services Organization
- Word-of-Mouth (i.e., Friends, Family, Colleague)
- Other

If you indicated that you have not researched, sought a prescription for, or used Apretude, why have you not done so? (Please select all that apply): *

- I am / was happy with my current or former daily pill-based PrEP regimen
- I am / was not interested in using a long-acting injectable medication
- I do not think that Apretude is right for me
- I am concerned about the potential side effects of using long-acting injectable medications
- I am concerned that Apretude may have negative interactions with my existing medications
- I do not think that I will be able to afford Apretude
- I do not think that my prescription drug coverage will pay for Apretude
- Other

Have you been or were you able to find a medical provider who was able and willing to assist you with gaining information about and/or access to Apretude to prevent the transmission of HIV? *

- Yes
- No

Other than from a medical provider, did you have trouble finding information about LAI medications for the Prevention of HIV? *

- Yes
- No

What sort of information did you have trouble finding? (Please all that apply) *

- General information about the medication (e.g., dosing information, eligibility, warnings, side effects)
- Cost / Affordability (e.g., the price of the medication or potential ways to afford it)
- Whether or not your primary health insurance payor (e.g., private/employer-sponsored insurance, AIDS Drug Assistance Program, or Medicaid) offers coverage for Apretude
- Information about any prior authorization requirements to be approved for Apretude
- Local resources to access more information via virtual or in-person conversations

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- Local providers who are able to prescribe Apretude
- Local providers who are able to provide injections
- Other

If you answered 'Yes' to the previous question, how did you find this provider? (Please select all that apply) *

- Already under their medical care
- Insurance Company
- Pharmacist
- Health Department
- Community-Based Organization / AIDS Services Organization
- Social Worker or Case Manager
- Word-of-Mouth (i.e., Friends, Family, Colleagues)
- Other

Did any of these difficulties lead you to determine that Apretude was not the right choice for you? *

- Yes
- No

Has your provider encouraged or discouraged you to try Apretude for the prevention of HIV? *

- Encouraged
- Discouraged
- Provided information, but neither encouraged nor discouraged
- My provider did none of these

Demographic Questions

The questions in this section ask basic questions about age range, gender expression, race/ethnicity, and income. None of the questions asked in this section can be used to identify the person answering them.

Now that you know that an LAI medication for the prevention of HIV exists, how would you characterize your perspective on it? (Please select all that apply): *

- I am open to discussing Apretude with my medical provider
- I would consider switching from oral medications to a long-acting injectable medication
- I am worried that I might not be able to afford / my insurance won't cover Apretude

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- I have a fear of needles that would prohibit me from accessing long-acting injectable medications
- A lack of trust would prohibit me from long-acting injectable medications
- I honestly don't know

Has the inability to self-administer injectable PrEP to prevent the transmission of HIV led you to believe that Apretude is not a good fit for you? *

- Yes
- No

Email

example@example.com

Phone Number

Please enter a valid phone number.

Please select your age range: *

- 18-25
- 26-35
- 36-45
- 46-55
- 56-64
- 65+
- Prefer not to answer

Thank you for your interest in this survey!

Please indicate your race/ethnicity: *

- American Indian / Alaska Native (AI/AN)
- Asian
- Black / African American
- Caucasian (White / European)
- Hispanic / Latine
- Mixed Race / Two or More Races
- Native Hawaiian / Pacific Islander
- Prefer not to answer
- Other

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Please indicate your gender: *

- Man
- Trans Man
- Woman
- Trans Woman
- Non-Binary
- Prefer not to answer
- I identify differently

Please indicate your annual individual income range: *

- \$0 - \$14,580 / year
- \$14,581 - \$29,160 / year
- \$29,161 - \$43,740 / year
- \$43,741 - \$58,320 / year
- \$58,321 - \$72,900 / year
- More than \$72,901 / year
- Prefer not to answer

Would you be interested in participating in a focus group on the topic of this survey? *

- Yes
- No

If you answered "Yes" to the previous question, please provide contact information where you can be reached if you are selected to participate:

Name *

First Name

Last Name

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Appendix B

HIV Treatment Preferences

TABLE B **HIV Treatment Preferences,
by Select Demographic Groups**

HIV Treatment Preference

| | Single-Pill | | Multi-Pill | | Injection by Provider | | Injection by Self | | RESPONDENTS |
|---------------|-------------|--------------|------------|-------------|--------------------------|--------------|----------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 117 | 44.7% | 8 | 3.1% | 76 | 29.0% | 61 | 23.3% | 262 |

TABLE B HIV Treatment Preferences,
by Select Demographic Groups

HIV Treatment Preference,
by Race

| | Single-Pill | | Multi-Pill | | Injection by Provider | | Injection by Self | | RESPONDENTS |
|-------------------------------------|-------------|--------------|------------|-------------|--------------------------|--------------|----------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 71 | 47.7% | 5 | 3.4% | 34 | 22.8% | 39 | 26.2% | 149 |
| Black / African-American | 21 | 39.6% | 3 | 5.7% | 19 | 35.8% | 10 | 18.9% | 53 |
| Hispanic / Latine | 14 | 43.8% | 0 | 0.0% | 12 | 37.5% | 6 | 18.8% | 32 |
| Other Races | 11 | 39.3% | 0 | 0.0% | 11 | 39.3% | 6 | 21.4% | 28 |
| TOTAL | 117 | 44.7% | 8 | 3.1% | 76 | 29.0% | 61 | 23.3% | 262 |

HIV Treatment Preference,
by Gender

| | Single-Pill | | Multi-Pill | | Injection by Provider | | Injection by Self | | RESPONDENTS |
|-------------------------------|-------------|--------------|------------|-------------|--------------------------|--------------|----------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 58 | 38.2% | 5 | 3.3% | 48 | 31.6% | 41 | 27.0% | 152 |
| Woman | 55 | 57.9% | 3 | 3.2% | 21 | 22.1% | 16 | 16.8% | 95 |
| Trans / Non-Binary | 4 | 26.7% | 0 | 0.0% | 7 | 46.7% | 4 | 26.7% | 15 |
| TOTAL | 117 | 44.7% | 8 | 3.1% | 76 | 29.0% | 61 | 23.3% | 262 |

TABLE B HIV Treatment Preferences,
by Select Demographic Groups

HIV Treatment Preference,
by Age Group

| | Single-Pill | | Multi-Pill | | Injection by Provider | | Injection by Self | | RESPONDENTS |
|---------------------------------|-------------|--------------|------------|-------------|--------------------------|--------------|----------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 16 | 42.1% | 1 | 2.6% | 15 | 39.5% | 6 | 15.8% | 38 |
| 36-55 | 43 | 41.0% | 2 | 1.9% | 31 | 29.5% | 29 | 27.6% | 105 |
| 56+ | 56 | 48.3% | 5 | 4.3% | 30 | 25.9% | 25 | 21.6% | 116 |
| Prefer Not to Answer | 2 | 66.7% | 0 | 0.0% | 0 | 0.0% | 1 | 33.3% | 3 |
| TOTAL | 117 | 44.7% | 8 | 3.1% | 76 | 29.0% | 61 | 23.3% | 262 |

HIV Treatment Preference,
by Eligibility for Public Insurance Programs

| | Single-Pill | | Multi-Pill | | Injection by Provider | | Injection by Self | | RESPONDENTS |
|--|-------------|--------------|------------|-------------|--------------------------|--------------|----------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 20 | 62.5% | 2 | 6.3% | 7 | 21.9% | 3 | 9.4% | 32 |
| ADAP Eligible | 66 | 42.3% | 6 | 3.8% | 48 | 30.8% | 36 | 23.1% | 156 |
| Ineligible for Public Insurance | 31 | 41.9% | 0 | 0.0% | 21 | 28.4% | 22 | 29.7% | 74 |
| TOTAL | 117 | 44.7% | 8 | 3.1% | 76 | 29.0% | 61 | 23.3% | 262 |

Appendix C

Awareness of Long-Acting Injectable Medications

TABLE C1 **Awareness of Long-Acting Injectable Medications, by Select Demographic Groups**

Awareness of Long-Acting Injectable Medications

| | Cabenuva | | Egrifta | | Sunlenca | | Serostim | | Trogarzo | | Not Heard of Any | | RESPONDENTS |
|---------------|------------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 230 | 87.8% | 72 | 27.5% | 63 | 24.0% | 57 | 21.8% | 47 | 17.9% | 32 | 12.2% | 262 |

TABLE C1 Awareness of Long-Acting Injectable Medications, by Select Demographic Groups

Awareness of Long-Acting Injectable Medications, by Race

| | Cabenuva | | Egrifta | | Sunlenca | | Serostim | | Trogarzo | | Not Heard of Any | | RESPONDENTS |
|---------------------------------|------------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 128 | 85.9% | 43 | 28.9% | 34 | 22.8% | 33 | 22.1% | 28 | 18.8% | 20 | 13.4% | 149 |
| Black / African-American | 50 | 94.3% | 11 | 20.8% | 11 | 20.8% | 8 | 15.1% | 6 | 11.3% | 5 | 9.4% | 53 |
| Hispanic / Latine | 30 | 93.8% | 13 | 40.6% | 11 | 34.4% | 13 | 40.6% | 8 | 25.0% | 1 | 3.1% | 32 |
| Other Races | 22 | 78.6% | 5 | 17.9% | 7 | 25.0% | 3 | 10.7% | 5 | 17.9% | 6 | 21.4% | 28 |
| TOTAL | 230 | 87.8% | 72 | 27.5% | 63 | 24.0% | 57 | 21.8% | 47 | 17.9% | 32 | 12.2% | 262 |

