## PREP USE ACROSS THREE AUSTRALIAN STATES IN THE YEAR POST PBS LISTING: FINDINGS FROM THE PREPX IMPLEMENTATION STUDY

**Authors:** <u>Kathleen Ryan</u> <sup>1,2</sup> Dean Murphy <sup>3,4</sup> Jason Asselin <sup>2</sup> Michael Traeger <sup>1,5</sup> Charlotte Bell <sup>6</sup> Louise Owens <sup>7</sup> Mark Stoove <sup>2,5</sup> Edwina Wright <sup>1,2,8</sup>

1Department of Infectious Disease, Alfred Health; 2 Burnet Institute; 3 Kirby Institute, UNSW; 4 Dept. of Gender and Cultural Studies, University of Sydney; 5 School of Public Health and Preventive Medicine, Monash University; 6 Clinic 275, Royal Adelaide Hospital, Adelaide; 7 Statewide Sexual Health Service Tasmania; 8 Peter Doherty Institute for Infection and Immunity, University of Melbourne

**Background:** PrEPX aimed to emulate anticipated PrEP-prescribing conditions after PBS listing to facilitate a smooth transition once PBS listing occurred. In April 2018 PrEP was listed on the PBS and PrEPX ceased. We describe PrEP use among PrEPX participants in the year following PBS subsidisation of PrEP.

**Methods:** PrEPX participants were invited to complete an online survey in April 2019. We describe PrEP use in the first year post-PBS listing. We conducted multivariate logistic regression to identify covariates associated with continuing PrEP at non-PrEPX study clinic.

**Results:** Of 4849 PrEPX participants, 1383 (28%) completed the survey; of those 1277 (92%) reported any PrEP use after the study, 1221 (88%) used PrEP in the previous three months, and 1161 (84%) were currently using PrEP. Among those reporting PrEP use post-study, most (n=1047, 82%) stayed at their PrEPX prescriber, reported a positive experience at their most recent PrEP appointment (94%), purchased PrEP from an Australian pharmacy (96%), and paid less than PBS co-payment (median price/bottle \$13.33). The commonest reason for staying at the same clinic was comfort with provider (n=634, 64%), and commonest reason for changing clinic was for more convenient location (n=117, 54%). Factors associated with changing to a new clinic included age <30years (aOR2.0 95%Cl:1.3523.96), not having all anatomical sites tested for STIs at most recent appointment (aOR2.52 95%Cl:1.53-4.15), taking a break from PrEP in the previous three months (aOR1.44 95%Cl:1.01-2.07), and not reporting a positive experience at the most-recent clinic (aOR3.91 95%Cl:2.31-6.61) or pharmacy visit (aOR1.55 95%Cl:1.02-2.35).

**Conclusion:** Most survey respondents transitioned to PBS listed PrEP with minimal change to their PrEP routine. However, those who changed PrEP provider had poorer clinic and pharmacy experiences. Additional education and support is needed for GPs to facilitate PrEP use and maintain continuity of sexual health care of those using PrEP.

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