

# PrEP

## Disparities, Access & Cost

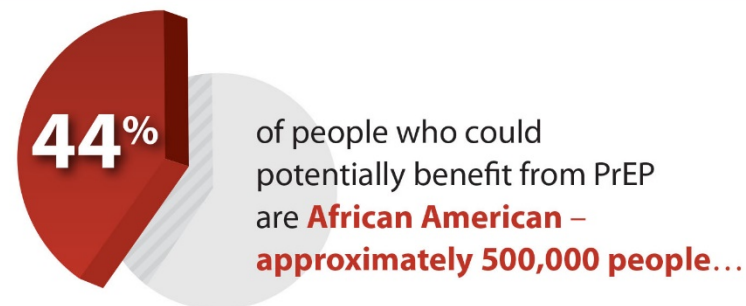
Kenyon Farrow

Senior Editor, TheBody/TheBodyPro



# PrEP Use Among Black and Latinx People

**HIV prevention pill is not reaching most who could potentially benefit – especially African Americans and Latinos**



...but only **1%** of those – **7,000 African Americans** – were prescribed PrEP\*



...but only **3%** of those – **7,600 Latinos** – were prescribed PrEP\*



\*Prescription data in this analysis limited to those filled at retail pharmacies or mail order services from September 2015 – August 2016; racial and ethnic information not available for one-third of the prescription data

# Accessing PrEP for Young Gay/Bi Men of Color

- From California. Tried to get PrEP, but there was a wait on his MediCal enrollment to kick in.
- Started procuring PrEP from friends and boyfriends.
- All the while, had a PrEP navigator, who never told him about a patient assistance program.
- Ran out of PrEP, and was diagnosed with HIV some weeks after his last pill.

<https://www.thebody.com/article/i-couldnt-get-prep-and-now-im-living-with-hiv>



## PERSONAL STORIES

### I Couldn't Get PrEP, and Now I'm Living With HIV

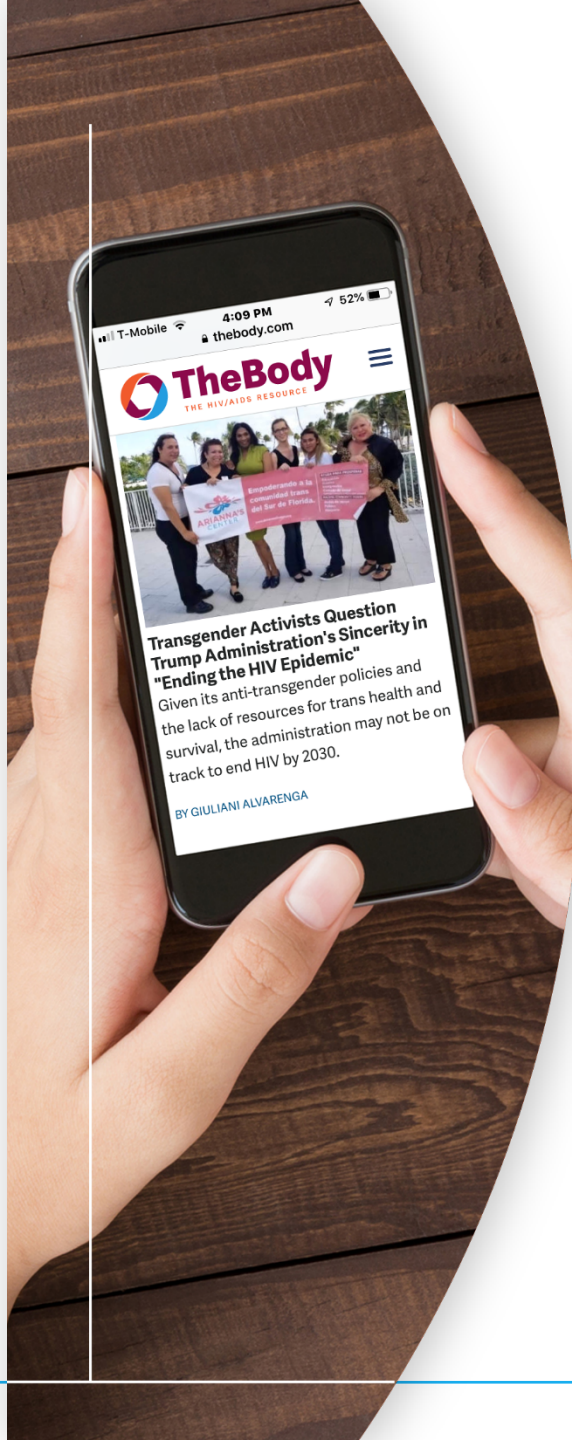
Despite the shiny ads for PrEP that have popped up in apps for gay men, getting Truvada might actually be a challenge for young gay men of color without insurance.