Awareness of Long-Acting Injectable Medications, by Gender

| | Cabenuva | | Egrifta | | Sunlenca | | Serostim | | Trogarzo | | Not Heard of Any | | RESPONDENTS |
|---------------------------|------------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 138 | 90.8% | 53 | 34.9% | 44 | 28.9% | 42 | 27.6% | 35 | 23.0% | 14 | 9.2% | 152 |
| Woman | 80 | 84.2% | 18 | 18.9% | 16 | 16.8% | 14 | 14.7% | 11 | 11.6% | 16 | 16.8% | 95 |
| Trans / Non-Binary | 12 | 80.0% | 1 | 6.7% | 3 | 20.0% | 1 | 6.7% | 1 | 6.7% | 2 | 13.3% | 15 |
| TOTAL | 230 | 87.8% | 72 | 27.5% | 63 | 24.0% | 57 | 21.8% | 47 | 17.9% | 32 | 12.2% | 262 |

TABLE C1 Awareness of Long-Acting Injectable Medications, by Select Demographic Groups

Awareness of Long-Acting Injectable Medications, by Age Group

| | Cabenuva | | Egrifta | | Sunlenca | | Serostim | | Trogarzo | | Not Heard of Any | | RESPONDENTS |
|-----------------------------|------------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 29 | 76.3% | 4 | 10.5% | 11 | 28.9% | 3 | 7.9% | 4 | 10.5% | 8 | 21.1% | 38 |
| 36-55 | 91 | 86.7% | 21 | 20.0% | 23 | 21.9% | 14 | 13.3% | 14 | 13.3% | 14 | 13.3% | 105 |
| 56+ | 109 | 94.0% | 47 | 40.5% | 28 | 24.1% | 40 | 34.5% | 29 | 25.0% | 8 | 6.9% | 116 |
| Prefer Not to Answer | 1 | 33.3% | 0 | 0.0% | 1 | 33.3% | 0 | 0.0% | 0 | 0.0% | 2 | 66.7% | 3 |
| TOTAL | 230 | 87.8% | 72 | 27.5% | 63 | 24.0% | 57 | 21.8% | 47 | 17.9% | 32 | 12.2% | 262 |

Awareness of Long-Acting Injectable Medications, by Eligibility for Public Insurance Programs

| | Cabenuva | | Egrifta | | Sunlenca | | Serostim | | Trogarzo | | Not Heard of Any | | RESPONDENTS |
|--|------------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 24 | 75.0% | 6 | 18.8% | 6 | 18.8% | 3 | 9.4% | 3 | 9.4% | 8 | 25.0% | 32 |
| ADAP Eligible | 143 | 91.7% | 49 | 31.4% | 34 | 21.8% | 40 | 25.6% | 28 | 17.9% | 14 | 9.0% | 156 |
| Ineligible for Public Insurance | 63 | 85.1% | 17 | 23.0% | 23 | 31.1% | 14 | 18.9% | 16 | 21.6% | 10 | 13.5% | 74 |
| TOTAL | 230 | 87.8% | 72 | 27.5% | 63 | 24.0% | 57 | 21.8% | 47 | 17.9% | 32 | 12.2% | 262 |

TABLE C2 Initial Attitudes About Long-Acting Injectable Medications Once Being Made Aware of Their Existence, by Select Demographic Groups

Initial Attitudes About Long-Acting Injectable Medications Once Being Made Aware of Their Existence

| | Open to Discussing with Provider | | Consider Switching to LAI | | Fear of Needles | | Lack of Trust | | Don't Know | | RESPONDENTS |
|---------------|-------------------------------------|--------------|------------------------------|--------------|-----------------|--------------|---------------|--------------|------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 16 | 50.0% | 12 | 37.5% | 5 | 15.6% | 4 | 12.5% | 9 | 28.1% | 32 |

TABLE C2 Initial Attitudes About Long-Acting Injectable Medications Once Being Made Aware of Their Existence, by Select Demographic Groups

Initial Attitudes About Long-Acting Injectable Medications Once Being Made Aware of Their Existence, by Race

| | Open to Discussing with Provider | | Consider Switching to LAI | | Fear of Needles | | Lack of Trust | | Don't Know | | RESPONDENTS |
|---------------------------------|----------------------------------|--------------|---------------------------|--------------|-----------------|--------------|---------------|--------------|------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 11 | 55.0% | 6 | 30.0% | 1 | 5.0% | 2 | 10.0% | 5 | 25.0% | 20 |
| Black / African-American | 1 | 20.0% | 2 | 40.0% | 1 | 20.0% | 2 | 40.0% | 2 | 40.0% | 5 |
| Hispanic / Latine | 1 | 100.0% | 1 | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 |
| Other Races | 3 | 50.0% | 3 | 50.0% | 3 | 50.0% | 0 | 0.0% | 2 | 33.3% | 6 |
| TOTAL | 16 | 50.0% | 12 | 37.5% | 5 | 15.6% | 4 | 12.5% | 9 | 28.1% | 32 |

Initial Attitudes About Long-Acting Injectable Medications Once Being Made Aware of Their Existence, by Gender

| | Open to Discussing with Provider | | Consider Switching to LAI | | Fear of Needles | | Lack of Trust | | Don't Know | | RESPONDENTS |
|---------------------------|----------------------------------|--------------|---------------------------|--------------|-----------------|--------------|---------------|--------------|------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 5 | 35.7% | 8 | 57.1% | 2 | 14.3% | 1 | 7.1% | 3 | 21.4% | 14 |
| Woman | 9 | 56.3% | 3 | 18.8% | 2 | 12.5% | 3 | 18.8% | 5 | 31.3% | 16 |
| Trans / Non-Binary | 2 | 100.0% | 1 | 50.0% | 1 | 50.0% | 0 | 0.0% | 1 | 50.0% | 2 |
| TOTAL | 16 | 50.0% | 12 | 37.5% | 5 | 15.6% | 4 | 12.5% | 9 | 28.1% | 32 |

TABLE C2 Initial Attitudes About Long-Acting Injectable Medications Once Being Made Aware of Their Existence, by Select Demographic Groups

Initial Attitudes About Long-Acting Injectable Medications Once Being Made Aware of Their Existence, by Age Group

| | Open to Discussing with Provider | | Consider Switching to LAI | | Fear of Needles | | Lack of Trust | | Don't Know | | RESPONDENTS |
|-----------------------------|----------------------------------|--------------|---------------------------|--------------|-----------------|--------------|---------------|--------------|------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 3 | 37.5% | 4 | 50.0% | 3 | 37.5% | 2 | 25.0% | 2 | 25.0% | 8 |
| 36-55 | 9 | 64.3% | 5 | 35.7% | 1 | 7.1% | 1 | 7.1% | 3 | 21.4% | 14 |
| 56+ | 3 | 37.5% | 3 | 37.5% | 1 | 12.5% | 1 | 12.5% | 3 | 37.5% | 8 |
| Prefer Not to Answer | 1 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 50.0% | 2 |
| TOTAL | 16 | 50.0% | 12 | 37.5% | 5 | 15.6% | 4 | 12.5% | 9 | 28.1% | 32 |

Initial Attitudes About Long-Acting Injectable Medications Once Being Made Aware of Their Existence, by Eligibility for Public Insurance Programs

| | Open to Discussing with Provider | | Consider Switching to LAI | | Fear of Needles | | Lack of Trust | | Don't Know | | RESPONDENTS |
|--|----------------------------------|--------------|---------------------------|--------------|-----------------|-------------|---------------|--------------|------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 4 | 50.0% | 4 | 50.0% | 2 | 25.0% | 2 | 25.0% | 2 | 25.0% | 8 |
| ADAP Eligible | 7 | 50.0% | 6 | 42.9% | 1 | 7.1% | 2 | 14.3% | 2 | 14.3% | 14 |
| Ineligible for Public Insurance | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 10 |
| TOTAL | 11 | 34.4% | 10 | 31.3% | 3 | 9.4% | 4 | 12.5% | 4 | 12.5% | 32 |

Appendix D

Source of Information About Long-Acting Injectable (LAI) Medications

TABLE D1 Source of Information About Long-Acting Injectable (LAI) Medications, by Source

Source of Information About LAIs

| | Television Ad | | CBO / ASO | | Social Media | | Word of Mouth | | Specialist Physician | | Advocacy Organization | | Primary Care Physician | | RESPONDENTS |
|---------------|---------------|--------------|-----------|--------------|--------------|--------------|---------------|--------------|----------------------|--------------|-----------------------|--------------|------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 119 | 51.7% | 80 | 34.8% | 75 | 32.6% | 68 | 29.6% | 60 | 26.1% | 59 | 25.7% | 53 | 23.0% | 230 |

TABLE D1 Source of Information About Long-Acting Injectable (LAI) Medications, by Source

Source of Information About LAIs, by Race

| | Television Ad | | CBO / ASO | | Social Media | | Word of Mouth | | Specialist Physician | | Advocacy Organization | | Primary Care Physician | | RESPONDENTS |
|---------------------------------|---------------|--------------|-----------|--------------|--------------|--------------|---------------|--------------|----------------------|--------------|-----------------------|--------------|------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 70 | 54.3% | 42 | 32.6% | 41 | 31.8% | 39 | 30.2% | 38 | 29.5% | 26 | 20.2% | 29 | 22.5% | 129 |
| Black / African-American | 28 | 58.3% | 15 | 31.3% | 11 | 22.9% | 14 | 29.2% | 12 | 25.0% | 17 | 35.4% | 11 | 22.9% | 48 |
| Hispanic / Latine | 13 | 41.9% | 13 | 41.9% | 11 | 35.5% | 9 | 29.0% | 5 | 16.1% | 9 | 29.0% | 6 | 19.4% | 31 |
| Other Races | 8 | 36.4% | 10 | 45.5% | 12 | 54.5% | 6 | 27.3% | 5 | 22.7% | 7 | 31.8% | 7 | 31.8% | 22 |
| TOTAL | 119 | 51.7% | 80 | 34.8% | 75 | 32.6% | 68 | 29.6% | 60 | 26.1% | 59 | 25.7% | 53 | 23.0% | 230 |

