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An extraordinary decade: the rapid evolution and diversification of PrEP access in Australia and New Zealand

A/Prof Martin Holt
m.holt@unsw.edu.au
@martinxholt
#ASHM17

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Timeline

- 2010: iPrEx study findings
- 2012: FDA approval in US
- 2013: VicPREP study launched, VIC
- 2014: PRELUDE study launched, NSW
- 2015: *PrEPaccessNOW* and *PrEP'd for Change* formed; QPrEPd launched
- 2016: EPIC-NSW and PrEPX launched; first PBAC submission
- 2017: demonstration projects in ACT, SA, TAS, WA, Auckland/NZ; PrEP prescribing guidelines published: PBAC decision still pending

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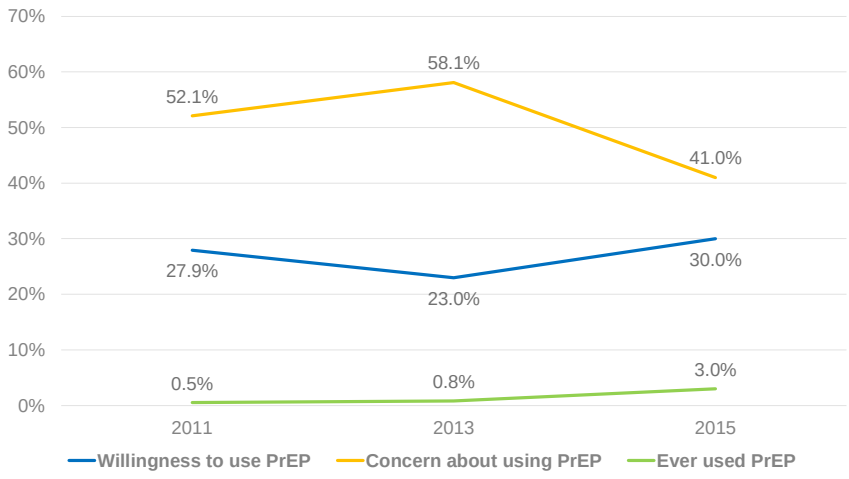
From a slow start…



Source: The PrEPARE Project

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In the absence of formal access

- 2011—
  - Creative responses by gay/bi men and their doctors
  - Repurposing of drugs for PEP & HIV treatment
  - Personal importation of generic drugs from overseas
  - Unclear circumstances of informal use (Zablotska et al, 2013)
- 2013—
  - Researchers, community orgs and policymakers discuss and develop demonstration projects
  - Discussions with manufacturers about studies and PBAC submission, brokered by AFAO & ASHM
  - VicPrEP and PRELUDE launched

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Growing pains

- 2015
  - Community activism (& frustration)
  - *PrEPaccessNOW* and *PrEP'd for Change*
  - More intensive lobbying for access e.g. Victorian PrEP Accord
  - QPrEPd launched
- 2016
  - EPIC-NSW and PrEPX launched; first PBAC submission
- 2017
  - Demo projects proliferate; uptake is swift
  - PBAC decision deferred; AFAO brokering continues

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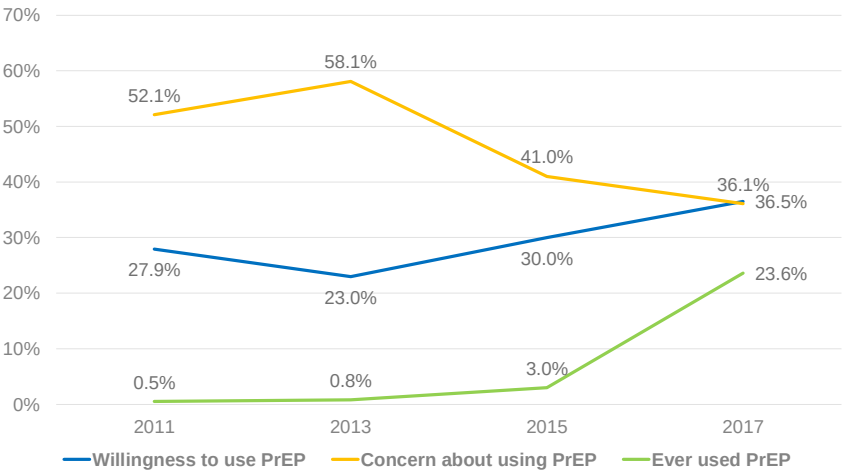
Rapid uptake & growing interest



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What next?

- Large (geographic) disparities in access
  - limited demo project access in many jurisdictions
  - continuing reliance on personal importation
- Hope for public listings and subsidies
  - unclear if/when this will occur and conditions that may be attached to approval
  - reliance on pharma manufacturers making reasonable submissions
- Post-approval, many 1000s will need to be transitioned from demo projects to primary care
  - multiple, sustainable models of delivery will be needed
- PrEP is becoming integrated in everyday practice of users and specialist providers, but educating communities and GPs remains a 'live' project

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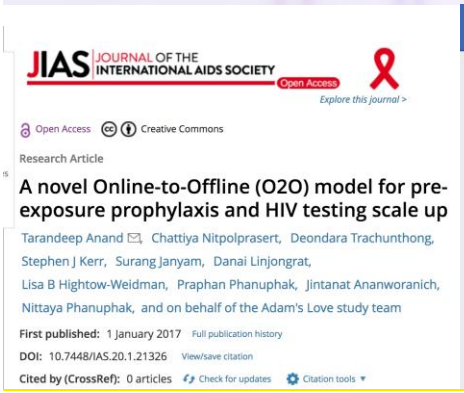

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