

HIV+HEP

POLICY INSTITUTE

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HIV+Hep Estimates HIV Cases Averted & Cost Savings Due to Long-Acting PrEP

Modeling Yields 87 Percent More Cases Averted Compared to Daily Oral PrEP

Washington DC... The **HIV+Hepatitis Policy Institute** has issued an [updated report](#) modeling the gradual uptake of long-acting PrEP that concludes that the number of HIV cases averted would be 87 percent higher compared to using only daily oral PrEP, leading to medical cost savings of \$4.25 billion over 10 years.

In a [previous report](#) performed by RTI International that described the resources needed to fund a national Pre-Exposure Prophylaxis (PrEP) program, the calculation of the number of cases averted was based on data from the use of *daily oral PrEP only*. The new estimate, also developed by RTI International, is based on new calculations of the incidence of HIV using *both oral PrEP and new long-acting PrEP*. **In the revised estimate, 139,296 person-years of HIV treatment would be averted over ten years, yielding medical cost savings of \$4.25 billion.**

By comparison, assuming only oral PrEP use over ten years, only 74,540 person-years of HIV treatment would be averted, yielding medical cost savings of \$2.27 billion. This represents an 87 percent increase in cases averted and costs saved.

This difference is mainly due to improved adherence among people on long-acting PrEP compared to daily oral PrEP.

“We must make sure that everyone with a reason to be on PrEP is able to access the medication best suited to their needs. With new long-acting PrEP, many people who have had a hard time adhering to a regimen of a daily pill now have another option to prevent HIV,” said **Carl Schmid, executive director** of the **HIV+Hepatitis Policy Institute**. “And we now know that more cases of HIV can be averted and medical costs can be saved by gradually increasing the uptake of long-acting PrEP. This must be taken into account as we develop policies and programs regarding the use and coverage of PrEP.”

HIV + HEPATITIS POLICY INSTITUTE

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According to recent CDC data, only 36 percent of the 1.2 million Americans who need PrEP are on it, with stark and widening racial, ethnic, gender, and geographic disparities in uptake. For instance, 94 percent of White individuals who need PrEP are taking it, but only 13 percent of Black individuals and 24 percent of Latinos. Only 13 percent of women who need PrEP are prescribed it. These numbers demonstrate the need for additional resources for PrEP that can be targeted where the need is greatest and new forms of PrEP that best meet the need of PrEP users.

According to the [previous report](#) conducted by RTI International, \$521 million would be needed in year one and \$6.18 billion would be needed over ten years to meet the PrEP goals in the National HIV/AIDS Strategy and decrease the number of new HIV infections by 75 percent.

In both reports, the modelers assume that the use of daily oral PrEP will decline over time, and, with new game-changing long-acting formulations on the horizon, long-acting use will increase to 20 percent of PrEP users by year 5 and rising to 80 percent by year 10.

While this [updated report](#) examines only the number of HIV cases averted and the savings in medical costs, it should be noted that there are many other human tangible and intangible factors associated with HIV that cannot be measured by numbers and costs alone.

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The **HIV+Hepatitis Policy Institute** is a national, non-profit organization whose mission is to promote quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions.