Alaska ID ECHO: HCV-HIV-PrEP-STIs

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

NPAIHB
Indian Leadership for Indian Health

Injectable HIV Medications

July 11, 2023

This program is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.

Welcome to Alaska Infectious Disease ECHO: HCV, HIV, PrEP, STIs

Approved Provider Statements:

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In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 12 contact hours, including 3 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

Youssef Barbour, MD & Lisa Townshend-Bulson, APRN / faculty for this educational event, are primary investigators in an ANTHC sponsored hepatitis C study funded in part by Gilead Sciences. All of the relevant financial relationships listed have been mitigated.

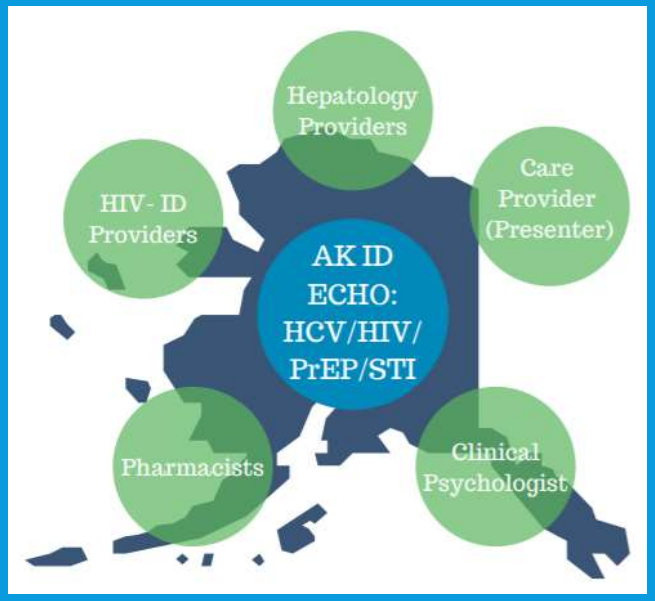
Requirements for Successful Completion:

To receive CE credit please make sure you have actively engaged in the entire activity, your attendance is recorded by the facilitator, and complete the course evaluation form found here: https://forms.gle/18t4EgvN2WdnM4P77

For more information contact jlfielder@anthc.org or (907) 229-1185

ALASKA NATIVE MEDICAL CENTER

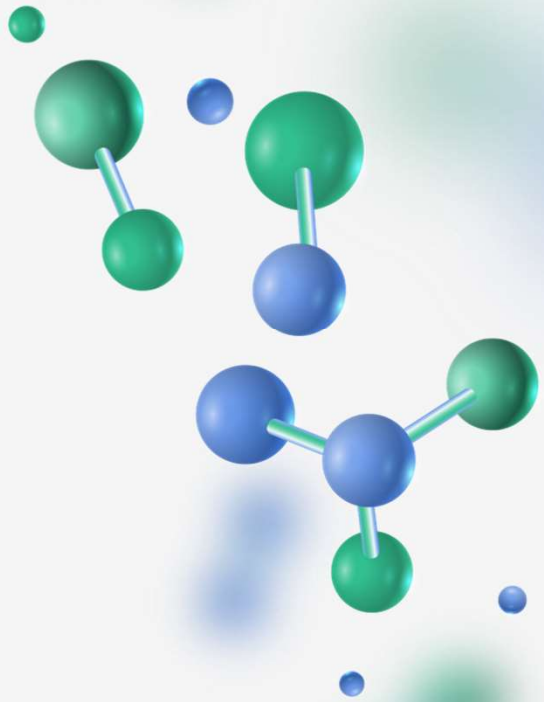
AK ID ECHO: CONSULTANT TEAM



- Youssef Barbour, MD Hepatologist
- Leah Besh, PA-C HIV/Hepatology Provider
- Terri Bramel, PA-C HIV/STI Provider
- Rod Gordon, R.Ph. AAHIVP Pharmacist
- Jacob Gray, MD Infectious Disease Provider
- Annette Hewitt, ANP Hepatology Provider
- Brian McMahon, MD Hepatologist
- Lisa Rea, RN HIV/STI Case Manager
- Lisa Townshend, ANP Hepatology Provider

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Injectable HIV Medications



Rod Gordon, RPh, AAHIVP
SCF RASU Staff Pharmacist
July 11, 2023

HIV Injectables to discuss:

- Indications- Treatment vs Prevention
- Evidence to support use/indications
- New research to potentially expand use

FDA Approved Injectable HIV meds

Treatment			Prevention		
Cabotegravir + Rilpivirine	CAB/RPV [INSTI/NNRTI]	**Cabenuva®** Jan 2021 IM	Cabotegravir	CAB [INSTI]	**Apretude®** Dec 2021 IM
Lenacapavir	LEN [Capsid Inhibitor]	**Sunlenca®** Dec 2022 SQ			
Ibalizumab	IBA [CD4 Receptor	**Trogarzo®** Mar 2018			

Will not discuss, requires biweekly IV admin
Lower efficacy, $$

Cabotegravir and Rilpivirine (Cabenuva®) ER Injection

Indication:

- Complete regimen to treat HIV-1
- For adults and adolescents (≥12 years who weigh ≥35 kg)

  Replace antiretroviral regimen in persons with HIV RNA <50 copies/mL
  On stable antiretroviral regimen
  No history of treatment failure
  No known or suspected resistance to cabotegravir or rilpivirine
- Oral Lead-In

  Lead-in is optional
- Continuation Phase Injections

  Approved for every 1-month and every 2-month injections
  Doses are different with every 1-month and every 2-month injections
  Injections may be given up to 7 days before or after the scheduled date

National HIV Curriculum

Cabotegravir and Rilpivirine (Cabenuva®) ER Injection

Evidence:

Phase 3 Trials in Treatment Naïve

- FLAIR: IM CAB + IM RPV monthly versus oral DTG-ABC-3TC: 48 weeks
- FLAIR: IM CAB + IM RPV monthly versus oral DTG-ABC-3TC: 96 weeks
- FLAIR: IM CAB + IM RPV with or without oral lead in 124-week extension