Source of Information About LAIs, by Gender

| | Television Ad | | CBO / ASO | | Social Media | | Word of Mouth | | Specialist Physician | | Advocacy Organization | | Primary Care Physician | | RESPONDENTS |
|---------------------------|---------------|--------------|-----------|--------------|--------------|--------------|---------------|--------------|----------------------|--------------|-----------------------|--------------|------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 72 | 52.2% | 50 | 36.2% | 40 | 29.0% | 41 | 29.7% | 42 | 30.4% | 32 | 23.2% | 32 | 23.2% | 138 |
| Woman | 41 | 51.9% | 24 | 30.4% | 30 | 38.0% | 23 | 29.1% | 16 | 20.3% | 23 | 29.1% | 17 | 21.5% | 79 |
| Trans / Non-Binary | 6 | 46.2% | 6 | 46.2% | 5 | 38.5% | 4 | 30.8% | 2 | 15.4% | 4 | 30.8% | 4 | 30.8% | 13 |
| TOTAL | 119 | 51.7% | 80 | 34.8% | 75 | 32.6% | 68 | 29.6% | 60 | 26.1% | 59 | 25.7% | 53 | 23.0% | 230 |

TABLE D1 Source of Information About Long-Acting Injectable (LAI) Medications, by Source

Source of Information About LAIs, by Age Group

| | Television Ad | | CBO / ASO | | Social Media | | Word of Mouth | | Specialist Physician | | Advocacy Organization | | Primary Care Physician | | RESPONDENTS |
|-----------------------------|---------------|--------------|-----------|--------------|--------------|--------------|---------------|--------------|----------------------|--------------|-----------------------|--------------|------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 7 | 23.3% | 7 | 23.3% | 18 | 60.0% | 5 | 16.7% | 8 | 26.7% | 7 | 23.3% | 7 | 23.3% | 30 |
| 36-55 | 52 | 57.1% | 26 | 28.6% | 35 | 38.5% | 35 | 38.5% | 25 | 27.5% | 22 | 24.2% | 20 | 22.0% | 91 |
| 56+ | 60 | 55.6% | 46 | 42.6% | 22 | 20.4% | 28 | 25.9% | 26 | 24.1% | 29 | 26.9% | 25 | 23.1% | 108 |
| Prefer Not to Answer | 0 | 0.0% | 1 | 100.0% | 0 | 0.0% | 0 | 0.0% | 1 | 100.0% | 1 | 100.0% | 1 | 100.0% | 1 |
| TOTAL | 119 | 51.7% | 80 | 34.8% | 75 | 32.6% | 68 | 29.6% | 60 | 26.1% | 59 | 25.7% | 53 | 23.0% | 230 |

Source of Information About LAIs, by Eligibility for Public Insurance Programs

| | Television Ad | | CBO / ASO | | Social Media | | Word of Mouth | | Specialist Physician | | Advocacy Organization | | Primary Care Physician | | RESPONDENTS |
|--|---------------|--------------|-----------|--------------|--------------|--------------|---------------|--------------|----------------------|--------------|-----------------------|--------------|------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 11 | 45.8% | 10 | 41.7% | 4 | 16.7% | 3 | 12.5% | 0 | 0.0% | 7 | 29.2% | 7 | 29.2% | 24 |
| ADAP Eligible | 71 | 50.0% | 50 | 35.2% | 42 | 29.6% | 40 | 28.2% | 41 | 28.9% | 36 | 25.4% | 32 | 22.5% | 142 |
| Ineligible for Public Insurance | 37 | 57.8% | 20 | 31.3% | 29 | 45.3% | 25 | 39.1% | 19 | 29.7% | 16 | 25.0% | 14 | 21.9% | 64 |
| TOTAL | 119 | 51.7% | 80 | 34.8% | 75 | 32.6% | 68 | 29.6% | 60 | 26.1% | 59 | 25.7% | 53 | 23.0% | 230 |

TABLE D2 **Source of Information About Long-Acting Injectable (LAI) Medications, by Source (cont.)**

Source of Information About LAIs (cont.)

| | Digital Ad | | Print Ad | | Internet Search | | Other | | Social / Case Worker | | Health Department | | Pharmacist | | RESPONDENTS |
|---------------|------------|--------------|-----------|--------------|-----------------|--------------|-----------|--------------|----------------------|-------------|-------------------|-------------|------------|-------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 51 | 22.2% | 45 | 19.6% | 41 | 17.8% | 27 | 11.7% | 19 | 8.3% | 15 | 6.5% | 10 | 4.3% | 230 |

TABLE D2 Source of Information About Long-Acting Injectable (LAI) Medications, by Source (cont.)

Source of Information About LAIs, by Race (cont.)

| | Digital Ad | | Print Ad | | Internet Search | | Other | | Social / Case Worker | | Health Department | | Pharmacist | | RESPONDENTS |
|---------------------------------|------------|--------------|-----------|--------------|-----------------|--------------|-----------|--------------|----------------------|-------------|-------------------|-------------|------------|-------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 30 | 23.3% | 31 | 24.0% | 18 | 14.0% | 15 | 11.6% | 4 | 3.1% | 3 | 2.3% | 6 | 4.7% | 129 |
| Black / African-American | 10 | 20.8% | 8 | 16.7% | 14 | 29.2% | 7 | 14.6% | 7 | 14.6% | 6 | 12.5% | 2 | 4.2% | 48 |
| Hispanic / Latine | 8 | 25.8% | 6 | 19.4% | 5 | 16.1% | 2 | 6.5% | 4 | 12.9% | 2 | 6.5% | 2 | 6.5% | 31 |
| Other Races | 3 | 13.6% | 0 | 0.0% | 4 | 18.2% | 3 | 13.6% | 4 | 18.2% | 4 | 18.2% | 0 | 0.0% | 22 |
| TOTAL | 51 | 22.2% | 45 | 19.6% | 41 | 17.8% | 27 | 11.7% | 19 | 8.3% | 15 | 6.5% | 10 | 4.3% | 230 |

Source of Information About LAIs, by Gender (cont.)

| | Digital Ad | | Print Ad | | Internet Search | | Other | | Social / Case Worker | | Health Department | | Pharmacist | | RESPONDENTS |
|---------------------------|------------|--------------|-----------|--------------|-----------------|--------------|-----------|--------------|----------------------|-------------|-------------------|-------------|------------|-------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 33 | 23.9% | 31 | 22.5% | 25 | 18.1% | 17 | 12.3% | 11 | 8.0% | 12 | 8.7% | 5 | 3.6% | 138 |
| Woman | 15 | 19.0% | 14 | 17.7% | 14 | 17.7% | 8 | 10.1% | 6 | 7.6% | 1 | 1.3% | 5 | 6.3% | 79 |
| Trans / Non-Binary | 3 | 23.1% | 0 | 0.0% | 2 | 15.4% | 2 | 15.4% | 2 | 15.4% | 2 | 15.4% | 0 | 0.0% | 13 |
| TOTAL | 51 | 22.2% | 45 | 19.6% | 41 | 17.8% | 27 | 11.7% | 19 | 8.3% | 15 | 6.5% | 10 | 4.3% | 230 |

TABLE D2 Source of Information About Long-Acting Injectable (LAI) Medications, by Source (cont.)

Source of Information About LAIs, by Age Group (cont.)

| | Digital Ad | | Print Ad | | Internet Search | | Other | | Social / Case Worker | | Health Department | | Pharmacist | | RESPONDENTS |
|-----------------------------|------------|--------------|-----------|--------------|-----------------|--------------|-----------|--------------|----------------------|-------------|-------------------|-------------|------------|-------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 5 | 16.7% | 2 | 6.7% | 11 | 36.7% | 0 | 0.0% | 3 | 10.0% | 3 | 10.0% | 2 | 6.7% | 30 |
| 36-55 | 24 | 26.4% | 14 | 15.4% | 14 | 15.4% | 12 | 13.2% | 8 | 8.8% | 4 | 4.4% | 4 | 4.4% | 91 |
| 56+ | 22 | 20.4% | 29 | 26.9% | 16 | 14.8% | 14 | 13.0% | 7 | 6.5% | 8 | 7.4% | 4 | 3.7% | 108 |
| Prefer Not to Answer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 100.0% | 1 | 100.0% | 0 | 0.0% | 0 | 0.0% | 1 |
| TOTAL | 51 | 22.2% | 45 | 19.6% | 41 | 17.8% | 27 | 11.7% | 19 | 8.3% | 15 | 6.5% | 10 | 4.3% | 230 |

Source of Information About LAIs, by Eligibility for Public Insurance Programs (cont.)

| | Digital Ad | | Print Ad | | Internet Search | | Other | | Social / Case Worker | | Health Department | | Pharmacist | | RESPONDENTS |
|--|------------|--------------|-----------|--------------|-----------------|--------------|-----------|--------------|----------------------|-------------|-------------------|-------------|------------|-------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 4 | 16.7% | 2 | 8.3% | 5 | 20.8% | 4 | 16.7% | 2 | 8.3% | 2 | 8.3% | 0 | 0.0% | 24 |
| ADAP Eligible | 29 | 20.4% | 28 | 19.7% | 21 | 14.8% | 18 | 12.7% | 13 | 9.2% | 9 | 6.3% | 6 | 4.2% | 142 |
| Ineligible for Public Insurance | 18 | 28.1% | 15 | 23.4% | 15 | 23.4% | 5 | 7.8% | 4 | 6.3% | 4 | 6.3% | 4 | 6.3% | 64 |
| TOTAL | 51 | 22.2% | 45 | 19.6% | 41 | 17.8% | 27 | 11.7% | 19 | 8.3% | 15 | 6.5% | 10 | 4.3% | 230 |

