

PrEP Discontinuation Among Women in U.S. Community Health Centers

Whitney C. Irie¹, Jonathan Todd², Kenneth H. Mayer³, Elvin H. Geng⁴, Douglas S. Krakower^{3,5}, Julia L. Marcus^{1,3}
¹Harvard Medical School, Boston, MA, USA, ²OCHIN, Inc., Portland, OR, USA, ³The Fenway Institute, Boston, MA, USA,
⁴Washington University in St Louis, St Louis, MO, USA, ⁵Beth Israel Deaconess Medical Center, Boston, MA, USA

BACKGROUND

- Less than 10% of the estimated 176,670 cisgender women with indications for HIV preexposure prophylaxis (PrEP) used it in 2019.
- Women who initiate PrEP have higher rates of discontinuation compared to men.
- To address the disparity in continuation, studies are needed to identify factors associated with PrEP discontinuation among women.

METHODS

- Used electronic health record data from adult cisgender women prescribed PrEP during 2012-2019 in a national network of community health centers (OCHIN).
- Evaluated the one-year cumulative incidence of discontinuation, defined as 60 days without medication based on dates of prescriptions.
- Used chi-square tests to compare sociodemographic characteristics by discontinuation.

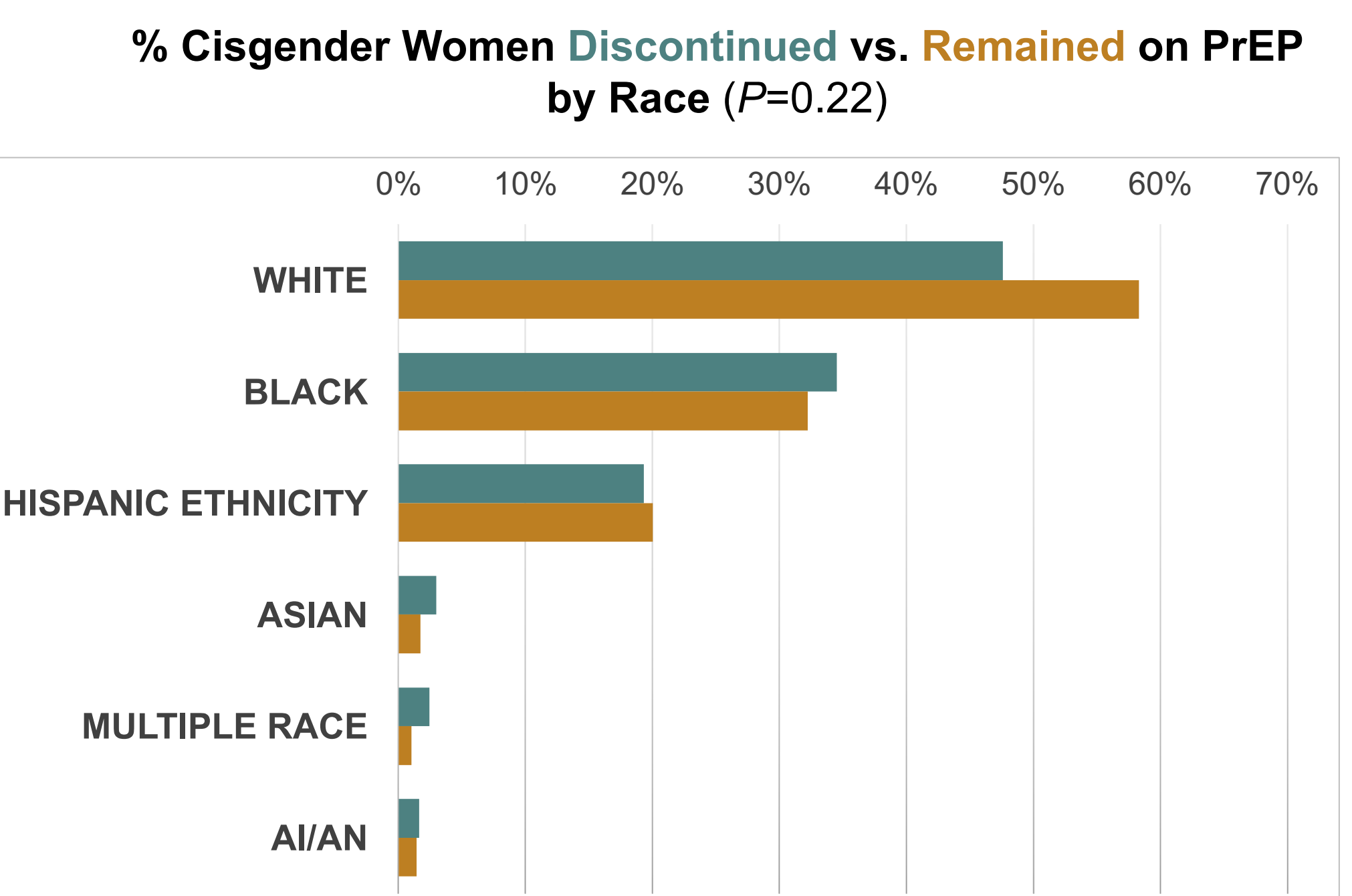
Map of Community Health Clinics in OCHIN Collaborative