Phase 3 Trials in Treatment Experienced

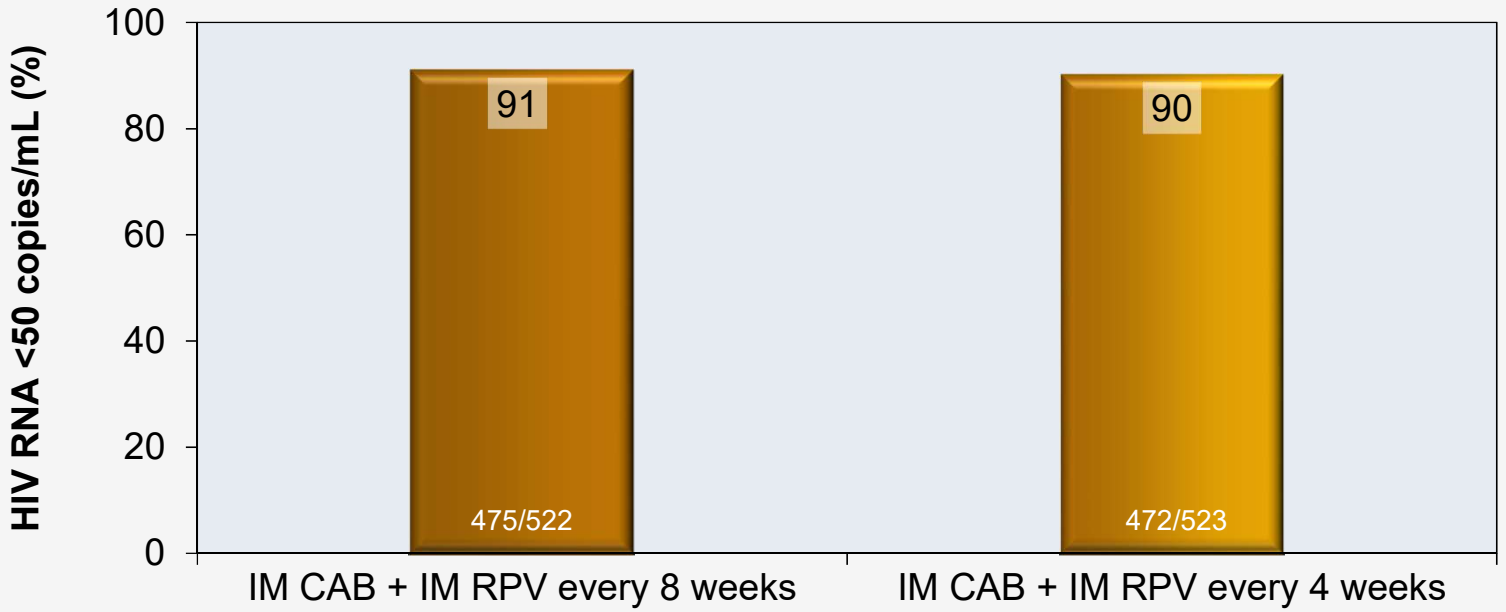
- ATLAS: Switch to monthly IM CAB + IM RPV or continue 3-drug oral ART
- ATLAS-2M: switch to IM CAB + IM RPV taken every 1 or 2 months: 48 weeks
- ATLAS-2M: switch to IM CAB + IM RPV taken every 1 or 2 months: 96 weeks

Phase 2 Trials

- LATTE: oral CAB + oral RPV daily versus oral EFV plus 2 NRTIs
- LATTE-2: IM CAB + IM RPV every 1 or 2 months versus oral CAB + oral ABC-3TC
- POLAR: every 2-month IM CAB + IM RPV after 5 years or oral CAB + oral RPV

ATLAS-2M Study: Results (Week 96)

Weeks 96: Virologic Response by FDA Snapshot Analysis



HIV RNA ≥50 copies/mL at 96 weeks: 11/522 (2%) in q8-week arm, 6/523 (1%) in q4-week arm

Source: Jaeger H, et al. Lancet HIV. 2021;8:e679-e689.

National HIV Curriculum

ATLAS-2M Study: Results (Week 96)

Injection Site Reactions (ISRs)*		
Types of Reactions	**IM CAB + RPV Every 8 Weeks, n (%)**	**IM CAB + RPV Every 4 Weeks, n, %**
Number of injections	12,832	23,855
Injection site pain	2,662/12,832 (21%)	3,295/23,855 (14%)
Injection site nodule	188/12,832 (2%)	297/23,855 (1%)
Injection site discomfort	134/12,832 (1%)	148/23,855 (1%)
Total number of ISRs	3,400	4,157
Grade 1	2,745/3,400 (81%)	3,446/4,157 (83%)
Grade 2	601/3,400 (18%)	661/4,157 (16%)
Grade 3	54/3,400 (2%)	50/4,157 (1%)
Withdrawal due to ISR	7/516 (1%)	11/517 (2%)
Median duration of ISR: 3 days (IQR 2 – 5)		

Source: Jaeger H, et al. Lancet HIV. 2021;8:e679-e689.

National HIV Curriculum

Cabotegravir and Rilpivirine (Cabenuva®) ER Injection

Risk factors for Virologic Failure (n=1039)

- 13/1039 (1.25%) participants had confirmed virologic failure (CVF) in ATLAS, FLAIR, ATLAS-2M
- Risk factors for CVF identified
- 96.7% had 0 or 1 risk factor for CVF
  - 0.4% of them had CVF

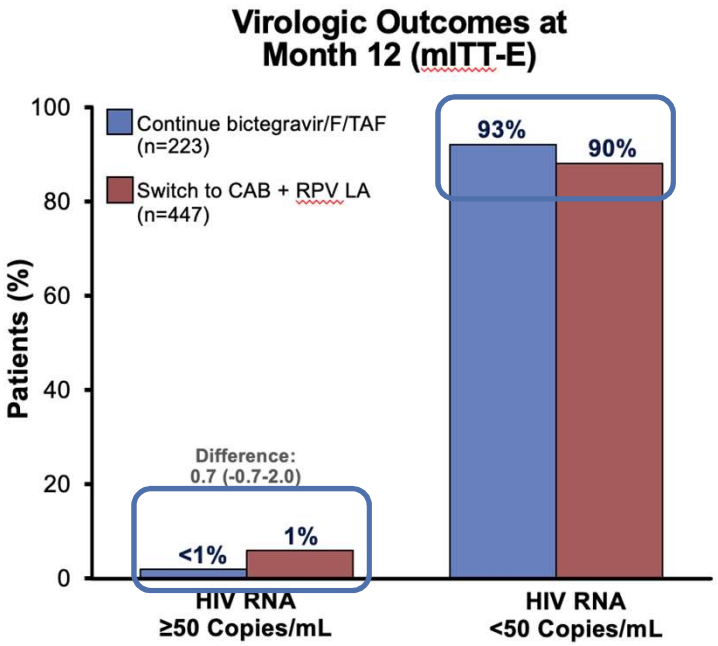
Parameter	OR
RPV RAM(s) at baseline	40.36
Week 8 RPV trough concentration	5.00
Baseline HIV-1 subtype A6/A1	5.92
BMI (kg/m2) at baseline	1.13

--- INDICATIONS AND USAGE----------
CAB/RPV … is indicated as a complete regimen for the treatment of HIV-1 infection in adults to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.

