Gilead Says It Won’t Raise HIV Drug Prices for State-Run AIDS Programs

HIV drugmaker Gilead Sciences had sought to raise prices in 2026 for its HIV treatments sold to AIDS Drug Assistance Programs (ADAPs).

October 23, 2025 By Trent Straube

In what HIV activists called “happy news,” drug manufacturer Gilead Sciences has agreed not to raise prices next year on the HIV treatments it sells to AIDS Drug Assistance Programs (ADAPs), which are state-run programs that use federal funding to provide HIV treatment and related services to uninsured and underinsured residents.

The announcement, reported by STAT News, arrived after reports that Gilead had proposed hiking the price tag on ADAP sales in the high single digits, which could have caused devastating effects on the nation’s HIV landscape considering the Trump administration’s impending cuts to Medicaid and other health care programs.

The agreement to keep 2026 drug prices steady is intended to “help ensure affordability and continuity of care for underserved populations to access the medicines they need,” a Gilead spokesperson told STAT News.

“We have happy news. There will be no price hikes in 2026. The net prices for ADAPs will remain the same,” reiterated Tim Horn, the director of medication access and pricing at the National Alliance of State and Territorial AIDS Directors (NASTAD). But he noted t that this doesn’t mean prices won’t increase in 2027 or later.

Gilead Sciences manufactures a number of blockbuster HIV regimens—including Biktarvy, Sunlenca, Stribild, Genvoya and Truvada—plus the new twice-yearly injectable pre-exposure prophylaxis (PrEP) Yeztugo, also known by its generic name, lenacapavir, and sold as treatment under the name Sunlenca). For related information, see the POZ Basics on HIV Medications and the POZ Basics on Starting HIV Treatment.

Of note, ADAP is for people living with HIV; it doesn’t provide PrEP for HIV-negative people to prevent the acquisition of HIV. Similar assistance programs, such as PrEP-AP, exist for those purposes.

ADAP is administered by individual states, meaning that eligibility may vary, but the funding

comes from the federal Ryan White HIV/AIDS Program. About 1.2 million people are estimated to be living with HIV in the United States, though 13% don't know their status. Nearly 576,000 people received HIV services through the Ryan White program in 2023, meaning that Ryan White and ADAP remain lifesaving resources for nearly half of Americans living with HIV.

If the cost of HIV drugs were to increase for ADAPs, it could further strain budgets, especially at a time when the cost of health insurance premiums is expected to balloon and when Congress has failed to extend tax credits for health insurance. What's more, the Trump administration and Republicans have proposed slashing $525 million from the Ryan White HIV/AIDS Program in the upcoming fiscal year. For more details see "If Congress Ends Ryan White HIV Services, How Many Americans Will Contract HIV?" (The answer is a predicted 49% spike in cases, or 75,000 excess HIV diagnoses in the next five years.)

ADAPs are considered a payer of last resort, meaning they pay for drugs and related HIV services only when other insurance options have been exhausted. Yet they play a pivotal role in efforts to end the HIV epidemic in the United States. Not only do ADAPS provide access to treatment, but they also help stop transmission of the virus.

People with HIV who achieve and maintain viral suppression experience slower disease progression, enjoy better overall health and are less likely to develop opportunistic illnesses. What's more, people with an undetectable viral load don't transmit HIV to others through sex. This is known as treatment as prevention, or Undetectable Equals Untransmittable (U=U).

In 2023, a record-breaking 90.6% of Ryan White clients receiving HIV medical care reached viral suppression, compared with 69.5% in 2010.