Appendix E

The Relationships Between Respondents and Long-Acting Injectable (LAI) Medications

TABLE E1 The Relationship Between Respondents and Long-Acting Injectable (LAI) Medications, by Select Demographic Groups

The Relationship Between Respondents and Long-Acting Injectable (LAI) Medications

| | Currently Using | | Prescribed LAI, but Unable to Access | | Previously Used | | Researched One or More LAI | | Not Researched or Attempted to Access | | RESPONDENTS |
|---------------|-----------------|--------------|--------------------------------------|-------------|-----------------|-------------|----------------------------|--------------|---------------------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 35 | 15.2% | 4 | 1.7% | 13 | 5.7% | 93 | 40.4% | 85 | 37.0% | 230 |

TABLE E1 The Relationship Between Respondents and Long-Acting Injectable (LAI) Medications, by Select Demographic Groups

The Relationship Between Respondents and Long-Acting Injectable (LAI) Medications, by Race

| | Currently Using | | Prescribed LAI, but Unable to Access | | Previously Used | | Researched One or More LAI | | Not Researched or Attempted to Access | | RESPONDENTS |
|---------------------------------|-----------------|--------------|--------------------------------------|-------------|-----------------|-------------|----------------------------|--------------|---------------------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 21 | 16.3% | 1 | 0.8% | 10 | 7.8% | 51 | 39.5% | 46 | 35.7% | 129 |
| Black / African-American | 5 | 10.2% | 1 | 2.0% | 1 | 2.0% | 19 | 38.8% | 22 | 44.9% | 49 |
| Hispanic / Latine | 4 | 12.9% | 2 | 6.5% | 2 | 6.5% | 13 | 41.9% | 10 | 32.3% | 31 |
| Other Races | 5 | 22.7% | 0 | 0.0% | 0 | 0.0% | 10 | 45.5% | 7 | 31.8% | 22 |
| TOTAL | 35 | 15.2% | 4 | 1.7% | 13 | 5.7% | 93 | 40.4% | 85 | 37.0% | 230 |

The Relationship Between Respondents and Long-Acting Injectable (LAI) Medications, by Gender

| | Currently Using | | Prescribed LAI, but Unable to Access | | Previously Used | | Researched One or More LAI | | Not Researched or Attempted to Access | | RESPONDENTS |
|---------------------------|-----------------|--------------|--------------------------------------|-------------|-----------------|-------------|----------------------------|--------------|---------------------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 26 | 18.8% | 2 | 1.4% | 9 | 6.5% | 57 | 41.3% | 44 | 31.9% | 138 |
| Woman | 8 | 10.1% | 1 | 1.3% | 4 | 5.1% | 29 | 36.7% | 37 | 46.8% | 79 |
| Trans / Non-Binary | 1 | 7.7% | 1 | 7.7% | 0 | 0.0% | 7 | 53.8% | 4 | 30.8% | 13 |
| TOTAL | 35 | 15.2% | 4 | 1.7% | 13 | 5.7% | 93 | 40.4% | 85 | 37.0% | 230 |

TABLE E1 The Relationship Between Respondents and Long-Acting Injectable (LAI) Medications, by Select Demographic Groups

The Relationship Between Respondents and Long-Acting Injectable (LAI) Medications, by Age Group

| | Currently Using | | Prescribed LAI, but Unable to Access | | Previously Used | | Researched One or More LAI | | Not Researched or Attempted to Access | | RESPONDENTS |
|-----------------------------|-----------------|--------------|--------------------------------------|-------------|-----------------|-------------|----------------------------|--------------|---------------------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 2 | 6.7% | 1 | 3.3% | 1 | 3.3% | 18 | 60.0% | 8 | 26.7% | 30 |
| 36-55 | 16 | 17.6% | 3 | 3.3% | 2 | 2.2% | 45 | 49.5% | 25 | 27.5% | 91 |
| 56+ | 17 | 15.7% | 0 | 0.0% | 10 | 9.3% | 29 | 26.9% | 52 | 48.1% | 108 |
| Prefer Not to Answer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 100.0% | 0 | 0.0% | 1 |
| TOTAL | 35 | 15.2% | 4 | 1.7% | 13 | 5.7% | 93 | 40.4% | 85 | 37.0% | 230 |

The Relationship Between Respondents and Long-Acting Injectable (LAI) Medications, by Eligibility for Public Insurance Programs

| | Currently Using | | Prescribed LAI, but Unable to Access | | Previously Used | | Researched One or More LAI | | Not Researched or Attempted to Access | | RESPONDENTS |
|--|-----------------|--------------|--------------------------------------|-------------|-----------------|-------------|----------------------------|--------------|---------------------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 1 | 4.2% | 1 | 4.2% | 0 | 0.0% | 8 | 33.3% | 14 | 58.3% | 24 |
| ADAP Eligible | 24 | 16.9% | 3 | 2.1% | 11 | 7.7% | 52 | 36.6% | 52 | 36.6% | 142 |
| Ineligible for Public Insurance | 10 | 15.6% | 0 | 0.0% | 2 | 3.1% | 33 | 51.6% | 19 | 29.7% | 64 |
| TOTAL | 35 | 15.2% | 4 | 1.7% | 13 | 5.7% | 93 | 40.4% | 85 | 37.0% | 230 |

TABLE E2 Why Respondents Neither Researched Nor Attempted to Access Long-Acting Injectable (LAI) Medications, by Select Demographic Groups

Why Respondents Neither Researched Nor Attempted to Access Long-Acting Injectable (LAI) Medications

| | Happy with Current Regimen | | Uninterested in LAIs | | Not Right for Me | | Concerned About Side Effects | | Concerned About Drug Interactions | | Think I Cannot Afford | | Think They Won't Be Covered | | Other | | RESPONDENTS |
|---------------|----------------------------|--------------|----------------------|--------------|------------------|--------------|------------------------------|--------------|-----------------------------------|--------------|-----------------------|-------------|-----------------------------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 46 | 54.1% | 11 | 12.9% | 16 | 18.8% | 22 | 25.9% | 10 | 11.8% | 6 | 7.1% | 16 | 18.8% | 24 | 28.2% | 85 |

TABLE E2 Why Respondents Neither Researched Nor Attempted to Access Long-Acting Injectable (LAI) Medications, by Select Demographic Groups

Why Respondents Neither Researched Nor Attempted to Access Long-Acting Injectable (LAI) Medications, by Race

| | Happy with Current Regimen | | Uninterested in LAIs | | Not Right for Me | | Concerned About Side Effects | | Concerned About Drug Interactions | | Think I Cannot Afford | | Think They Won't Be Covered | | Other | | RESPONDENTS |
|---------------------------------|----------------------------|--------------|----------------------|--------------|------------------|--------------|------------------------------|--------------|-----------------------------------|--------------|-----------------------|-------------|-----------------------------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 30 | 65.2% | 9 | 19.6% | 13 | 28.3% | 12 | 26.1% | 7 | 15.2% | 5 | 10.9% | 8 | 17.4% | 14 | 30.4% | 46 |
| Black / African-American | 9 | 40.9% | 1 | 4.5% | 1 | 4.5% | 5 | 22.7% | 3 | 13.6% | 1 | 4.5% | 5 | 22.7% | 4 | 18.2% | 22 |
| Hispanic / Latine | 4 | 40.0% | 0 | 0.0% | 1 | 10.0% | 3 | 30.0% | 0 | 0.0% | 0 | 0.0% | 2 | 20.0% | 3 | 30.0% | 10 |
| Other Races | 3 | 42.9% | 1 | 14.3% | 1 | 14.3% | 2 | 28.6% | 0 | 0.0% | 0 | 0.0% | 1 | 14.3% | 3 | 42.9% | 7 |
| TOTAL | 46 | 54.1% | 11 | 12.9% | 16 | 18.8% | 22 | 25.9% | 10 | 11.8% | 6 | 7.1% | 16 | 18.8% | 24 | 28.2% | 85 |

Why Respondents Neither Researched Nor Attempted to Access Long-Acting Injectable (LAI) Medications, by Gender

| | Happy with Current Regimen | | Uninterested in LAIs | | Not Right for Me | | Concerned About Side Effects | | Concerned About Drug Interactions | | Think I Cannot Afford | | Think They Won't Be Covered | | Other | | RESPONDENTS |
|---------------------------|----------------------------|--------------|----------------------|--------------|------------------|--------------|------------------------------|--------------|-----------------------------------|--------------|-----------------------|-------------|-----------------------------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 22 | 50.0% | 8 | 18.2% | 11 | 25.0% | 11 | 25.0% | 4 | 9.1% | 3 | 6.8% | 10 | 22.7% | 11 | 25.0% | 44 |
| Woman | 22 | 59.5% | 3 | 8.1% | 5 | 13.5% | 9 | 24.3% | 5 | 13.5% | 3 | 8.1% | 6 | 16.2% | 12 | 32.4% | 37 |
| Trans / Non-Binary | 2 | 50.0% | 0 | 0.0% | 0 | 0.0% | 2 | 50.0% | 1 | 25.0% | 0 | 0.0% | 0 | 0.0% | 1 | 25.0% | 4 |
| TOTAL | 46 | 54.1% | 11 | 12.9% | 16 | 18.8% | 22 | 25.9% | 10 | 11.8% | 6 | 7.1% | 16 | 18.8% | 24 | 28.2% | 85 |

TABLE E2 Why Respondents Neither Researched Nor Attempted to Access Long-Acting Injectable (LAI) Medications, by Select Demographic Groups