Cutrell A et al, AIDS, 2021

SOLAR Study: Switch to Long-Acting Cabotegravir + Rilpivirine From Bictegravir/F/TAF

- Phase 3b, open-label, noninferiority
  - HIV RNA <50 copies/mL for ≥6 months with bictegravir/F/TAF (n= 670)
  - Continue bictegravir/F/TAF or switch to long-acting cabotegravir + rilpivirine
- HIV RNA < or ≥50 copies/mL at month 12
  - Switch to cabotegravir + rilpivirine was non-inferior to continue bictegravir/F/TAF
- Confirmed virologic failure (n=3, all in cabotegravir + rilpivirine arm)
- Treatment satisfaction significantly improved following switch to cabotegravir + rilpivirine



Non-inferiority margins:
HIV RNA < and ≥50 copies/mL: -12% and 4%, respectively.

Ramgopal MN, et al. CROI 2023. Abstract 191.

LA CAB/RPV for PWH with treatment challenges- Ward-86 UCSF Study

Cohort of 133 PWH connected to care at WARD 89 (UCSF) who began LA CAB/RPV - 57 with viremia

Characteristic	Distribution, n (%)
Age (median, range)	45 (38-45) years
Gender	
Cis Man	117 (88%)
Cis Woman	11 (8%)
Transgender Woman	5 (4%)
Race/ethnicity	
Black	21 (16%)
Latino/a	50 (38%)
White	43 (32%)
Multiracial	19 (14%)
Housing	
Unstable	77 (58%)
Stable	45 (34%)
Homeless	11 (8%)

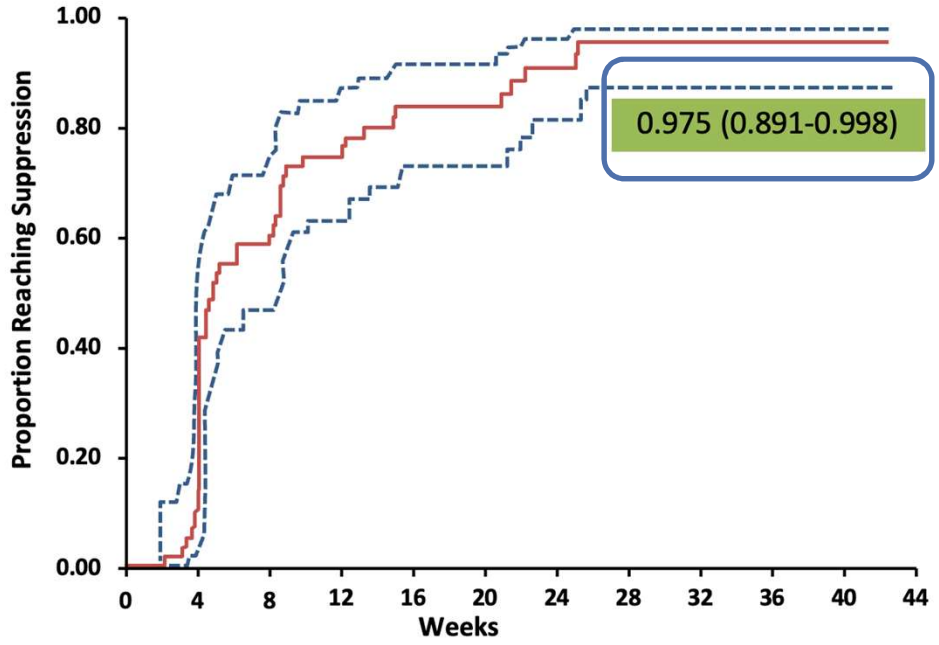
Characteristic	Distribution, n (%)
Insurance	
Medicare or Medicaid or both	130 (98%)
ADAP	3 (2%)
Current stimulant use	44 (33%)
Major mental illness	51 (38%)
Virologically non-suppressed (>30 copies/ml)	57 (43%) with log_{10} viral load (mean, STD) 4.21 (1.30)
CD4 count (median with interquartile range)	Virologically suppressed 616 (395-818) Virologically non-suppressed 215 (75-402)

*Note: ADAP is AIDS Drug Assistance Program; Baseline CD4 defined as the CD4 count closest to and including date of first injection. Median time from CD4 count to first injection was 70 (range 0 to 882) days

Gandhi et al CROI 2023 and Gandhi et al Clin Infect Dis 2023

LA CAB/RPV for PWH with treatment challenges- Ward-86 UCSF Study

Figure: KM curve of probability of reaching virologic suppression (VL <30) on LA ART (n=57); dotted lines 95% CI



Two patients failed to suppress

Patient #1 – baseline HIV RNA > 200,000 c/mL
< 2 $\log_{10}$ response, rebound with 181C & 100I

Patient #2 – baseline HIV RNA > 100,000c/mL
< 2 $\log_{10}$ response. Rebounded with 263K & 138K

Gandhi et al CROI 2023 and Gandhi et al Clin Infect Dis 2023

LA CAB/RPV – 16 Week PK Sub-Study : IM Thigh Injections

- ATLAS-2M trial participants with 3yr of LA CAB+ RPV by IM gluteal injections volunteered for **short-term, 16-wk switch to IM thigh injections**: N =118
(Q4W: n = 64; Q8W: n = 54)
  - Thigh IM injections into vastus lateralis
  - Injection schedule (Q4W or Q8W) maintained during thigh injection phase
- Plasma trough concentrations remained above PA-IC_{90} throughout thigh injection phase for both dose intervals
  - **Plasma concentration differences for gluteal vs thigh injection deemed not clinically relevant**
- **No serious AEs**; **pain most common ISR**: 52% in Q8W arm, 33% in Q4W arm
  - ISRs: 93% to 96% grade 1/2; 4% to 7% grade 3; median duration: 3.0-3.5 days
  - 1 participant withdrew for injection site pain (grade 2; Q8W arm)
  - 1 case of potential maladministration with high CAB levels 2 hr post dose
- **No CVF;** high viral suppression rates maintained in both arms (Q8W, 94.4%; Q4W, 95.3%) at substudy Wk 16
- **30% preferred thigh injections,** with top reason noted to be ease of access to injection site

CROI 2023 Abstract 519

Slide credit: clinicaloptions.com

Lenacapavir (Sunlenca®) Subcutaneous Injection

Type of Medication

- HIV capsid inhibitor (novel class)

Indication

- Treatment of HIV-1 in combination with other antiretroviral medications in heavily treatment-experienced adults with multidrug resistant HIV virus and failing their current regimen due to resistance, intolerance, or safety concerns

