

Pre-exposure prophylaxis (PrEP) in Spain: access, financing and economic impact of a potential transition to from hospital pharmacy to community pharmacy dispensing



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Background and importance

Pre-Exposure Prophylaxis (PrEP) lowers the risk of HIV (Human Immunodeficiency Virus) infection but does not protect against other STIs (sexually transmitted infection). Available options include oral TDF/FTC (tenofovir disoproxil fumarate-emtricitabine) and TAF/FTC (tenofovir alafenamide-emtricitabine), and long acting injectables CAB-LA (Cabotegravir LA) and Lenacapavir.

PrEP mainly targets high-risk populations:

- MSM (men who have sex with men)
- Transgender individuals
- Serodiscordant couples
- Other vulnerable groups

In Spain, PrEP is free but limited to hospital pharmacies, with access and regulatory barriers remaining.

- PrEP prevents HIV infection
- High-risk populations are the main target
- Access and funding vary by country
- Four PrEP drugs: TDF/FTC, TAF/FTC, CAB-LA and Lenacapavir

Aim and objectives

To analyse the approval, access, and funding of PrEP drugs internationally, and evaluate economic and implementation aspects in Spain.

- Identify PrEP drugs approved in different countries
- Examine dispensation and financing mechanisms
- Estimate economic impact of TDF/FTC (retail vs. tender prices)
- Explore models for community pharmacy dispensing in Spain.

Materials and methods

- Public health and scientific databases for international PrEP information.
- Tender prices from the 2021 *Consorci de Salut i Social de Catalunya* (CSC) resolution
- Retail prices (PVP, including, VAT) obtained from the *Col·legi Oficial de Farmacèutics de Barcelona* (COFB).

➔ Data were extracted from official reports and literature, then categorized by country, drug type, dispensing model and funding mechanism.

➔ Economic impact was calculated by comparing tender versus retail prices for TDF/FTC in Spain.

➔ Potential pharmacy dispensing models were identified and evaluated.

Results

Table 1: PrEP Dispensation

	Authorized drugs (original and generics)	Dispensation*			Funding
		Hospital pharmacy	Community pharmacy	Telemedicine	
	TDF/FTC	✓	✗	✗	Free via public system
	TDF/FTC	✗	✓	✓	Mostly reimbursed by Social Security
	TDF/FTC				Free via NHS
	TAF/FTC	✓	✗	✗	
	CAB-LA				
	TDF/FTC	✓	✓	✓	Insurance, assistance programs, some free access
	TAF/FTC	✓	✓	✓	
	CAB-LA	✓	✗	✗	
	Lenacapavir	✓	✗	✗	
	TDF/FTC	Private clinics only			60-80€ in private clinics; personal import possible
	TDF/FTC	✗	✓	✗	PBS subsidized
	CAB-LA	✓	✗	✗	

*A medical prescription is required in all countries (with the **exception of the state of California, USA**, where pharmacists are authorized to dispense oral PrEP for up to 60 days without a prior prescription)

Table 2: estimated impact of TDF/FTC in Catalonia

Laboratory	Unit price awarded (including VAT)	Annual price (including VAT) in Catalunya	Annual PVP VAT Catalunya	Annual savings (%)
Lab 1 EFG	0,29 €	1.143.810,72 €	31.881.582,00 €	30.737.771,28€ (96,41%)
Lab 2 EFG	0,31 €	1.229.904,00 €	31.881.582,00 €	30.651.670,00€ (96,14%)
Lab 3 EFG	0,35 €	1.393.891,20 €	31.881.582,00 €	30.487.690,80€ (95,63%)
Lab 4 EFG	0,43 €	1.680.868,80 €	31.881.582,00 €	30.200.713,20€ (94,73%)
Lab 5 EFG	0,68 €	2.664.792,00 €	31.881.582,00 €	29.216.790,00€ (91,64%)
Lab 6 Original	0,93 €	3.679.200,00 €	66.092.886,00 €	62.413.686,00€ (94,43%)

Macleods Pharma: Lab 1 EFG; Tillomed: Lab 2 EFG; Viatrix Pharmaceuticals: Lab 3 EFG; Viso Farmacèutica: Lab 4 EFG; Sandoz Farmacèutica: Lab 5 EFG; Gilead Sciences: Lab 6 Original

There are around 10.800 patients in Catalunya

Conclusion and relevance

- By Q4 2024, 28.880 people accessed PrEP in Spain (Catalunya accounts for approximately 40%), contributing to lower HIV incidence.
- Equitable access, awareness campaigns, and clinical monitoring are essential to maximize impact.
- Public procurement using tender prices substantially reduces drug costs, supporting program sustainability.
- Regulatory changes (reclassifying TDF/FTC) could expand access via primary care, community pharmacies and community centers, improving reach while requiring training and careful monitoring to manage variability and data tracking.