Why Respondents Neither Researched Nor Attempted to Access Long-Acting Injectable (LAI) Medications, by Age Group

| | Happy with Current Regimen | | Uninterested in LAIs | | Not Right for Me | | Concerned About Side Effects | | Concerned About Drug Interactions | | Think I Cannot Afford | | Think They Won't Be Covered | | Other | | RESPONDENTS |
|-----------------------------|----------------------------|--------------|----------------------|--------------|------------------|--------------|------------------------------|--------------|-----------------------------------|--------------|-----------------------|-------------|-----------------------------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 6 | 75.0% | 1 | 12.5% | 1 | 12.5% | 3 | 37.5% | 0 | 0.0% | 1 | 12.5% | 2 | 25.0% | 2 | 25.0% | 8 |
| 36-55 | 12 | 48.0% | 0 | 0.0% | 2 | 8.0% | 4 | 16.0% | 2 | 8.0% | 1 | 4.0% | 4 | 16.0% | 10 | 40.0% | 25 |
| 56+ | 28 | 53.8% | 10 | 19.2% | 13 | 25.0% | 15 | 28.8% | 8 | 15.4% | 4 | 7.7% | 10 | 19.2% | 12 | 23.1% | 52 |
| Prefer Not to Answer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 |
| TOTAL | 46 | 54.1% | 11 | 12.9% | 16 | 18.8% | 22 | 25.9% | 10 | 11.8% | 6 | 7.1% | 16 | 18.8% | 24 | 28.2% | 85 |

Why Respondents Neither Researched Nor Attempted to Access Long-Acting Injectable (LAI) Medications, by Eligibility for Public Insurance Programs

| | Happy with Current Regimen | | Uninterested in LAIs | | Not Right for Me | | Concerned About Side Effects | | Concerned About Drug Interactions | | Think I Cannot Afford | | Think They Won't Be Covered | | Other | | RESPONDENTS |
|--|----------------------------|--------------|----------------------|--------------|------------------|--------------|------------------------------|--------------|-----------------------------------|--------------|-----------------------|-------------|-----------------------------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 6 | 42.9% | 3 | 21.4% | 2 | 14.3% | 5 | 35.7% | 3 | 21.4% | 0 | 0.0% | 3 | 21.4% | 5 | 35.7% | 14 |
| ADAP Eligible | 27 | 51.9% | 7 | 13.5% | 11 | 21.2% | 12 | 23.1% | 6 | 11.5% | 5 | 9.6% | 10 | 19.2% | 15 | 28.8% | 52 |
| Ineligible for Public Insurance | 13 | 68.4% | 1 | 5.3% | 3 | 15.8% | 5 | 26.3% | 1 | 5.3% | 1 | 5.3% | 3 | 15.8% | 4 | 21.1% | 19 |
| TOTAL | 46 | 54.1% | 11 | 12.9% | 16 | 18.8% | 22 | 25.9% | 10 | 11.8% | 6 | 7.1% | 16 | 18.8% | 24 | 28.2% | 85 |

TABLE E3 Respondents Who Tried to Access Information About or Prescriptions for Long-Acting Injectable (LAI) Medications, by Medication and Select Demographic Groups

Respondents Who Tried to Access Information About or Prescriptions for Long-Acting Injectable (LAI) Medications

| | Cabenuva | | Egrifta | | Sunlenca | | Serostim | | Trogarzo | | Have Not Tried to Access | | RESPONDENTS |
|---------------|------------|--------------|-----------|--------------|-----------|--------------|-----------|-------------|----------|-------------|--------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 102 | 70.3% | 21 | 14.5% | 16 | 11.0% | 14 | 9.7% | 7 | 4.8% | 31 | 21.4% | 145 |

TABLE E3 Respondents Who Tried to Access Information About or Prescriptions for Long-Acting Injectable (LAI) Medications, by Medication and Select Demographic Groups

Respondents Who Tried to Access Information About or Prescriptions for Long-Acting Injectable (LAI) Medications, by Medication and Race

| | Cabenuva | | Egrifta | | Sunlenca | | Serostim | | Trogarzo | | Have Not Tried to Access | | RESPONDENTS |
|--------------------------|------------|--------------|-----------|--------------|-----------|--------------|-----------|-------------|----------|-------------|--------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 58 | 69.9% | 16 | 19.3% | 7 | 8.4% | 8 | 9.6% | 5 | 6.0% | 19 | 22.9% | 83 |
| Black / African-American | 18 | 69.2% | 1 | 3.8% | 1 | 3.8% | 1 | 3.8% | 0 | 0.0% | 7 | 26.9% | 26 |
| Hispanic / Latine | 12 | 57.1% | 4 | 19.0% | 5 | 23.8% | 4 | 19.0% | 2 | 9.5% | 4 | 19.0% | 21 |
| Other Races | 14 | 93.3% | 0 | 0.0% | 3 | 20.0% | 1 | 6.7% | 0 | 0.0% | 1 | 6.7% | 15 |
| TOTAL | 102 | 70.3% | 21 | 14.5% | 16 | 11.0% | 14 | 9.7% | 7 | 4.8% | 31 | 21.4% | 145 |

Respondents Who Tried to Access Information About or Prescriptions for Long-Acting Injectable (LAI) Medications, by Medication and Gender

| | Cabenuva | | Egrifta | | Sunlenca | | Serostim | | Trogarzo | | Have Not Tried to Access | | RESPONDENTS |
|--------------------|------------|--------------|-----------|--------------|-----------|--------------|-----------|-------------|----------|-------------|--------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 69 | 73.4% | 17 | 18.1% | 10 | 10.6% | 12 | 12.8% | 6 | 6.4% | 17 | 18.1% | 94 |
| Woman | 28 | 66.7% | 4 | 9.5% | 4 | 9.5% | 2 | 4.8% | 1 | 2.4% | 11 | 26.2% | 42 |
| Trans / Non-Binary | 5 | 55.6% | 0 | 0.0% | 2 | 22.2% | 0 | 0.0% | 0 | 0.0% | 3 | 33.3% | 9 |
| TOTAL | 102 | 70.3% | 21 | 14.5% | 16 | 11.0% | 14 | 9.7% | 7 | 4.8% | 31 | 21.4% | 145 |

TABLE E3 Respondents Who Tried to Access Information About or Prescriptions for Long-Acting Injectable (LAI) Medications, by Medication and Select Demographic Groups

Respondents Who Tried to Access Information About or Prescriptions for Long-Acting Injectable (LAI) Medications, by Medication and Age Group

| | Cabenuva | | Egrifta | | Sunlenca | | Serostim | | Trogarzo | | Have Not Tried to Access | | RESPONDENTS |
|-----------------------------|------------|--------------|-----------|--------------|-----------|--------------|-----------|-------------|----------|-------------|--------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 11 | 50.0% | 0 | 0.0% | 4 | 18.2% | 1 | 4.5% | 0 | 0.0% | 8 | 36.4% | 22 |
| 36-55 | 49 | 74.2% | 4 | 6.1% | 2 | 3.0% | 0 | 0.0% | 0 | 0.0% | 15 | 22.7% | 66 |
| 56+ | 41 | 74.5% | 17 | 30.9% | 9 | 16.4% | 13 | 23.6% | 7 | 12.7% | 8 | 14.5% | 55 |
| Prefer Not to Answer | 1 | 50.0% | 0 | 0.0% | 1 | 50.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 |
| TOTAL | 102 | 70.3% | 21 | 14.5% | 16 | 11.0% | 14 | 9.7% | 7 | 4.8% | 31 | 21.4% | 145 |

Respondents Who Tried to Access Information About or Prescriptions for Long-Acting Injectable (LAI) Medications, by Medication and Eligibility for Public Insurance Programs

| | Cabenuva | | Egrifta | | Sunlenca | | Serostim | | Trogarzo | | Have Not Tried to Access | | RESPONDENTS |
|--|------------|--------------|-----------|--------------|-----------|--------------|-----------|-------------|----------|-------------|--------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 7 | 70.0% | 2 | 20.0% | 2 | 20.0% | 1 | 10.0% | 1 | 10.0% | 2 | 20.0% | 10 |
| ADAP Eligible | 60 | 66.7% | 15 | 16.7% | 7 | 7.8% | 10 | 11.1% | 5 | 5.6% | 22 | 24.4% | 90 |
| Ineligible for Public Insurance | 35 | 77.8% | 4 | 8.9% | 7 | 15.6% | 3 | 6.7% | 1 | 2.2% | 7 | 15.6% | 45 |
| TOTAL | 102 | 70.3% | 21 | 14.5% | 16 | 11.0% | 14 | 9.7% | 7 | 4.8% | 31 | 21.4% | 145 |

Appendix F

Initial Attitudes About Aprelude Once Being Made Aware of Its Existence, by Select Demographic Groups

TABLE F Initial Attitudes About Long-Acting Injectable Medications Once Being Made Aware of Their Existence, by Select Demographic Groups

Initial Attitudes About Aprelude Once Being Made Aware of Its Existence

| | Open to Discussing with Provider | | Consider Switching to LAI | | Worried About Affordability / Coverage | | Fear of Needles | | Lack of Trust | | Don't Know | | RESPONDENTS |
|---------------|----------------------------------|--------------|---------------------------|--------------|--|--------------|-----------------|-------------|---------------|-------------|------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 27 | 42.2% | 18 | 28.1% | 18 | 28.1% | 4 | 6.3% | 4 | 6.3% | 23 | 35.9% | 64 |

TABLE F Initial Attitudes About Long-Acting Injectable Medications Once Being Made Aware of Their Existence, by Select Demographic Groups

Initial Attitudes About Apretude Once Being Made Aware of Its Existence, by Race

| | Open to Discussing with Provider | | Consider Switching to LAI | | Worried About Affordability / Coverage | | Fear of Needles | | Lack of Trust | | Don't Know | | RESPONDENTS |
|--------------------------|----------------------------------|--------------|---------------------------|--------------|--|--------------|-----------------|-------------|---------------|-------------|------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 20 | 42.6% | 14 | 29.8% | 14 | 29.8% | 2 | 4.3% | 2 | 4.3% | 16 | 34.0% | 47 |
| Black / African-American | 6 | 60.0% | 4 | 40.0% | 2 | 20.0% | 2 | 20.0% | 2 | 20.0% | 3 | 30.0% | 10 |
| Hispanic / Latine | 1 | 20.0% | 0 | 0.0% | 1 | 20.0% | 0 | 0.0% | 0 | 0.0% | 3 | 60.0% | 5 |
| Other Races | 0 | 0.0% | 0 | 0.0% | 1 | 50.0% | 0 | 0.0% | 0 | 0.0% | 1 | 50.0% | 2 |
| TOTAL | 27 | 42.2% | 18 | 28.1% | 18 | 28.1% | 4 | 6.3% | 4 | 6.3% | 23 | 35.9% | 64 |

Initial Attitudes About Apretude Once Being Made Aware of Its Existence, by Gender

| | Open to Discussing with Provider | | Consider Switching to LAI | | Worried About Affordability / Coverage | | Fear of Needles | | Lack of Trust | | Don't Know | | RESPONDENTS |
|--------------------|----------------------------------|--------------|---------------------------|--------------|--|--------------|-----------------|-------------|---------------|-------------|------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 11 | 55.0% | 6 | 30.0% | 4 | 20.0% | 2 | 10.0% | 1 | 5.0% | 6 | 30.0% | 20 |
| Woman | 11 | 28.9% | 9 | 23.7% | 8 | 21.1% | 2 | 5.3% | 3 | 7.9% | 17 | 44.7% | 38 |
| Trans / Non-Binary | 5 | 83.3% | 3 | 50.0% | 6 | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 6 |
| TOTAL | 27 | 42.2% | 18 | 28.1% | 18 | 28.1% | 4 | 6.3% | 4 | 6.3% | 23 | 35.9% | 64 |

TABLE F Initial Attitudes About Long-Acting Injectable Medications Once Being Made Aware of Their Existence, by Select Demographic Groups

Initial Attitudes About Apretude Once Being Made Aware of Its Existence, by Age Group

| | Open to Discussing with Provider | | Consider Switching to LAI | | Worried About Affordability / Coverage | | Fear of Needles | | Lack of Trust | | Don't Know | | RESPONDENTS |
|-----------------------------|----------------------------------|--------------|---------------------------|--------------|--|--------------|-----------------|-------------|---------------|-------------|------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 7 | 46.7% | 6 | 40.0% | 5 | 33.3% | 0 | 0.0% | 1 | 6.7% | 5 | 33.3% | 15 |
| 36-55 | 16 | 43.2% | 11 | 29.7% | 7 | 18.9% | 4 | 10.8% | 2 | 5.4% | 13 | 35.1% | 37 |
| 56+ | 3 | 27.3% | 1 | 9.1% | 5 | 45.5% | 0 | 0.0% | 1 | 9.1% | 5 | 45.5% | 11 |
| Prefer Not to Answer | 1 | 0.0% | 0 | 0.0% | 1 | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 |
| TOTAL | 27 | 42.2% | 18 | 28.1% | 18 | 28.1% | 4 | 6.3% | 4 | 6.3% | 23 | 35.9% | 64 |

Initial Attitudes About Apretude Once Being Made Aware of Its Existence, by Eligibility for Public Insurance Programs

| | Open to Discussing with Provider | | Consider Switching to LAI | | Worried About Affordability / Coverage | | Fear of Needles | | Lack of Trust | | Don't Know | | RESPONDENTS |
|--|----------------------------------|--------------|---------------------------|--------------|--|--------------|-----------------|-------------|---------------|-------------|------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 4 | 57.1% | 3 | 42.9% | 3 | 42.9% | 0 | 0.0% | 0 | 0.0% | 3 | 42.9% | 7 |
| ADAP Eligible | 7 | 26.9% | 6 | 23.1% | 7 | 26.9% | 0 | 0.0% | 1 | 3.8% | 12 | 46.2% | 26 |
| Ineligible for Public Insurance | 16 | 51.6% | 9 | 29.0% | 8 | | 4 | 12.9% | 3 | 9.7% | 8 | 25.8% | 31 |
| TOTAL | 27 | 42.2% | 18 | 28.1% | 18 | 28.1% | 4 | 6.3% | 4 | 6.3% | 23 | 35.9% | 64 |

Appendix G

Source of Information About Apretude

TABLE G1 Source of Information About Apretude, by Source

Source of Information About Apretude

| | Television Ad | | CBO / ASO | | Social Media | | Word of Mouth | | Specialist Physician | | Advocacy Organization | | Primary Care Physician | | RESPONDENTS |
|---------------|---------------|--------------|-----------|--------------|--------------|--------------|---------------|--------------|----------------------|-------------|-----------------------|--------------|------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 33 | 36.7% | 20 | 22.2% | 39 | 43.3% | 33 | 36.7% | 3 | 3.3% | 18 | 20.0% | 14 | 15.6% | 90 |

TABLE G1 Source of Information About Apretude, by Source

Source of Information About Apretude, by Race

| | Television Ad | | CBO / ASO | | Social Media | | Word of Mouth | | Specialist Physician | | Advocacy Organization | | Primary Care Physician | | RESPONDENTS |
|---------------------------------|---------------|--------------|-----------|--------------|--------------|--------------|---------------|--------------|----------------------|-------------|-----------------------|--------------|------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 17 | 30.9% | 8 | 14.5% | 24 | 43.6% | 20 | 36.4% | 1 | 1.8% | 13 | 23.6% | 11 | 20.0% | 55 |
| Black / African-American | 7 | 53.8% | 4 | 30.8% | 4 | 30.8% | 4 | 30.8% | 1 | 7.7% | 1 | 7.7% | 2 | 15.4% | 13 |
| Hispanic / Latine | 3 | 33.3% | 2 | 22.2% | 3 | 33.3% | 2 | 22.2% | 0 | 0.0% | 1 | 11.1% | 0 | 0.0% | 9 |
| Other Races | 6 | 46.2% | 6 | 46.2% | 8 | 61.5% | 7 | 53.8% | 1 | 7.7% | 3 | 23.1% | 1 | 7.7% | 13 |
| TOTAL | 33 | 36.7% | 20 | 22.2% | 39 | 43.3% | 33 | 36.7% | 3 | 3.3% | 18 | 20.0% | 14 | 15.6% | 90 |

Source of Information About Apretude, by Gender

| | Television Ad | | CBO / ASO | | Social Media | | Word of Mouth | | Specialist Physician | | Advocacy Organization | | Primary Care Physician | | RESPONDENTS |
|---------------------------|---------------|--------------|-----------|--------------|--------------|--------------|---------------|--------------|----------------------|-------------|-----------------------|--------------|------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 13 | 36.1% | 8 | 22.2% | 16 | 44.4% | 13 | 36.1% | 2 | 5.6% | 7 | 19.4% | 9 | 25.0% | 36 |
| Woman | 17 | 45.9% | 6 | 16.2% | 17 | 45.9% | 11 | 29.7% | 1 | 2.7% | 6 | 16.2% | 1 | 2.7% | 37 |
| Trans / Non-Binary | 3 | 17.6% | 6 | 35.3% | 6 | 35.3% | 9 | 52.9% | 0 | 0.0% | 5 | 29.4% | 4 | 23.5% | 17 |
| TOTAL | 33 | 36.7% | 20 | 22.2% | 39 | 43.3% | 33 | 36.7% | 3 | 3.3% | 18 | 20.0% | 14 | 15.6% | 90 |

TABLE G1 Source of Information About Apretude, by Source

Source of Information About Apretude, by Age Group

| | Television Ad | | CBO / ASO | | Social Media | | Word of Mouth | | Specialist Physician | | Advocacy Organization | | Primary Care Physician | | RESPONDENTS |
|-----------------------------|---------------|--------------|-----------|--------------|--------------|--------------|---------------|--------------|----------------------|-------------|-----------------------|--------------|------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 10 | 34.5% | 11 | 37.9% | 16 | 55.2% | 13 | 44.8% | 1 | 3.4% | 10 | 34.5% | 5 | 17.2% | 29 |
| 36-55 | 19 | 35.8% | 8 | 15.1% | 20 | 37.7% | 17 | 32.1% | 2 | 3.8% | 6 | 11.3% | 7 | 13.2% | 53 |
| 56+ | 4 | 50.0% | 1 | 12.5% | 3 | 37.5% | 3 | 37.5% | 0 | 0.0% | 2 | 25.0% | 2 | 25.0% | 8 |
| Prefer Not to Answer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 |
| TOTAL | 33 | 36.7% | 20 | 22.2% | 39 | 43.3% | 33 | 36.7% | 3 | 3.3% | 18 | 20.0% | 14 | 15.6% | 90 |

Source of Information About Apretude, by Eligibility for Public Insurance Programs

| | Television Ad | | CBO / ASO | | Social Media | | Word of Mouth | | Specialist Physician | | Advocacy Organization | | Primary Care Physician | | RESPONDENTS |
|--|---------------|--------------|-----------|--------------|--------------|--------------|---------------|--------------|----------------------|-------------|-----------------------|--------------|------------------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 1 | 14.3% | 2 | 28.6% | 3 | 42.9% | 1 | 14.3% | 0 | 0.0% | 0 | 0.0% | 1 | 14.3% | 7 |
| ADAP Eligible | 16 | 44.4% | 9 | 25.0% | 16 | 44.4% | 13 | 36.1% | 2 | 5.6% | 9 | 25.0% | 5 | 13.9% | 36 |
| Ineligible for Public Insurance | 16 | 34.0% | 9 | 19.1% | 20 | 42.6% | 19 | 40.4% | 1 | 2.1% | 9 | 19.1% | 8 | 17.0% | 47 |
| TOTAL | 33 | 36.7% | 20 | 22.2% | 39 | 43.3% | 33 | 36.7% | 3 | 3.3% | 18 | 20.0% | 14 | 15.6% | 90 |

TABLE G2 Source of Information About Apretude, by Source (cont.)

