

HIV Prevention Injection Could Be Sold for One Thousandth of Current List Price

A generic version of lenacapavir for PrEP could cost \$25 per person per year for 5 million people.

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At a Glance

- Lenacapavir, a twice-yearly injection to prevent or treat HIV infection, could be mass produced for as low as \$25 per patient per year, according to a new study.
- A generic version of lenacapavir could cost \$35-\$46 per patient per year for 2 million patients, or \$25 for 5 million patients.
- The current list price for lenacapavir is more than \$28,000 per patient per year.
- Researchers projected the costs of producing lenacapavir's active ingredient using ingredient pricing data obtained from vendors.

A breakthrough HIV prevention and treatment medication could be mass produced at a cost as low as \$25 per patient per year, according to new findings presented at [IDWeek 2025](#). Lenacapavir, a twice-yearly injection that provides nearly total protection against HIV infection, currently starts at more than \$28,000 per patient per year in the United States.

[Editor's note: This research was also presented at the [European AIDS Conference](#) last week in Paris.]

Manufacturers could produce a generic version of lenacapavir for \$35-\$46 per patient per year for 2 million patients. Costs would fall to just \$25 per patient per year if production volume increased to meet the demand of 5 million patients, according to the research. A previous [analysis](#) estimated that generic lenacapavir could be produced for \$41 per patient per year.

"Lenacapavir is the closest thing to a vaccine for HIV available to people at risk of infection, yet its unsustainable cost prevents millions from accessing it," said Andrew Hill, PhD, senior visiting

research fellow at Liverpool University and presenting author. “Our analysis demonstrates how manufacturers could prioritize both equitable access and profits in tandem and realize the full potential of lenacapavir to end the HIV epidemic.”

Researchers from Howard University and Liverpool University conducted a cost analysis using lenacapavir ingredient pricing data obtained from vendors of the materials in seven countries. The analysis accounts for the formulation and labor costs of producing the medication, as well as a 30% profit margin and 27% tax rate.

“Lenacapavir’s manufacturer, Gilead Sciences, has discovered and brought a revolutionary new drug to the market to limit the spread of HIV—but such innovations are useful only when they are available and affordable,” said Joseph Fortunak, PhD, professor of chemistry and pharmaceutical sciences at Howard University and lead researcher of the study. “While Gilead has taken an important step in licensing less-expensive, generic production of lenacapavir in India, Pakistan and Egypt, more funding and licensing can lower the cost to consumers to prevent new infection and treat those living with HIV.”

Lenacapavir is a first-in-class drug that binds to the capsid proteins of HIV to prevent viral replication. It is the first long-acting pre-exposure prophylactic medication for HIV, which experts say can offer a more convenient alternative to daily oral medications. The drug was granted Food and Drug Administration approval for HIV treatment in December 2022 and approval for HIV prevention in June 2025.

Approximately 1.3 million people acquired HIV in 2023, and UNAIDS predicts that 6 million more will acquire HIV because of international HIV/AIDS prevention funding cuts. Researchers note that these funding changes will position affordability to play an even greater role in broader prevention efforts. An estimated 54 million to 55 million people per year could use lenacapavir to prevent or manage symptoms of HIV infection. More than 39,000 people were newly diagnosed with HIV in the United States in 2023, and an estimated 1.2 million people in the United States are currently living with HIV.

In addition to Dr. Hill and Dr. Fortunak, study co-authors include Cassandra Fairhead, MBBS; Jevon Layne, BS; Madison Johnson, BS; Samyah Smalley, BS; Andrew Lutterodt, BS; David Roberts, BS; Endalkachew Tadesse, BEd; Jasmine Lu, BS; Eloan Pinheiro, PhD; Messay Wolde-Mariam, MSc; and Toby Pepperrel, MBBS.

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