BY GIULIANI ALVARENGA

## Research on PrEP Barriers for MSM

- Existing PrEP guidelines had poor performance characteristics when identifying young black MSM at risk for HIV seroconversion; the sensitivity of the CDC guidelines was particularly low.
  - (Lancki N et al. PrEP guidelines have low sensitivity for identifying seroconverters in a sample of Young Black men who have sex with men in Chicago. *AIDS* 2017 Nov 30; [e-pub].
- One-third of young MSM in a study discontinued PrEP within 6 months, and Black & Latino men were more likely to stop. The reasons cited for discontinuing were: couldn't get follow-up appts, insurance problems, risk perception, costs, stigma
  - (Morgan E et al. *High rate of discontinuation may diminish PrEP coverage among young men who have sex with men.* *AIDS and Behavior*, online edition. Doi.org/10.1007/s10461-018-2125-2 (2018).





## High PrEP Uptake Black MSM

- In the study, 178 of the men (79%) started PrEP, and 48 (21%) chose to not use the prevention pill. Of those who initiated PrEP, 64% were still using PrEP and had enough of the drug in their system to prevent HIV at six months. Whether using PrEP or not, 92% of all men were still enrolled in the study at the end of 12 months.
- Wheeler DP, Lucas J, Wilton L, et al. Building effective multilevel HIV prevention partnerships with Black men who have sex with men: experience from HPTN 073, a pre-exposure prophylaxis study in three US cities. *J Int AIDS Soc.* ;21 Suppl 7(Suppl Suppl 7):e25180. doi:10.1002/jia2.25180
- PrEP use did not cause a spike in STI rates. Higher rates of STIs were observed in younger BMSM; however, the overall rates of STIs in study participants were lower than in previous PrEP trials.
- Lisa B Hightow-Weidman, Manya Magnus, Geetha Beauchamp, Christopher B Hurt, Steve Shoptaw, Lynda Emel, Estelle Piwowar-Manning, Kenneth H Mayer, LaRon E Nelson, Leo Wilton, Phaedrea Watkins, Darren Whitfield, Sheldon D Fields, Darrell Wheeler, Incidence and Correlates of Sexually Transmitted Infections Among Black Men Who Have Sex With Men Participating in the HIV Prevention Trials Network 073 Preexposure Prophylaxis Study, *Clinical Infectious Diseases*, , ciy1141, <https://doi.org/10.1093/cid/ciy1141>

# Barriers to PrEP: Transwomen

- Studies have shown trans women often worry PrEP may interfere with hormones
- While research is not conclusive in terms of the TDF/FTC interactions, several studies show PrEP is still effective for trans women and men
- CROI 2018 study Tonia Poteat et al showed that a history of sex work and self-perceived risk for HIV were both associated with willingness to accept PrEP
- Poteat's study also showed  $\frac{3}{4}$  Black transwomen willin to take PrEP, but uptake was low
- For a community often under-employed and underinsured, accessing PrEP as it is currently dispensed may be very difficult to sustain
- <https://www.thebodypro.com/slideshow/what-encourages-black-and-latinx-trans-women-to-take-prep#slide=1>