Preparations

- Oral: 300 mg tablets
- Subcutaneous injection: 463.5 mg/1.5 mL vial

Adverse Reactions

- Most common adverse effects are nausea and injection site reactions

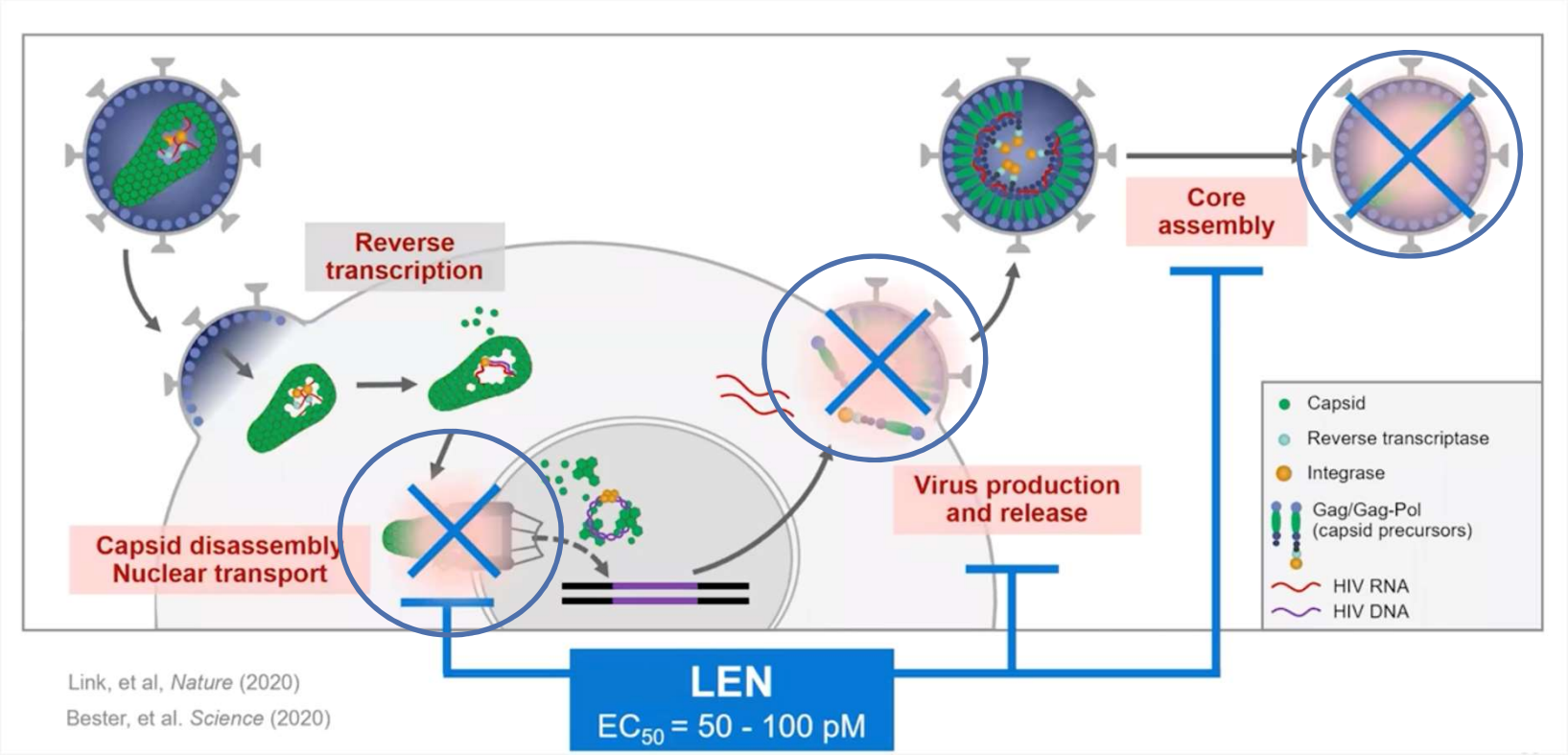
Contraindications

- Contraindicated to give with strong CYP3A inducers

Source: Lenacapavir Prescribing Information.

National HIV Curriculum

Lenacapavir (Sunlenca®) Subcutaneous Injection: Mechanism



Lenacapavir (Sunlenca®) Subcutaneous Injection: Dosing Schedule

Lenacapavir Dosing Schedule	
Initiation Option 1	
Day 1	927 mg by subcutaneous injection (2 x 1.5 mL injections) + 600 mg orally (2 x 300 mg tablets)
Day 2	600 mg orally (2 x 300 mg tablets)
Initiation Option 2	
Day 1	600 mg orally (2 x 300 mg tablets)
Day 2	600 mg orally (2 x 300 mg tablets)
Day 8	300 mg orally (1 x 300 mg tablets)
Day 15	927 mg by subcutaneous injection (2 x 1.5 mL injections)
Maintenance	
927 mg by subcutaneous injection (2 x 1.5 mL injections) every 6 months (26 weeks) from date of the last injection +/-2 weeks	
Missed dose: If more than 28 weeks since last injection and clinically appropriate to continue lenacapavir, restart initiation from Day 1, using either Option 1 or Option 2	

National HIV Curriculum

Source: Lenacapavir Prescribing Information

Lenacapavir (Sunlenca®) Subcutaneous Injection: Evidence

Salvage Therapy for Treatment-Experienced with Multidrug Resistance

CAPELLA (Phase 3): Lenacapavir plus Optimized Background Therapy

Initial and Maintenance Therapy for Treatment-Naïve

CALIBRATE (Phase 2): Lenacapavir with Various ARV Combinations

National HIV Curriculum

Source: Lenacapavir Prescribing Information

Lenacapavir (Sunlenca®) Subcutaneous Injection: Capella Study

Background

Phase 3, randomized trial with oral and subcutaneous lenacapavir + OBR, versus Tx with an optimized background therapy (OBR)

Enrollment Criteria:

N = 72; two cohorts: 36 randomized/36 non-randomized

Age ⩾12 years

Virologic failure on current ART

HIV RNA >400 copies/mL for ⩾8 wks

Documented HIV drug resistance to at least 2 HIV medications from at least 3 of the 4 main classes

