



For Some People With HIV, Medication Costs Lead to Poor Adherence

About one in seven people living with HIV use strategies to save on drug costs, including skipping doses.

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One in seven people with HIV use strategies to cut their medication costs, and about one in 15 skip doses of their drug regimens as a means of saving money. This is concerning given how important it is to adhere to a daily antiretroviral (ARV) regimen in order to keep the virus fully suppressed.

Centers for Disease Control and Prevention researchers, led by Linda Beer, PhD, analyzed data from the 2016 to 2017 Medical Monitoring Project on 3,948 people with HIV taking prescription drugs. The cross-sectional, nationally representative surveillance data set provided information on all prescribed medication use, not just ARVs.

The study considered six cost-saving strategies over the previous 12 months, including asking a doctor for a lower-cost medication, buying prescription drugs from another country, using alternative therapies, skipping doses, taking less medication and delaying filling a prescription because of cost. Those who reported any of the latter three behaviors were considered to have engaged in cost saving-related nonadherence.

Those who reported needing but not receiving medications from the AIDS Drug Assistance Program were considered to have an unmet need for ADAP.

The data indicated that 14% of U.S. adults with HIV used any type of strategy to save on medication costs, and 7% reported nonadherence related to cost saving.

Cost saving-related nonadherence was not associated with age, race, sex, homelessness or the amount of time since an individual's HIV diagnosis.

Factors associated with cost saving-related nonadherence included having a household income above the poverty level, compared with living in poverty (8% versus 5% of each group reported such nonadherence); being disabled compared with not being disabled (9% versus 5%); having private insurance compared with having non-private insurance (8% versus 6%); having Medicaid compared with another type of insurance (5% versus 8%); and having an unmet need for ADAP, compared with receiving ADAP (32% versus 7%).

Among those reporting nonadherence related to cost saving, 64% had a fully suppressed viral load at their last test, and 55% did so at all their tests during the previous 12 months, compared with a respective 76% and 68% of those who did not report nonadherence related to cost saving. Such nonadherence was also associated with a lower likelihood of being in medical care for HIV and a higher rate of emergency room visits and hospitalizations.

“Removing barriers to ADAP and Medicaid and reducing private insurance medication costs might decrease cost saving–related nonadherence among persons with HIV infection and improve their health,” the study authors concluded.

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