Source of Information About Apretude (cont.)

| | Digital Ad | | Print Ad | | Internet Search | | Other | | Social / Case Worker | | Health Department | | Pharmacist | | Already Taking | | RESPONDENTS |
|---------------|------------|--------------|----------|-------------|-----------------|--------------|----------|-------------|----------------------|-------------|-------------------|--------------|------------|-------------|----------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 14 | 15.6% | 7 | 7.8% | 12 | 13.3% | 8 | 8.9% | 3 | 3.3% | 9 | 10.0% | 3 | 3.3% | 9 | 10.0% | 90 |

TABLE G2 Source of Information About Apretudes, by Source (cont.)

Source of Information About Apretude, by Race (cont.)

| | Digital Ad | | Print Ad | | Internet Search | | Other | | Social / Case Worker | | Health Department | | Pharmacist | | Already Taking | | RESPONDENTS |
|---------------------------------|------------|--------------|----------|-------------|-----------------|--------------|----------|-------------|----------------------|-------------|-------------------|--------------|------------|-------------|----------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 6 | 10.9% | 1 | 1.8% | 4 | 7.3% | 5 | 9.1% | 1 | 1.8% | 5 | 9.1% | 1 | 1.8% | 7 | 12.7% | 55 |
| Black / African-American | 4 | 30.8% | 4 | 30.8% | 3 | 23.1% | 2 | 15.4% | 1 | 7.7% | 2 | 15.4% | 1 | 7.7% | 1 | 7.7% | 13 |
| Hispanic / Latine | 2 | 22.2% | 0 | 0.0% | 0 | 0.0% | 1 | 11.1% | 0 | 0.0% | 1 | 11.1% | 0 | 0.0% | 0 | 0.0% | 9 |
| Other Races | 2 | 15.4% | 2 | 15.4% | 5 | 38.5% | 0 | 0.0% | 1 | 7.7% | 1 | 7.7% | 1 | 7.7% | 1 | 7.7% | 13 |
| TOTAL | 14 | 15.6% | 7 | 7.8% | 12 | 13.3% | 8 | 8.9% | 3 | 3.3% | 9 | 10.0% | 3 | 3.3% | 9 | 10.0% | 90 |

Source of Information About Apretude, by Gender (cont.)

| | Digital Ad | | Print Ad | | Internet Search | | Other | | Social / Case Worker | | Health Department | | Pharmacist | | Already Taking | | RESPONDENTS |
|---------------------------|------------|--------------|----------|-------------|-----------------|--------------|----------|-------------|----------------------|-------------|-------------------|--------------|------------|-------------|----------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 7 | 19.4% | 5 | 13.9% | 5 | 13.9% | 2 | 5.6% | 2 | 5.6% | 6 | 16.7% | 2 | 5.6% | 6 | 16.7% | 36 |
| Woman | 6 | 16.2% | 2 | 5.4% | 4 | 10.8% | 6 | 16.2% | 1 | 2.7% | 3 | 8.1% | 0 | 0.0% | 0 | 0.0% | 37 |
| Trans / Non-Binary | 1 | 5.9% | 0 | 0.0% | 3 | 17.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 5.9% | 3 | 17.6% | 17 |
| TOTAL | 14 | 15.6% | 7 | 7.8% | 12 | 13.3% | 8 | 8.9% | 3 | 3.3% | 9 | 10.0% | 3 | 3.3% | 9 | 10.0% | 90 |

TABLE G2 Source of Information About Apretude, by Source (cont.)

Source of Information About Apretude, by Age Group (cont.)

| | Digital Ad | | Print Ad | | Internet Search | | Other | | Social / Case Worker | | Health Department | | Pharmacist | | Already Taking | | RESPONDENTS |
|-----------------------------|------------|--------------|----------|-------------|-----------------|--------------|----------|-------------|----------------------|-------------|-------------------|--------------|------------|-------------|----------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 6 | 20.7% | 3 | 10.3% | 7 | 24.1% | 2 | 6.9% | 2 | 6.9% | 7 | 24.1% | 1 | 3.4% | 1 | 3.4% | 29 |
| 36-55 | 8 | 15.1% | 3 | 5.7% | 5 | 9.4% | 5 | 9.4% | 1 | 1.9% | 1 | 1.9% | 2 | 3.8% | 8 | 15.1% | 53 |
| 56+ | 0 | 0.0% | 1 | 12.5% | 0 | 0.0% | 1 | 12.5% | 0 | 0.0% | 1 | 12.5% | 0 | 0.0% | 0 | 0.0% | 8 |
| Prefer Not to Answer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 |
| TOTAL | 14 | 15.6% | 7 | 7.8% | 12 | 13.3% | 8 | 8.9% | 3 | 3.3% | 9 | 10.0% | 3 | 3.3% | 9 | 10.0% | 90 |

Source of Information About Apretude, by Eligibility for Public Insurance Programs (cont.)

| | Digital Ad | | Print Ad | | Internet Search | | Other | | Social / Case Worker | | Health Department | | Pharmacist | | Already Taking | | RESPONDENTS |
|--|------------|--------------|----------|-------------|-----------------|--------------|----------|-------------|----------------------|-------------|-------------------|--------------|------------|-------------|----------------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 1 | 14.3% | 0 | 0.0% | 2 | 28.6% | 0 | 0.0% | 0 | 0.0% | 2 | 28.6% | 0 | 0.0% | 0 | 0.0% | 7 |
| ADAP Eligible | 7 | 19.4% | 4 | 11.1% | 7 | 19.4% | 6 | 16.7% | 2 | 5.6% | 4 | 11.1% | 1 | 2.8% | 2 | 5.6% | 36 |
| Ineligible for Public Insurance | 6 | 12.8% | 3 | 6.4% | 3 | 6.4% | 2 | 4.3% | 1 | 2.1% | 3 | 6.4% | 2 | 4.3% | 7 | 14.9% | 47 |
| TOTAL | 14 | 15.6% | 7 | 7.8% | 12 | 13.3% | 8 | 8.9% | 3 | 3.3% | 9 | 10.0% | 3 | 3.3% | 9 | 10.0% | 90 |

Appendix H

Why Respondents Neither Researched Nor Attempted to Access Apretude

TABLE H Why Respondents Neither Researched Nor Attempted to Access Apretude, by Select Demographic Groups

Why Respondents Neither Researched Nor Attempted to Access Apretude

| | Happy with Current Regimen | | Uninterested in LAIs | | Not Right for Me | | Concerned About Side Effects | | Concerned About Drug Interactions | | Think I Cannot Afford | | Think They Won't Be Covered | | Other | | RESPONDENTS |
|---------------|----------------------------|-------------|----------------------|-------------|------------------|-------------|------------------------------|--------------|-----------------------------------|-------------|-----------------------|-------------|-----------------------------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 4 | 7.5% | 5 | 9.4% | 4 | 7.5% | 6 | 11.3% | 2 | 3.8% | 3 | 5.7% | 6 | 11.3% | 33 | 62.3% | 53 |

TABLE H Why Respondents Neither Researched Nor Attempted to Access Apretude, by Select Demographic Groups

Why Respondents Neither Researched Nor Attempted to Access Apretude, by Race

| | Happy with Current Regimen | | Uninterested in LAIs | | Not Right for Me | | Concerned About Side Effects | | Concerned About Drug Interactions | | Think I Cannot Afford | | Think They Won't Be Covered | | Other | | RESPONDENTS |
|--------------------------|----------------------------|-------------|----------------------|-------------|------------------|-------------|------------------------------|--------------|-----------------------------------|-------------|-----------------------|-------------|-----------------------------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 3 | 8.8% | 2 | 5.9% | 1 | 2.9% | 3 | 8.8% | 1 | 2.9% | 2 | 5.9% | 5 | 14.7% | 24 | 70.6% | 34 |
| Black / African-American | 1 | 14.3% | 1 | 14.3% | 0 | 0.0% | 1 | 14.3% | 1 | 14.3% | 0 | 0.0% | 0 | 0.0% | 4 | 57.1% | 7 |
| Hispanic / Latine | 0 | 0.0% | 2 | 33.3% | 2 | 33.3% | 1 | 16.7% | 0 | 0.0% | 0 | 0.0% | 1 | 16.7% | 2 | 33.3% | 6 |
| Other Races | 0 | 0.0% | 0 | 0.0% | 1 | 16.7% | 1 | 16.7% | 0 | 0.0% | 1 | 16.7% | 0 | 0.0% | 3 | 50.0% | 6 |
| TOTAL | 4 | 7.5% | 5 | 9.4% | 4 | 7.5% | 6 | 11.3% | 2 | 3.8% | 3 | 5.7% | 6 | 11.3% | 33 | 62.3% | 53 |