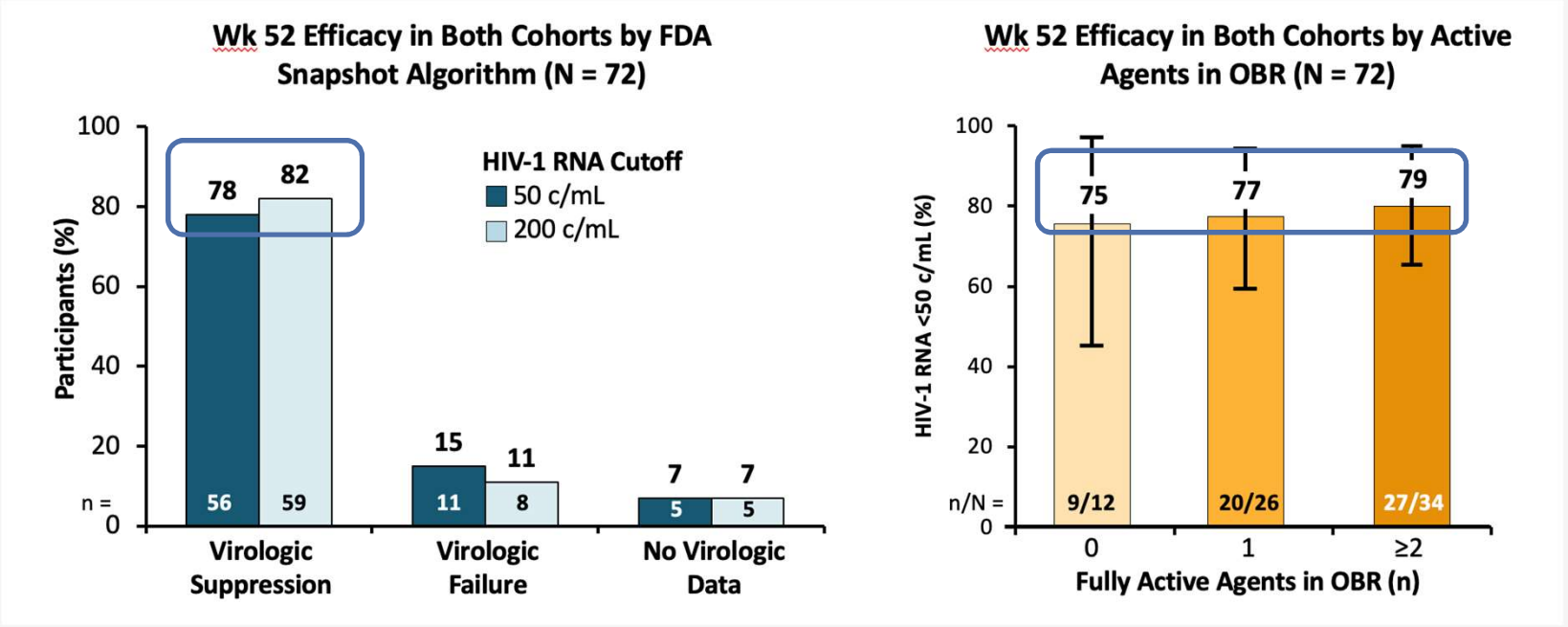
At least one fully active agent available for HIV treatment

National HIV Curriculum

Source: Lenacapavir Prescribing Information

Lenacapavir (Sunlenca®) Capella Study: Results

Virologic Responses at 52 Weeks in Randomized and Nonrandomized Cohorts



Ogbuagu. IDWeek 2022. Abstr 1585.

Slide credit: clinicaloptions.com

Lenacapavir (Sunlenca®) Capella Study: Safety

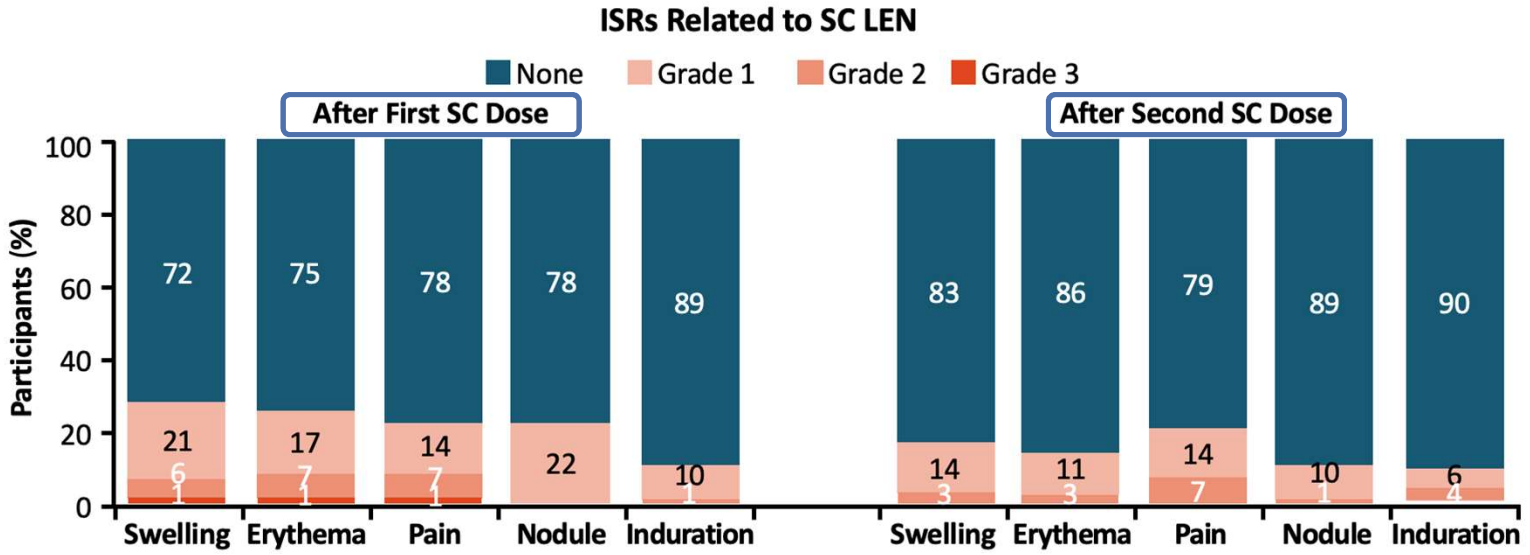
Any-Grade AEs Other Than ISRs in ≥10% of Participants, n (%)	LEN + OBR (N = 72)
Diarrhea	10 (14)
Nausea	10 (14)
Constipation	9 (13)
Cough	8 (11)
Pyrexia	8 (11)

- Median follow-up: 498 days (IQR: 421-612)
- No study drug–related AEs observed in >5% of participants
- No serious AEs considered related to study drug
- 2 deaths observed, with neither deemed related to study drug
  - n = 1 each of malignant neoplasm, acute respiratory failure

Ogbuagu. IDWeek 2022. Abstr 1585.

Slide credit: clinicaloptions.com

Lenacapavir (Sunlenca®) Capella Study: Injection Site Reactions



- Most ISRs mild or moderate
  - 1 participant discontinued study drug at Wk 52 for ISR (grade 1 nodule)
  - Swelling was most common ISR (after first dose, 28%; after second dose, 17%)

Source: Ogbuagu. ID-Week 2022. Abstract 1585.

