Income May Be the Biggest Determinant of Whether Women Stay on PrEP

An eight-year review of medical records shows that PrEP persistence is associated with higher income and private insurance.

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Most women discontinue HIV pre-exposure prophylaxis (PrEP), but women earning less than 138% of the federal poverty level are more likely to do so, according to data presented at the 2022 Conference on Retroviruses and Opportunistic Infections.

The study comes on the heels of new epidemiological data showing that the lifetime risk of acquiring HIV is 1 in 309 for women in the United States overall but 1 in 75 for Black women. Meanwhile, fewer than 1 in 10 women who could benefit from PrEP are taking it, according to the Centers for Disease Control and Prevention. Other data presented at the conference showed that, given a choice, African women preferred a vaginal ring over oral pills for PrEP.

Whitney Irie, PhD, a postdoctoral fellow and lecturer in population medicine at Harvard Medical School, and colleagues looked back at eight years of data from a nationwide network of health clinics to identify cisgender women who ever received a prescription for PrEP pills and to see whether they stayed on them for a year.

Given the time frame of the study, most of them would have been taking tenofovir disoproxil fumarate/emtricitabine (Truvada or generic equivalents), since tenofovir alafenamide/emtricitabine (Descovy) PrEP pills are not approved for people exposed to HIV via vaginal sex and Apretude injectable PrEP was just approved in December 2021.

Half of the 669 women on PrEP were white, one third were Black and one in five were Latina. This is in contrast to the burden of the HIV epidemic among cisgender women, which is largely concentrated among Black and Latina women. A majority of participants lived in the West or Midwest, and 87% earned less than 138% of the federal poverty level, or about $20,000 a year. Less than one in five (17%) had private health insurance, 27% were uninsured and 46% accessed care through Medicaid, the public insurance that covers low-income and pregnant people.

Irie and colleagues found that PrEP discontinuation was common overall. By the end of the first year after starting PrEP, most women (56%) were no longer taking it.

While women with private insurance made up a minority of participants, they accounted for most of the people who persisted on PrEP. After a year, about 24% of privately insured women were still on PrEP, while participants who were uninsured or covered by Medicaid were more likely to discontinue it. What's more, income was associated with PrEP persistence or discontinuation. Women earning less than 138% of the federal poverty level were significantly more likely to stop PrEP than those who earned more than that.

"We found that structural barriers were related to PrEP discontinuation," said Irie. The data drew the attention of several researchers, such as Jean-Michel Molina, MD, of the University of Paris, who called it an "interesting study supporting free access to PrEP for these women."

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