

Seeking PrEP to Prevent HIV? More Folks Access It Free and Fast Thanks to Telehealth

TelePrEP is a “critical part of the HIV prevention infrastructure,” says a new study. See who gets PrEP via telemedicine.

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Telemedicine “dramatically improves” the number of people accessing pre-exposure prophylaxis (PrEP) to prevent HIV, according to a new study by researchers at Emory University’s Rollins School of Public Health published in [JAMA Network Open](#). In fact, one in five PrEP users accessed their meds via a single telehealth provider, MISTR, last year.

More specifically, nearly 580,000 people nationwide used PrEP in 2024, and over 110,000 of them (almost 20%) received their meds via MISTR, the nation’s largest telePrEP provider. In 2019, only 1% accessed PrEP via telehealth; in 2022, that proportion rose to 9%, according to the study.

Researchers noted that telePrEP is likely even more popular, as this study focused on a single provider of PrEP telemedicine.

“This study indicates that there is a real demand for delivery of services outside of clinics and that the telePrEP model is a promising avenue,” noted Aaron Siegler, PhD, the study’s lead author, in an Emory University press release. “As the health care system is undergoing changes, we should keep building on the telePrEP model and continue to innovate in the ways we deliver effective and efficient interventions like PrEP.”

For the study, Emory investigators collaborated with scientists from the National Alliance of State and Territorial AIDS Directors, Washington University in St. Louis and Whitman-Walker Health to gather data from the electronic health records of patients receiving PrEP via MISTR from late November 2018 to early March 2025. Researchers determined levels of PrEP use nationally by assessing patient characteristics and prescription information using the mapping tool AIDSVu.

Among more than 162,000 unique patients with relevant data who received telePrEP prescriptions from MISTR, 96% were men. In addition, the average age was 33, 51% were white, 25% were Latino, 12% were African American, 7% were Asian and 5% were of another race or ethnicity.

What's more, study findings offered additional statistics about telePrEP users:

- Most (77%) had not previously used PrEP;
- More than one third (36%) were uninsured;
- Over 80% also chose to be tested at home for HIV and other sexually transmitted infections.

One of telePrEP's biggest advantages is its overall convenience; there's no need to leave home to visit a doctor's office or a clinic. "When care is free, fast and stigma-free, people use it," said Tristan Schukraft, founder and CEO of MISTR.

"TelePrEP has become a major source for PrEP care in the U.S.," the study authors wrote. "It has substantial adoption by populations with limited health care access and by groups who previously had limited PrEP utilization. Retention in PrEP care remains a challenge—as it does in clinic-based PrEP care—and retention should be targeted for improvement. Ensuring higher levels of uptake among groups most at risk for HIV remains a challenge for both in-person PrEP and telePrEP modalities. The large scale of telePrEP, with more than 100,000 users in 2024, indicates the central importance of maintaining and expanding this route of accessing a highly effective prevention modality."

To date, the Food and Drug Administration (FDA) has approved four forms of PrEP: [Truvada](#) and [Descovy](#) are daily pills; [Apretude](#) is a shot given every two months; and [Yeztugo is a twice-yearly injectable that is highly effective](#) in women, gay men and gender-diverse populations. Due to insufficient evidence, Descovy is not yet indicated as PrEP for cisgender women and trans men. Generic (and much cheaper) versions of Truvada are available.

To learn more about PrEP, see the [POZ Basics on HIV Prevention: Pre-Exposure Prophylaxis \(PrEP\)](#).