Why Respondents Neither Researched Nor Attempted to Access Apretude, by Gender

| | Happy with Current Regimen | | Uninterested in LAIs | | Not Right for Me | | Concerned About Side Effects | | Concerned About Drug Interactions | | Think I Cannot Afford | | Think They Won't Be Covered | | Other | | RESPONDENTS |
|--------------------|----------------------------|-------------|----------------------|-------------|------------------|-------------|------------------------------|--------------|-----------------------------------|-------------|-----------------------|-------------|-----------------------------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 4 | 21.1% | 2 | 10.5% | 1 | 5.3% | 3 | 15.8% | 1 | 5.3% | 1 | 5.3% | 3 | 15.8% | 12 | 63.2% | 19 |
| Woman | 0 | 0.0% | 2 | 7.4% | 3 | 11.1% | 3 | 11.1% | 1 | 3.7% | 0 | 0.0% | 1 | 3.7% | 18 | 66.7% | 27 |
| Trans / Non-Binary | 0 | 0.0% | 1 | 14.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 0.0% | 2 | 28.6% | 3 | 42.9% | 7 |
| TOTAL | 4 | 7.5% | 5 | 9.4% | 4 | 7.5% | 6 | 11.3% | 2 | 3.8% | 3 | 5.7% | 6 | 11.3% | 33 | 62.3% | 53 |

TABLE H Why Respondents Neither Researched Nor Attempted to Access Apretude, by Select Demographic Groups

Why Respondents Neither Researched Nor Attempted to Access Apretude, by Age Group

| | Happy with Current Regimen | | Uninterested in LAIs | | Not Right for Me | | Concerned About Side Effects | | Concerned About Drug Interactions | | Think I Cannot Afford | | Think They Won't Be Covered | | Other | | RESPONDENTS |
|-----------------------------|----------------------------|-------------|----------------------|-------------|------------------|-------------|------------------------------|--------------|-----------------------------------|-------------|-----------------------|-------------|-----------------------------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 2 | 14.3% | 1 | 7.1% | 1 | 7.1% | 2 | 14.3% | 0 | 0.0% | 1 | 7.1% | 2 | 14.3% | 7 | 50.0% | 14 |
| 36-55 | 2 | 5.9% | 3 | 8.8% | 3 | 8.8% | 3 | 8.8% | 2 | 5.9% | 2 | 5.9% | 3 | 8.8% | 23 | 67.6% | 34 |
| 56+ | 0 | 0.0% | 1 | 20.0% | 0 | 0.0% | 1 | 20.0% | 0 | 0.0% | 0 | 0.0% | 1 | 20.0% | 3 | 60.0% | 5 |
| Prefer Not to Answer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 |
| TOTAL | 4 | 7.5% | 5 | 9.4% | 4 | 7.5% | 6 | 11.3% | 2 | 3.8% | 3 | 5.7% | 6 | 11.3% | 33 | 62.3% | 53 |

Why Respondents Neither Researched Nor Attempted to Access Apretude, by Eligibility for Public Insurance Programs

| | Happy with Current Regimen | | Uninterested in LAIs | | Not Right for Me | | Concerned About Side Effects | | Concerned About Drug Interactions | | Think I Cannot Afford | | Think They Won't Be Covered | | Other | | RESPONDENTS |
|--|----------------------------|-------------|----------------------|-------------|------------------|-------------|------------------------------|--------------|-----------------------------------|-------------|-----------------------|-------------|-----------------------------|--------------|-----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 0 | 0.0% | 1 | 25.0% | 1 | 25.0% | 1 | 25.0% | 0 | 0.0% | 1 | 25.0% | 0 | 0.0% | 1 | 25.0% | 4 |
| ADAP Eligible | 2 | 8.3% | 2 | 8.3% | 1 | 4.2% | 2 | 8.3% | 2 | 8.3% | 2 | 8.3% | 5 | 20.8% | 15 | 62.5% | 24 |
| Ineligible for Public Insurance | 2 | 8.0% | 2 | 8.0% | 2 | 8.0% | 3 | 12.0% | 0 | 0.0% | 0 | 0.0% | 1 | 4.0% | 17 | 68.0% | 25 |
| TOTAL | 4 | 7.5% | 5 | 9.4% | 4 | 7.5% | 6 | 11.3% | 2 | 3.8% | 3 | 5.7% | 6 | 11.3% | 33 | 62.3% | 53 |

Appendix I

How Patients Found Their Apretude-Related Provider

TABLE I How Patients Found Their Apretude-Related Provider, by Select Demographic Groups

How Patients Found Their Apretude-Related Provider

| | Already Under Care | | Insurance Company | | Pharmacist | | Health Department | | CBO / ASO | | Social or Case Worker | | Word of Mouth | | Other | | RESPONDENTS |
|---------------|--------------------|--------------|-------------------|-------------|------------|-------------|-------------------|--------------|-----------|--------------|-----------------------|-------------|---------------|-------------|----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| TOTALS | 18 | 69.2% | 2 | 7.7% | 2 | 7.7% | 4 | 15.4% | 4 | 15.4% | 0 | 0.0% | 1 | 3.8% | 4 | 15.4% | 26 |

TABLE I How Patients Found Their Apretude-Related Provider, by Select Demographic Groups

How Patients Found Their Apretude-Related Provider, by Race

| | Already Under Care | | Insurance Company | | Pharmacist | | Health Department | | CBO / ASO | | Social or Case Worker | | Word of Mouth | | Other | | RESPONDENTS |
|---------------------------------|--------------------|--------------|-------------------|-------------|------------|-------------|-------------------|--------------|-----------|--------------|-----------------------|-------------|---------------|-------------|----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Caucasian / White | 12 | 80.0% | 1 | 6.7% | 1 | 6.7% | 1 | 6.7% | 1 | 6.7% | 0 | 0.0% | 1 | 6.7% | 3 | 20.0% | 15 |
| Black / African-American | 2 | 33.3% | 0 | 0.0% | 0 | 0.0% | 2 | 33.3% | 2 | 33.3% | 0 | 0.0% | 0 | 0.0% | 1 | 16.7% | 6 |
| Hispanic / Latine | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 |
| Other Races | 4 | 80.0% | 1 | 20.0% | 1 | 20.0% | 1 | 20.0% | 1 | 20.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 5 |
| TOTAL | 18 | 69.2% | 2 | 7.7% | 2 | 7.7% | 4 | 15.4% | 4 | 15.4% | 0 | 0.0% | 1 | 3.8% | 4 | 15.4% | 26 |

How Patients Found Their Apretude-Related Provider, by Gender

| | Already Under Care | | Insurance Company | | Pharmacist | | Health Department | | CBO / ASO | | Social or Case Worker | | Word of Mouth | | Other | | RESPONDENTS |
|---------------------------|--------------------|--------------|-------------------|-------------|------------|-------------|-------------------|--------------|-----------|--------------|-----------------------|-------------|---------------|-------------|----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Man | 9 | 90.0% | 1 | 10.0% | 1 | 10.0% | 2 | 20.0% | 0 | 0.0% | 0 | 0.0% | 1 | 10.0% | 1 | 10.0% | 10 |
| Woman | 2 | 25.0% | 1 | 12.5% | 1 | 12.5% | 2 | 25.0% | 3 | 37.5% | 0 | 0.0% | 0 | 0.0% | 3 | 37.5% | 8 |
| Trans / Non-Binary | 7 | 87.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 12.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 8 |
| TOTAL | 18 | 69.2% | 2 | 7.7% | 2 | 7.7% | 4 | 15.4% | 4 | 15.4% | 0 | 0.0% | 1 | 3.8% | 4 | 15.4% | 26 |

TABLE I How Patients Found Their Apretude-Related Provider, by Select Demographic Groups

How Patients Found Their Apretude-Related Provider, by Age Group

| | Already Under Care | | Insurance Company | | Pharmacist | | Health Department | | CBO / ASO | | Social or Case Worker | | Word of Mouth | | Other | | RESPONDENTS |
|-----------------------------|--------------------|--------------|-------------------|-------------|------------|-------------|-------------------|--------------|-----------|--------------|-----------------------|-------------|---------------|-------------|----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| 18-35 | 6 | 66.7% | 1 | 11.1% | 1 | 11.1% | 2 | 22.2% | 2 | 22.2% | 0 | 0.0% | 0 | 0.0% | 1 | 11.1% | 9 |
| 36-55 | 10 | 66.7% | 1 | 6.7% | 1 | 6.7% | 2 | 13.3% | 2 | 13.3% | 0 | 0.0% | 1 | 6.7% | 3 | 20.0% | 15 |
| 56+ | 2 | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 |
| Prefer Not to Answer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 |
| TOTAL | 18 | 69.2% | 2 | 7.7% | 2 | 7.7% | 4 | 15.4% | 4 | 15.4% | 0 | 0.0% | 1 | 3.8% | 4 | 15.4% | 26 |

How Patients Found Their Apretude-Related Provider, by Eligibility for Public Insurance Programs

| | Already Under Care | | Insurance Company | | Pharmacist | | Health Department | | CBO / ASO | | Social or Case Worker | | Word of Mouth | | Other | | RESPONDENTS |
|--|--------------------|--------------|-------------------|-------------|------------|-------------|-------------------|--------------|-----------|--------------|-----------------------|-------------|---------------|-------------|----------|--------------|-------------|
| | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | |
| Medicaid Eligible | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 |
| ADAP Eligible | 5 | 50.0% | 2 | 20.0% | 2 | 20.0% | 3 | 30.0% | 2 | 20.0% | 0 | 0.0% | 1 | 10.0% | 3 | 30.0% | 10 |
| Ineligible for Public Insurance | 13 | 86.7% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 13.3% | 0 | 0.0% | 0 | 0.0% | 1 | 6.7% | 15 |
| TOTAL | 18 | 69.2% | 2 | 7.7% | 2 | 7.7% | 4 | 15.4% | 4 | 15.4% | 0 | 0.0% | 1 | 3.8% | 4 | 15.4% | 26 |



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