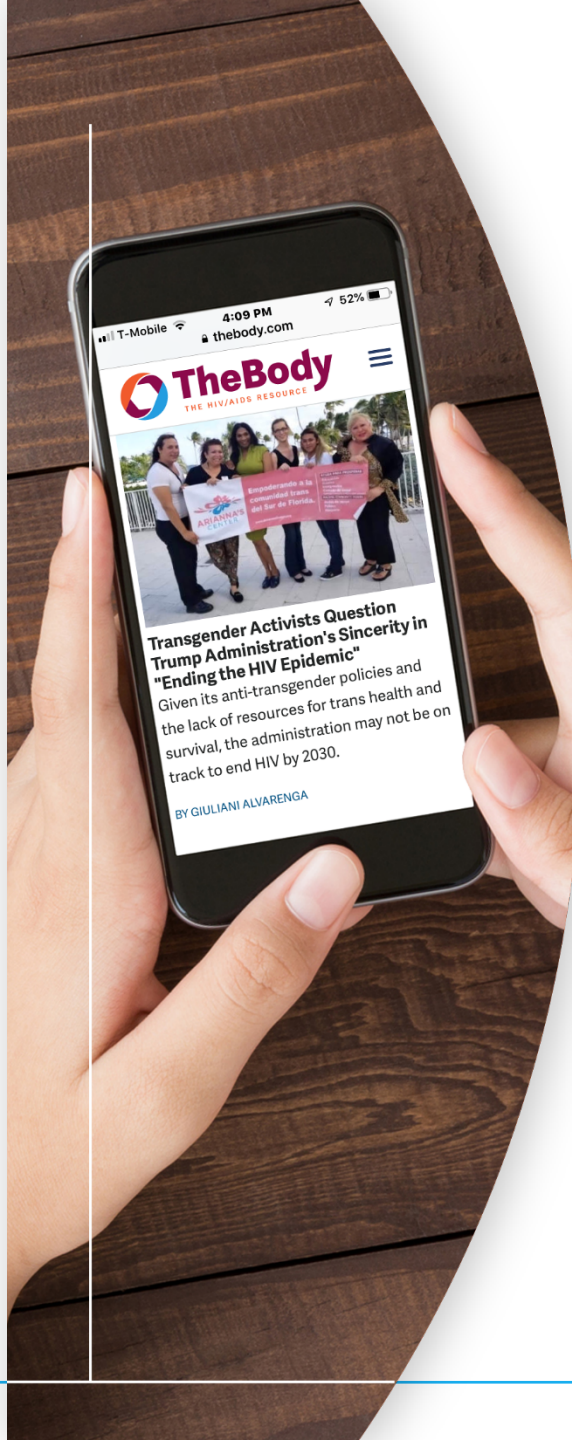


## Cisgender Women and PrEP Barriers

- According to research, only about 10,000 cisgender women in the United States are using PrEP.
- A 2018 study of cis-women in the South presented at CROI demonstrated 246 women were screened for PrEP eligibility but only 72 women were found to meet CDC guidelines. “Of the 72 women, only a mere 4 (6 percent) had prior knowledge about PrEP and only one woman (less than 1 percent) had taken it before. But 86 percent said they would be willing to take it *if* it was safe and effective. <https://www.thebodypro.com/slideshow/what-are-the-factors-that-make-women-in-the-u-s-south-eligible-for-prep#slide=3>
- A 2018 Study of cis-women in Philadelphia found that only 33% believed PrEP would work but 57% were willing to take a pill to prevent HIV, and 44% were concerned with cost, 39% concerned about potential side effects. David E. Koren, Justin Scott Nichols, and Gina M. Simoncini. AIDS Patient Care and STDs. Dec 2018. <http://doi.org/10.1089/apc.2018.0030>
- Some cities like DC and New York have increased social marketing of PrEP to cis-women, and designed PrEP detailing programs to target providers who specialize in reproductive health for women. <https://www.thebodypro.com/article/new-campaign-toolkit-gets-providers-prep-for-women>

- Clinical guidelines are very long and too specific
- Not being told about Patient Assistance Programs
- Questions Re: potential interaction with hormones for trans folks
- No Perceived Risk (self or provider)
- Stigma
- Very little marketing/lack of knowledge
- Hyper-saturation to certain populations
- Prior authorization
- Mail-order specialty pharmacy
- Appointments/labs
- Co-pays
- Slow health care systems/no access
- Providers who think you won't adhere