Slide credit: clinicaloptions.com

Lenacapavir (Sunlenca®) + TAB/ZAB Study: Proof of Concept Study [SC Lenacapavir + IV bNABs every 26 weeks for Treatment]

Phase 1, single-dose study

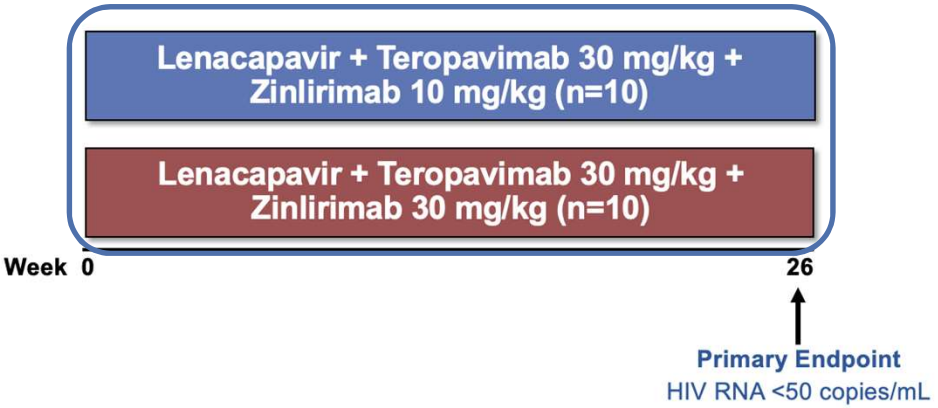
HIV RNA <50 copies/mL for ≥18 months

Susceptible to teropavimab and zinlirimab

CD4 nadir ≥350 cells/μL

CD4 at entry ≥500 cells/μL

bNABs: broadly neutralizing antibodies.
Baseline characteristics:
N = 20, double blinded to TAB dose
Age (median): 44 years.
Male: 86%.
BMI: 30 kg/m^2.
Median CD4: 909 cells/μL.
Median ART duration: 2.6 hrs.
Median Time since Dx: 8.2 yrs

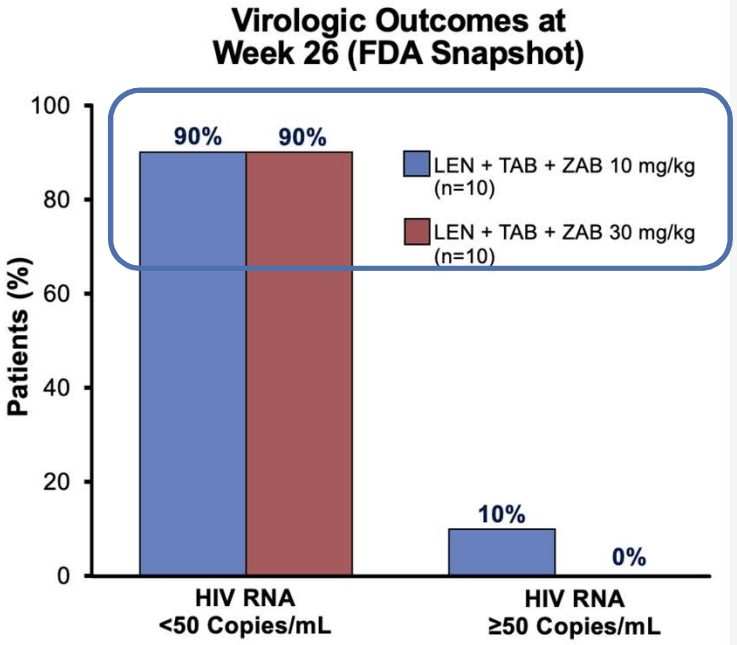


PRACTICE POINT CME Communications

Eron JJ, et al. CROI 2023. Abstract 193.

Lenacapavir (Sunlenca®) + TAB/ZAB Study: Proof of Concept Study 26-week efficacy and safety results

- Viral suppression sustained for 6 months after 1 dose
  - 1 virologic rebound but resuppressed on baseline ART
  - 1 discontinued, to go back on oral ART
- CD4 counts remained stable
- Generally safe and well tolerated
- Good PK data for all drugs above minimum susceptibility cutoffs
- Phase 2 study being planned



PRACTICE POINT® CME Communications

Eron JJ, et al. CROI 2023. Abstract 193.

Lenacapavir (Sunlenca®) Future Research for HIV Prevention:

Study Names: **PURPOSE 1;** GS-US-412-5624; NCT04994509[1]
Phase: 3; with 5010 participants
Status: This study is currently recruiting participants.
Locations: South Africa and Uganda

Actual Study Start Date :	August 30, 2021
Estimated Primary Completion Date :	March 2024
Estimated Study Completion Date :	July 2027

A Phase 3, Double-Blinded, Multicenter, Randomized Study to Evaluate Safety and Efficacy of Twice Yearly Long-Acting Subcutaneous Lenacapavir, and Daily Oral Emtricitabine/Tenofovir Alafenamide for Pre-Exposure Prophylaxis in Adolescent Girls and Young Women at Risk of HIV Infection

Study Names: **PURPOSE 2**; GS-US-528-9023; NCT04925752[2]
Phase: 3; with 3000 participants
Status: This study is currently recruiting participants.
Locations: United States, Brazil, Puerto Rico, and South Africa

Actual Study Start Date :	June 28, 2021
Estimated Primary Completion Date :	January 2024
Estimated Study Completion Date :	April 2027

A Phase 3, Double-Blind, Multicenter, Randomized Study to Evaluate the Efficacy and Safety of Subcutaneous Twice Yearly Long-Acting Lenacapavir for HIV Pre-Exposure Prophylaxis in Cisgender Men, Transgender Women, Transgender Men, and Gender Nonbinary People ≥ 16 Years of Age Who Have Sex With Male Partners and Are at Risk for HIV Infection

1. https://classic.clinicaltrials.gov/ct2/show/NCT04994509 2. https://classic.clinicaltrials.gov/ct2/show/NCT04925752