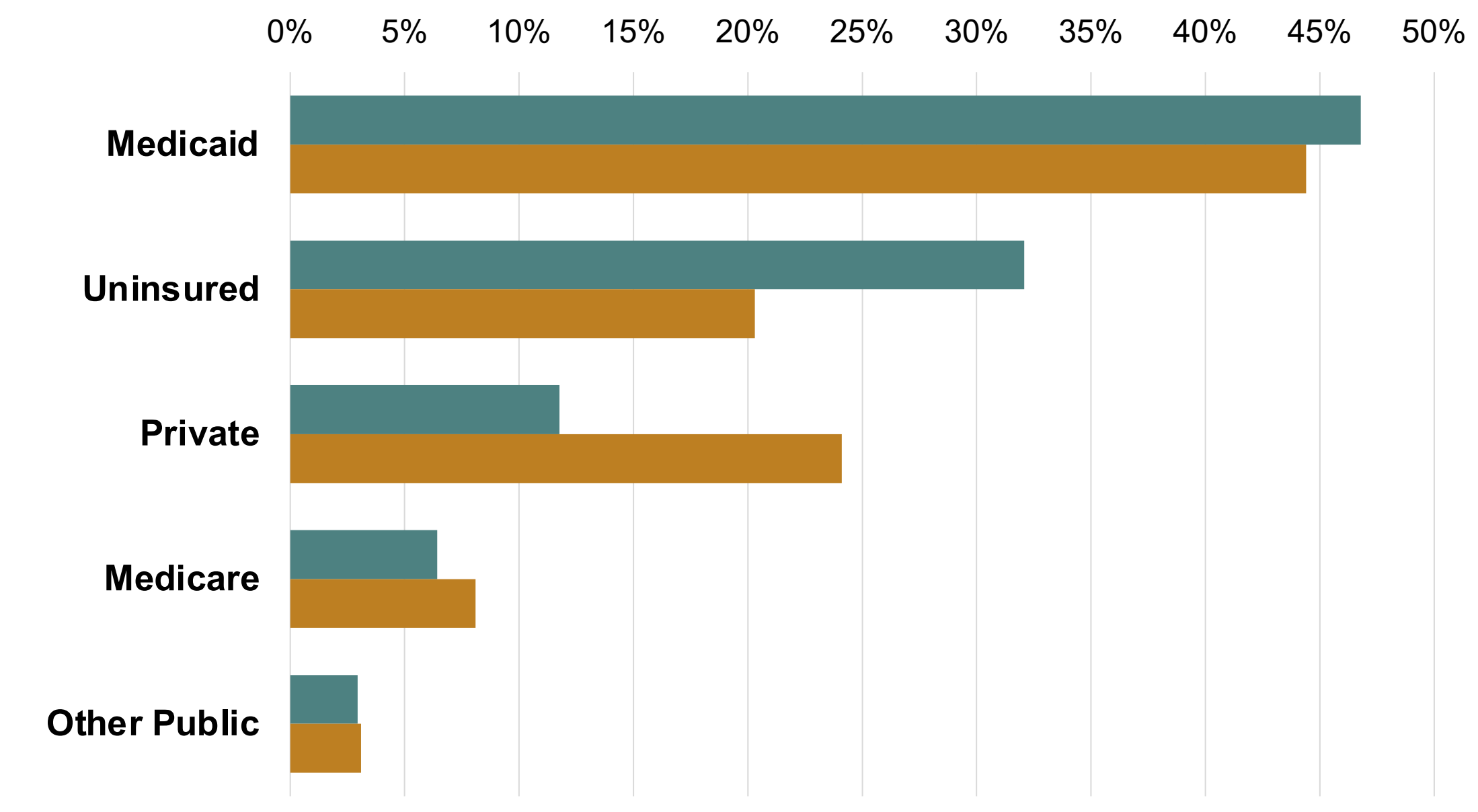
56% of cisgender women discontinue PrEP use within one year, and discontinuation is higher among women who are uninsured or lower-income.