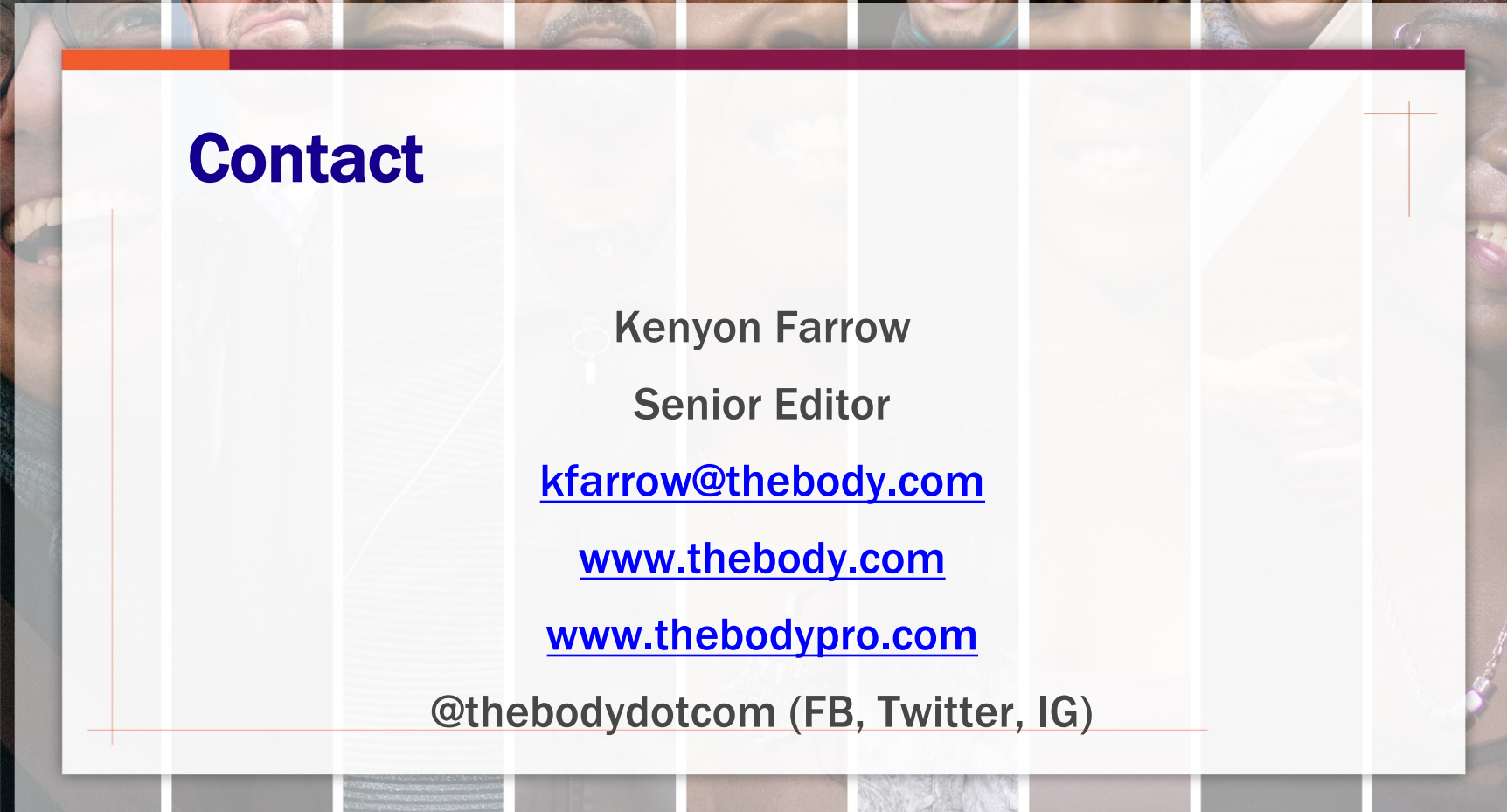




## Hidden Impacts of PrEP Costs

- Costs have influenced the entire PrEP infrastructure and all pathways to access. It's disingenuous to suggest cost concerns are "overblown." They happen upstream of the consumer out of pocket cost.
- Cost control methods of the payers (prior authorization, specialty pharmacy, etc.) are getting in the way of uptake
- The guidelines are too burdensome, risk is never going to be easy to determine, and much of it may be about controlling for costs subconsciously. It's a weeding out process as opposed to creating access.
- Most health departments didn't market PrEP to women initially, and the message, if it got out at all, was it was a "gay men's thing" which probably also impacted Black and Brown gay men's knowledge and access.
- Community perception that cost is a barrier is because they know ARVs are expensive!
- Just because a "barrier" isn't about the out of pocket expense to the patient, doesn't mean costs aren't a factor in access..."but we have the patient assistance programs" doesn't seem to be a sufficient response





# Contact

Kenyon Farrow  
Senior Editor  
[kfarrow@thebody.com](mailto:kfarrow@thebody.com)  
[www.thebody.com](http://www.thebody.com)  
[www.thebodypro.com](http://www.thebodypro.com)  
@thebodydotcom (FB, Twitter, IG)

**@thebodydotcom (FB, Twitter, IG)**

