

Ya-Lin A. Huang¹, Weiming Zhu¹, Karen W. Hoover¹

¹Division of HIV Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, GA, USA

BACKGROUND

- Under the Affordable Care Act (ACA), preventive services with an A rating from the U.S. Preventive Services Task Force must be covered by health plans without patient cost sharing, including PrEP medications. Starting January 2021, most health plans were required to offer PrEP to their beneficiaries without copays.
- The objective of this study was to monitor time trends in total and out-of-pocket (OOP) payments for PrEP medications before and after implementation of the ACA requirement for no cost sharing.

METHODS

- We analyzed IQVIA Real World Data—Longitudinal Prescriptions Database to identify PrEP prescriptions using a validated algorithm.
- We estimated mean total and OOP payment per 30 PrEP tablets from January 2019 - September 2021, stratified by payer type and drug type (F/TDF vs F/TAF [since Oct '19] vs generic F/TDF [since Oct '20]).

RESULTS

- We identified 2,867,818 PrEP prescriptions with complete payment data (72% of all PrEP prescriptions) during the study period.
- In 2019, 95% of the PrEP tablets prescribed were F/TDF, and 5% F/TAF. The proportion of F/TAF tablets prescribed among PrEP tablets increased since 2019 to 40% in 2020, and 46% during Q1-Q3 2021. The proportion of generic F/TDF tablets prescribed increased from 7% in 2020 to 42% during Q1-Q3 2021.
- The mean total payments per 30 tablets for PrEP drugs decreased from \$1,687 in 2020 to \$1,365 in Q1-Q3 2021 due to more use of generic PrEP. When stratified by payer type, the mean OOP payment per 30 tablets among cash payers decreased from \$1,725 in 2020 to \$839 in Q1-Q3 2021.

Mean payment for PrEP drugs per month among cash payers decreased from \$1,725 in 2020 to \$839 in 2021 due to more use of generic F/TDF

CONCLUSIONS

- We observed a decreasing trend in OOP payments for PrEP between 2019-2021; and the decrease was largely due to persons with commercial insurance and cash payers.
- The ACA provision for no patient cost sharing can increase access to PrEP by removing financial barriers. Ongoing monitoring of trends in PrEP drug payments is important to understand impact of the ACA policy as the proportion of persons in grandfathered, exempt plans decreases.

Table. Number of PrEP prescriptions, tablets, and payments represented in the IQVIA database, January 2019 – September 2021

	2019	2020	Q1-Q3 2021
PrEP users*, n	183,274	211,924	231,787
PrEP prescriptions*, n	916,864	1,027,398	923,556
PrEP tablets*, n	32,666,301	36,495,127	33,155,114
F/TDF, n (%)	31,040,704 (95%)	19,271,043 (53%)	4,032,403 (12%)
F/TAF, n (%)	1,625,597 (5%)	14,750,036 (40%)	15,246,675 (46%)
Generic F/TDF, n (%)	NA	2,474,048 (7%)	13,876,036 (42%)
Mean total payments per 30 tablets, \$ (SD)	1,644 (304)	1,686 (364)	1,365 (732)
Mean OOP payments per 30 tablets, \$ (SD)	90 (239)	85 (250)	63 (255)
<u>Drug type</u>			
F/TDF	91 (240)	86 (255)	113 (364)
F/TAF	86 (228)	96 (257)	102 (297)
Generic F/TDF	NA	13 (105)	7 (86)
<u>Payer type</u>			
Commercial	108 (248)	103 (258)	72 (264)
Medicaid	2 (38)	4 (70)	6 (106)
Medicare	83 (191)	99 (226)	120 (248)
Cash	1,762 (703)	1,725 (922)	839 (1,019)
Gilead MAP	1 (40)	5 (96)	17 (183)
Ready, Set, PrEP	NA	4 (92)	0 (0)

Note: Q1-Q3=January to September; F/TDF=tenofovir disoproxil fumarate and emtricitabine; F/TAF=tenofovir alafenamide and emtricitabine; OOP=out-of-pocket; MAP=medication assistance program; SD=standard deviation; NA=not applicable.

*Based on PrEP prescriptions with complete payment data in the IQVIA database.

CONTACT INFO

Ya-Lin A. Huang, PhD, MS
 Division of HIV Prevention
yhuang@cdc.gov
 404-639-2992