RESULTS

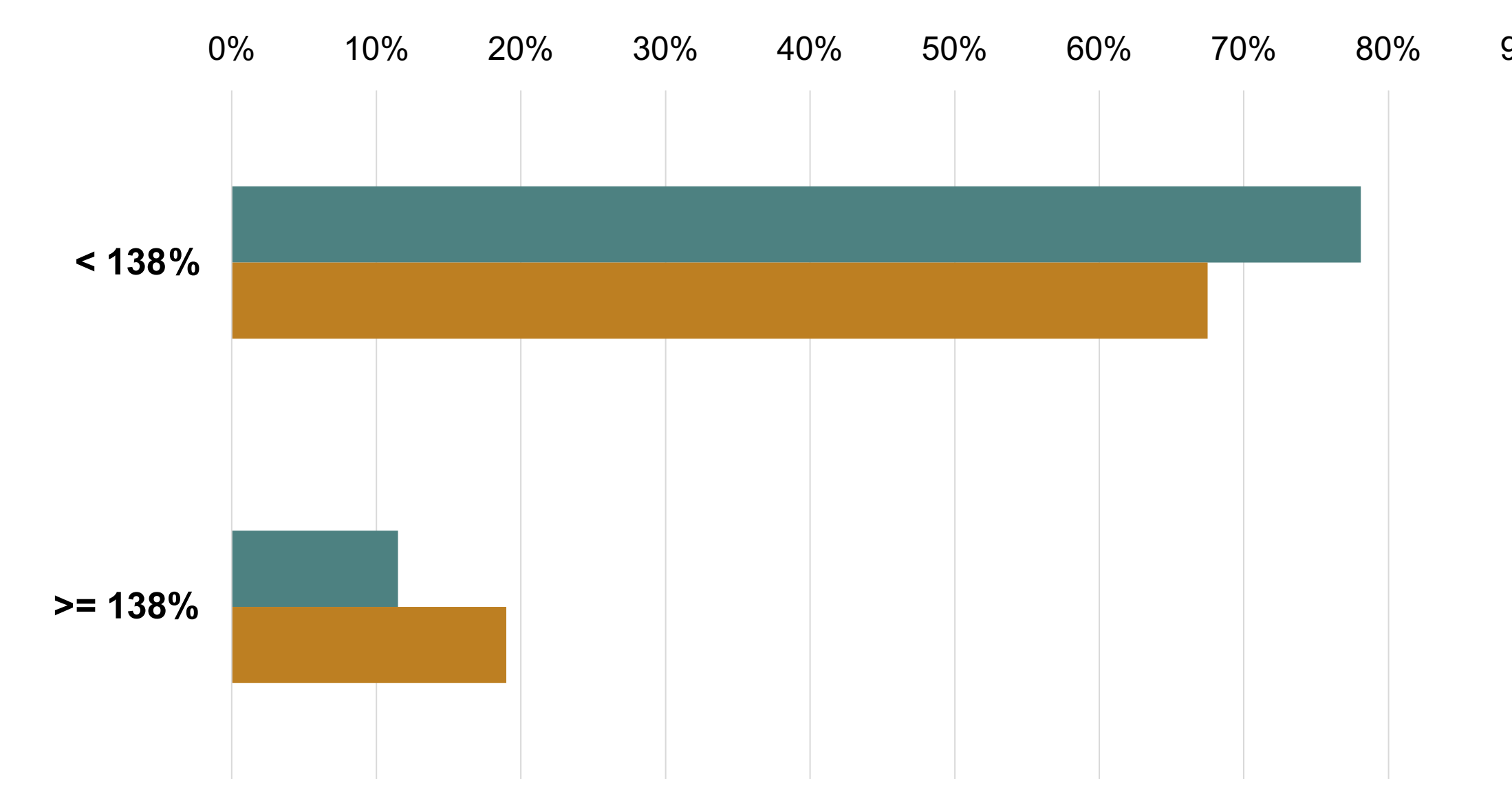
Cisgender Women Prescribed PrEP (N=669)			
Age at first PrEP Prescription (M)	36	Federal Poverty Level	
		< 138%	87%
		>= 138%	12%
Race		Insurance	
White	52%	Medicaid	46%
Black or African American	33%	Uninsured	27%
Asian	2%	Private	17%
Multiple race	2%	Medicare	7%
American Indian or Alaskan Native	1%	Other Public	3%
Hispanic Ethnicity	21%	Assigned PCP	
		Assigned	64%
Census Region		Unassigned	36%
West	38%	PrEP Status	
Midwest	26%	Discontinued	56%
Northeast	22%	Remained	44%
South	14%		



% Cisgender Women Discontinued vs. Remained on PrEP by Insurance (P<0.001)



% Cisgender Women Discontinued vs. Remained on PrEP by Federal Poverty Level (P=0.003)



SUMMARY

- Of 9741 people prescribed PrEP, 669 (7%) were cisgender women and included in the study population.
- Mean age was 36 years; 52% were non-Hispanic White, 33% were non-Hispanic Black, and 20% were Latina.
- Most were on Medicaid (46%), uninsured (27%), or on other public health insurance (3%); 87% had incomes <138% of the federal poverty level (FPL), which indicates qualifying for Medicaid in states that expanded access after implementation of the Affordable Care Act.
- Among women prescribed PrEP, the cumulative incidence of discontinuation within one year was 78%.

PrEP discontinuation differed by:

- Insurance status, with a higher proportion of uninsured women discontinuing and a lower proportion of privately insured women discontinuing (P<0.001);
- Income, with a higher proportion of women with incomes <138% of the FPL discontinuing compared with those with incomes ≥138% of the FPL (P=0.003).

CONCLUSIONS

- Among women prescribed PrEP, 56% of women discontinue within the first year.
- PrEP discontinuation is more common among women who are uninsured or lower-income.
- There is a need for responsive implementation strategies to improve access to PrEP for women, particularly those with structural barriers to care.
- PrEP implementation for U.S. cisgender women is lagging in policy and practice; interventions are needed to improve not only PrEP uptake but also continuation in this population.

Contact: Whitney C. Irie, PhD; whitney_irie@harvardpilgrim.org