Cabotegravir (Apretude®) ER Injection for PrEP

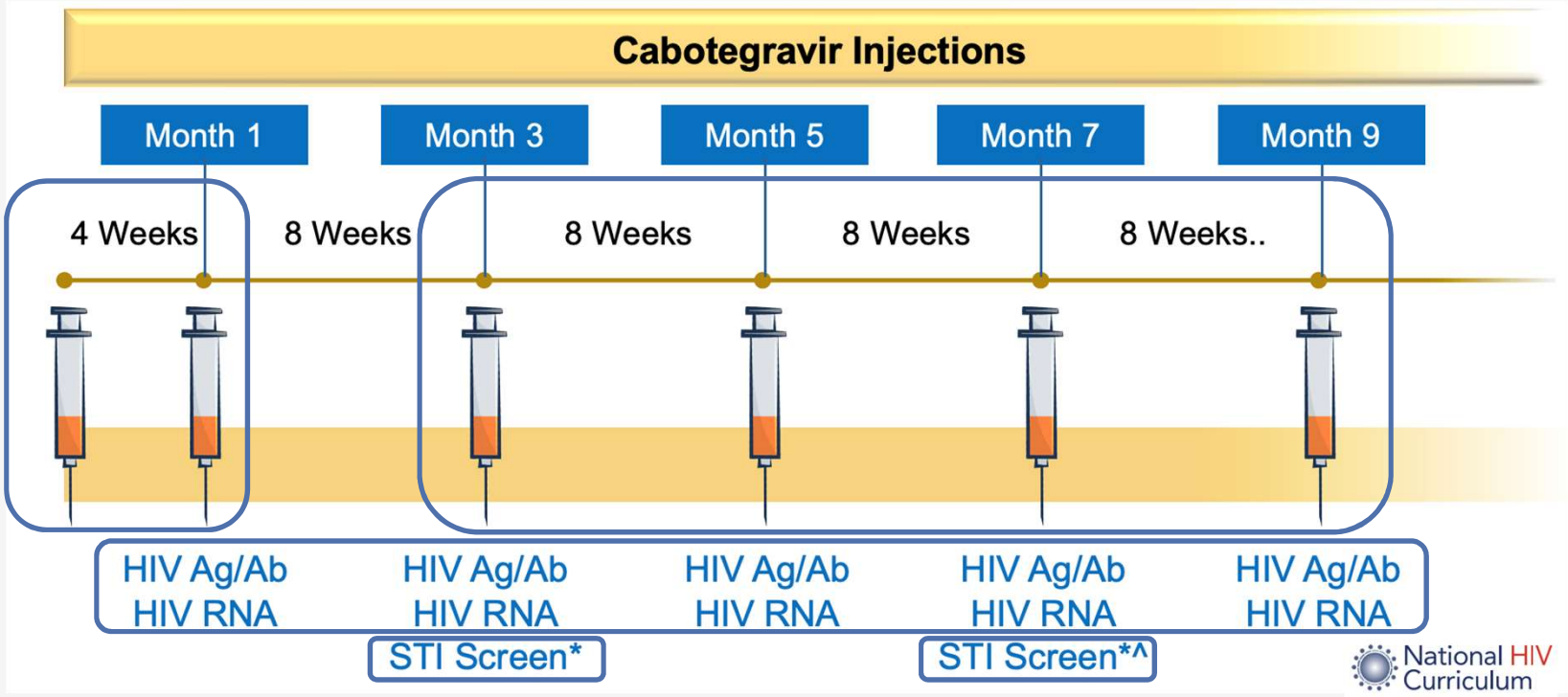
Indication:

- Integrase strand transfer inhibitor (INSTI) regimen indicated to reduce the risk of sexually acquired HIV-1 infection for use in adults and adolescents who weigh ⩾35 kg
- Must have a baseline negative HIV-1 test within 7 days of starting [HIV RNA test, HIV-1/2 Ag/Ab Test]
- STI Testing (syphilis, gonorrhea, chlamydia)
- NO baseline: Sr Creatinine, Hep B serology, lipid panel, or liver function
- Oral Lead-in is optional [28 days CAB 30mg PO daily]
- Initiation/Continuation Phase Injections [CAB 600mg/3mL] (See prescribing information)

CDC Preexposure Prophylaxis for the Prevention of HIV Infection in the U.S.– 2021 Update Clinical Practice Guideline

National HIV Curriculum

Cabotegravir (Apretude®) ER Injection: Initiation-Continuation-Monitoring



*Bacterial STI screening for men who have sex with men and transgender women who have sex with men (every 4 months)
^Bacterial STI screening for heterosexually active women and men (syphilis and gonorrhea every 6 months; chlamydia every 12 months)

CDC Preexposure Prophylaxis for the Prevention of HIV Infection in the U.S.– 2021 Update Clinical Practice Guideline

Cabotegravir (Apretude®) ER Injection: Evidence

HPTN 083 and 084: LA IM CAB Q2M vs Daily Oral FTC/TDF for PrEP

- International, randomized, double-blind phase IIb/III (083) and phase III (084) trials
- LA IM CAB met criteria for **superiority** vs daily oral FTC/TDF in both trials

HPTN 083[1]

- N = 4566 MSM and TGW
- 12 incident infections on LA CAB
  - **4 with on-time injections**
    - Additional 3 identified after initial analysis (**7 reported with on-time injections to date**)[2]
- HR for CAB vs FTC/TDF: **0.34 (95% CI: 0.18-0.62)**

HPTN 084[3]

- N = 3224 cisgender women
- 4 incident infections on LA CAB
  - **1 with on-time injections**
  - 1 later determined to be infected at baseline
- HR for CAB vs FTC/TDF: **0.12 (95% CI: 0.05-0.31)**

1. Landovitz. NEJM. 2021;385:595. 2. Landovitz. CROI 2022. Abstract 96. 3. Delany-Moretlwe. Lancet. 2022;399:1779.

Slide credit: clinicaloptions.com

Cabotegravir (Apretude®) ER Injection: HIV Monitoring on PrEP

- 2021 CDC guidelines recommend **HIV-1 RNA assays** for monitoring patients on **both oral and LA injectable PrEP**[1]
  - Every 3 mo with oral PrEP; every 2 mo with LA CAB
- In HPTN 083, HIV detection with antigen/antibody testing was delayed compared with qualitative HIV-1 RNA testing[2]

Delays in Diagnosis, Median Days[3]	Baseline Infections	Incident Infections
CAB	62	98
FTC/TDF	34	31

- 5 patients in HPTN 083 (0 in HPTN 084) received LA CAB after HIV infection and developed INSTI resistance[3,4]

1. cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. 2. Marzinke. CROI 2021. Abstract 153.
3. Marzinke. J Infect Dis. 2021;224:1581. 4. Delany-Moretlwe. Lancet. 2022;399:1779. .

Slide credit: clinicaloptions.com

Cabotegravir (Apretude®) ER Injection: LEVI Phenomenon [Long-Acting Early Viral Inhibition]

Feature	AHI	LEVI
Cause	Phase of natural HIV infection	LA ARV for PrEP
Onset	New infection	Infection during PrEP; initiation of PrEP during acute/early infection
Viral replication	Explosive	Smoldering
Symptoms	Fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen glands	Minimal, variable, often no symptoms reported
Detection	Ag/Ab, RNA (including point-of-care and pooled tests), DNA, and total nucleic acid assays	Ultrasensitive RNA assay (often low/undetectable HIV-1 RNA and HIV-1 DNA, diminished/delayed Ab production)
Assay reversion	Rare	Common for many test types
Duration	1-2 wk (until Ab detection)	Mo (until viral breakthrough, drug clearance, or ART start); can persist months after ARV is discontinued
Transmission	Very likely	Unlikely (except possibly via blood transfusion)
Drug resistance	No (unless transmitted)	Yes (can emerge early when HIV-1 RNA is low)

Eshleman. CROI 2023. Abstract 160.

Slide credit: clinicaloptions.com

Cabotegravir (Apretude®) ER Injection: Analysis of Delayed Injections Among Cisgender Women in HPTN 084

- CAB concentrations assessed in participants randomized to LA CAB during blinded phase of HPTN 084
- Delayed CAB injections:
  - **Type 1:** second injection occurred 8-14 wk after first injection
  - **Type 2:** any subsequent injection (after second injection) occurred 12-18 wk after preceding injection
- 194 participants had ≥1 type 1 or 2 delay for total of 224 delay occurrences: 19 type 1; 205 type 2

CAB Trough Concentrations With Type 2 Injection Delays, n (%)	Time Between Injections, Wk		
	12-14 (n = 109)	14-16 (n = 57)	16-18 (n = 39)
>8x PA-IC_{90}	95 (87)	48 (84)	24 (62)
>4-8x PA-IC_{90}	12 (11)	6 (11)	11 (28)
1-4x PA-IC_{90}	1 (1)	2 (4)	2 (5)
<1x PA-IC_{90}	1 (1)	1 (2)	2 (5)

Goal concentrations

- **Most CAB concentrations** remained **at goal** 16-18 wk after the prior injection **(8- to 10-wk delay in dosing)**

Marzinke. CROI 2023. Abstr 159.

