Some People With HIV Don’t Adhere to Treatment to Save Money

The high cost of antiretrovirals may get passed along to consumers through co-pays, co-insurance or deductibles.

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As the high cost of antiretrovirals (ARVs) often gets passed along to them through burdensome co-pays, co-insurance or deductibles, some people with HIV don’t adhere to their regimens as a means of reducing the financial burden of the prescriptions, aidsmap reports.

Presenting their findings at the 2019 Conference on Retroviruses and Opportunistic Infections (CROI) in Seattle, Centers for Disease Control and Prevention (CDC) researchers analyzed data from the Medical Monitoring Project, which provides a representative sample of the population of people living with diagnosed HIV in the United States. They specifically looked at information regarding 3,650 people taking ARVs about whom there were interview data and medical records during 2015 to 2016.

To save money on their personal share of drug costs, 13 percent reported any cost-saving strategy, including 8 percent who reported asking their clinician for a lower-cost medication; 1 percent who bought medications from another country; 2 percent who used alternative therapies; 4 percent who skipped medication doses; 4 percent who took less medication than was prescribed; and 6 percent who delayed filling a prescription.

The researchers found that various factors were associated with a higher likelihood of reporting employing any of the last three cut-cutting measures. Compared with those without a disability, those who had a disability were 1.91-fold more likely to report engaging in those cost-cutting measures; those with private insurance were 1.76-fold more likely than those without private insurance to report those measures; those without Medicaid were 1.78-fold more likely than those with Medicaid to do so; and those with an unmet need for the AIDS Drug Assistance Program (ADAP) were 3.88-fold more likely than those with no need for or use of ADAP to do so.

Compared with the respective counterfactuals, those who had viral suppression at their last test were 17 percent less likely to engage in those three cost-cutting measures; those who had viral suppression at all tests were 19 percent less likely to do so; those who were engaged in routine medical care for HIV were 12 percent less likely to do so; those who had no hospitalizations were 8 percent less likely to do so; those who had no emergency room visits were 20 percent less likely to

do so; and those who had two or more ER visits were 2.15-fold more likely to do so.

Cost-saving–related nonadherence to ARV regimens was not associated with age, sex, race, poverty or homelessness.

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