

Insurer, insured costs for HIV PrEP rising in the United States

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payments per 30 TDF-FTC tablets in 2018, while third-party [payment](#) accounted for 94.3 percent. OOP payments were lower for Medicaid recipients than for those with Medicare or commercial insurance (\$3 versus \$80 and \$107, respectively). In 2018, payments for PrEP medication totaled \$2.08 billion; 80.7 percent originated from [prescriptions](#) for persons with commercial insurance.

"The high cost of PrEP does not diminish its central role in the Ending the HIV Epidemic initiative," the authors write. "Rather, it should promote action around ways to lower PrEP costs to the health care system."

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(HealthDay)—From 2014 to 2018, there were increases noted in third-party and out-of-pocket (OOP) payments per 30 tenofovir disoproxil fumarate with emtricitabine (TDF-FTC) tablets for HIV preexposure prophylaxis (PrEP), according to a study published online Sept. 8 in the *Annals of Internal Medicine*.

Nathan W. Furukawa, M.D., M.P.H., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues estimated OOP and third-party payments for TDF-FTC prescriptions for HIV PrEP in the United States.

The researchers found that during 2014 to 2018, there was an increase in annual PrEP prescriptions from 73,739 to 1,100,684. The average total payment for 30 TDF-FTC tablets increased during that period, from \$1,350 to \$1,638, and there was an increase noted in the average OOP payment from \$54 to \$94 (5.0 and 14.9 percent compound annual growth rate, respectively). OOP payments accounted for 5.7 percent of the \$1,638 in total

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