Slide credit: clinicaloptions.com

Summary

1. CAB/RPV can be expected to maintain suppression in pts who are currently suppressed on high barrier to resistance regimens like Biktarvy.

2. CAB/RPV IM thigh rather than gluteal injections become a possibility with more research.

3. CAB/RPV use to achieve suppression in pts who are currently viremic is an interesting research area, but not ready for widespread clinical application

4. LEN is one of the most promising new ARV agents due to its potency and long duration of effect. We may see new approvals for prevention as well as treatment soon.

5. CAB for PrEP has impressive efficacy but comes with a cost of resistance for Tx failures. Emphasizes the need to monitor use by HIV RNA screening and be aware of LEVI.

6. Something to watch: CAB use for PrEP in Cis Women may be considered for interval extension to once every 3 months rather than every 2 months, due to promising PK data.

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Thanks!

Do you have any questions?
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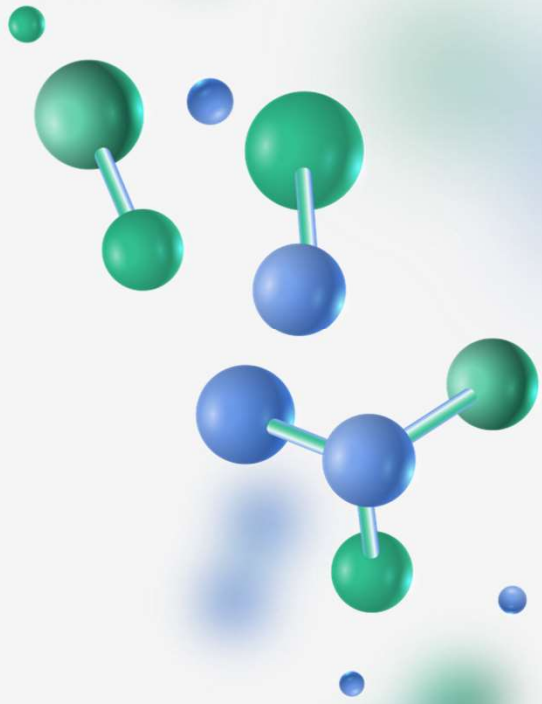


AK ID ECHO

AK Infectious Disease ECHO

- Second Tuesday of every month from noon-1:00 PM
- To join, https://echo.zoom.us/meeting/register/tZ0qc--qqj0qH9cw7gRs1d7K98I3AIvQJjHa
- www.anthc.org/ak-id-echo

- Upcoming sessions
  - August 8: Micoplasma genitalium STI
  - September 12: Hepatitis B
  - October 10: DoxyPEP

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

ADDITIONAL LEARNING OPPORTUNITIES

Alaska Liver Disease ECHO

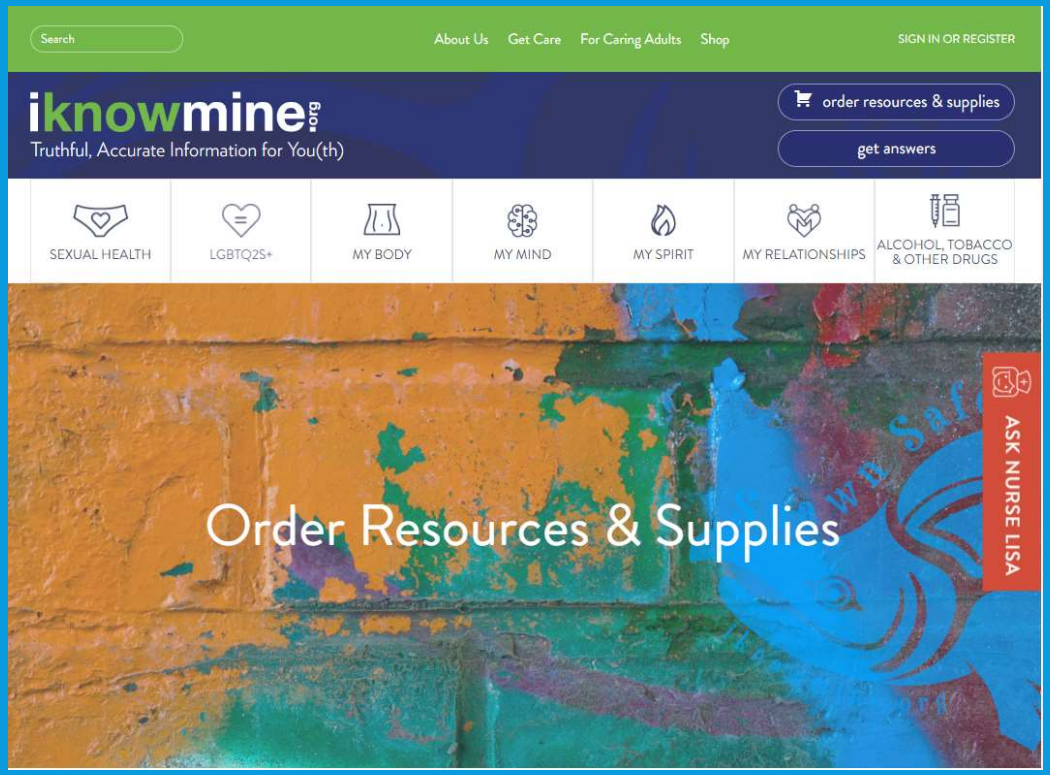
- Third Thursday of every month from noon-1:00 PM
  - https://echo.zoom.us/meeting/register/tZUrcOqgqTwjHt2Ol6vWpnJ9v1v3pG0BqjBc
  - www.anthc.org/ak-id-echo
- 2023 theme ~ *Ways You Can Help Reduce Morbidity of Mortality From Liver Disease*
- July 20: Emphasizing Nutrition for Liver Health

LiverConnect

- Second Tuesday of every month 8:00-9:00 AM
  - https://echo.zoom.us/meeting/register/tJUvdeytqT4vGtzmN4TyvItMlNRlZW7U38EU#/registration
  - www.anthc.org/hep/liverconnect
- August 8: Portal Hypertension and Beta Blockers

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Free prevention resources available at iknowmine.org/shop



HARM REDUCTION KIT

CONDOMS FOR ORGANIZATIONS

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

iknowmine.org

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Thank you!

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