

I Am Curious (PrEP)

Edwina Wright

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This map attempts to represent the language, social or nation groups of Aboriginal Australia. It shows only the general locations of larger groupings of people which may include clans, dialects or individual languages in a group. It used published resources from 1988-1994 and is not intended to be exact, nor the boundaries fixed. It is not suitable for native title or other land claims. David R Horton (creator), © Aboriginal Studies Press, AIATSIS, 1996. No reproduction without permission. To purchase a print version visit: www.aiatsis.ashop.com.au/

Conflicts of Interest

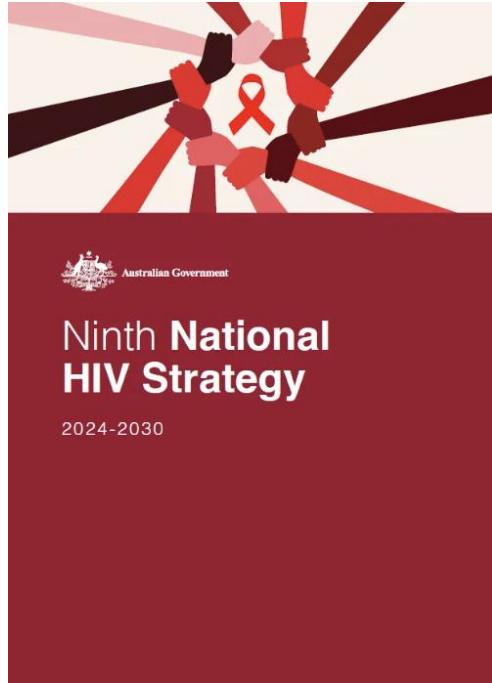
During the past 4 years the following companies have paid monies to my institution:

- **Gilead Sciences:** educational events, advisory board, commemorative World AIDS Day event
- **ViiV Healthcare:** unrestricted research funding, an educational event and work on a compassionate access scheme

Objective

**Curious about non-PBS PrEP options
currently available for people in
Australia**

Background



**The virtual elimination
of HIV transmission by
2030 is a key goal of
the Ninth National HIV
Strategy**

HIV notifications: Disproportionate rates in sub-populations

2014-2023, MSM

- 63% decline in Australian-born
- 32% decline in non-Asian born
- 35% *increase* in Asian born

Figure 6 HIV notifications among men who reported male-to-male sex as an exposure risk by region of birth, 2014 – 2023



Note: The shaded section of the chart indicates the years most affected by the COVID-19 pandemic, 2020 – 2022.

Source: State and territory health authorities; see [Methodology](#) for details.

PrEP provision and HIV incidence

➤ NSW and Victoria

➤ 30% reduction in incident HIV infections in GBM following EPIC and PrEPX studies and the PBS listing of PrEP^{1,2}

➤ Scotland

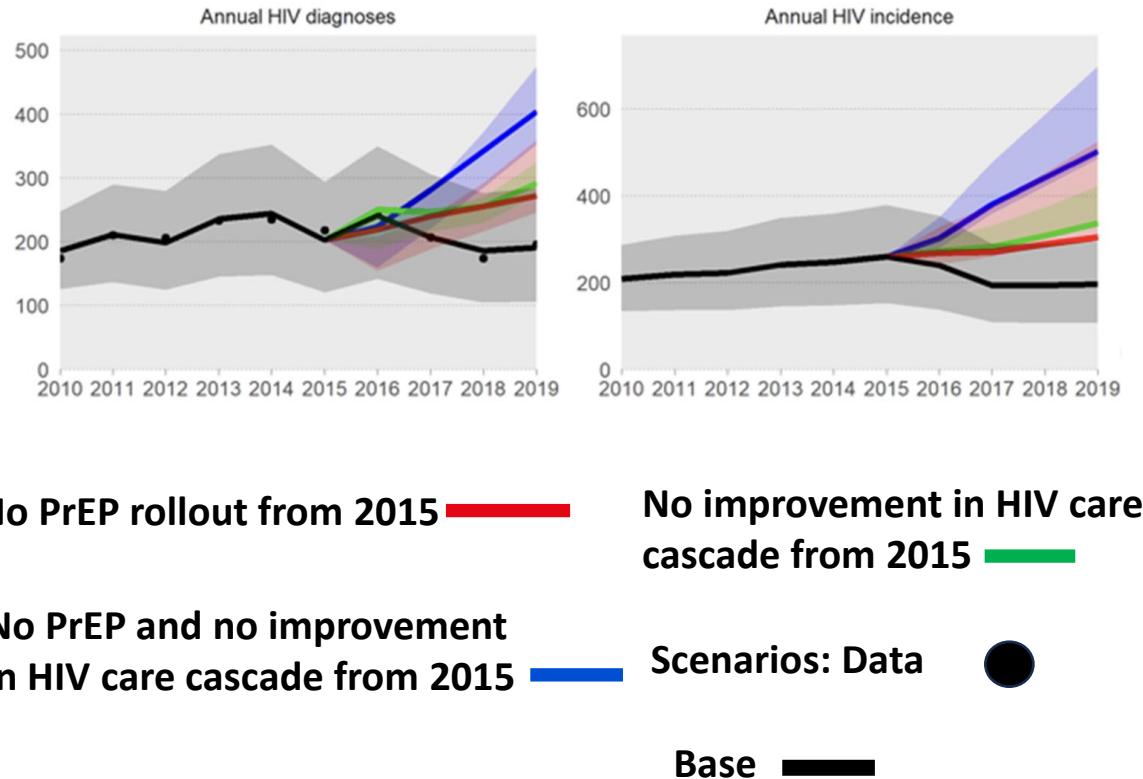
➤ Observed a national decline in new HIV infections after PrEP rolled out in sexual health clinics⁴

1. Ryan et al, ASHM 2020; 2. Grulich et al, Lancet HIV 2018; 3. Ryan et al, IAS 2023, Brisbane, Abstract number: AS-IAS-2023 4. Escourt et al, AIDS 2021

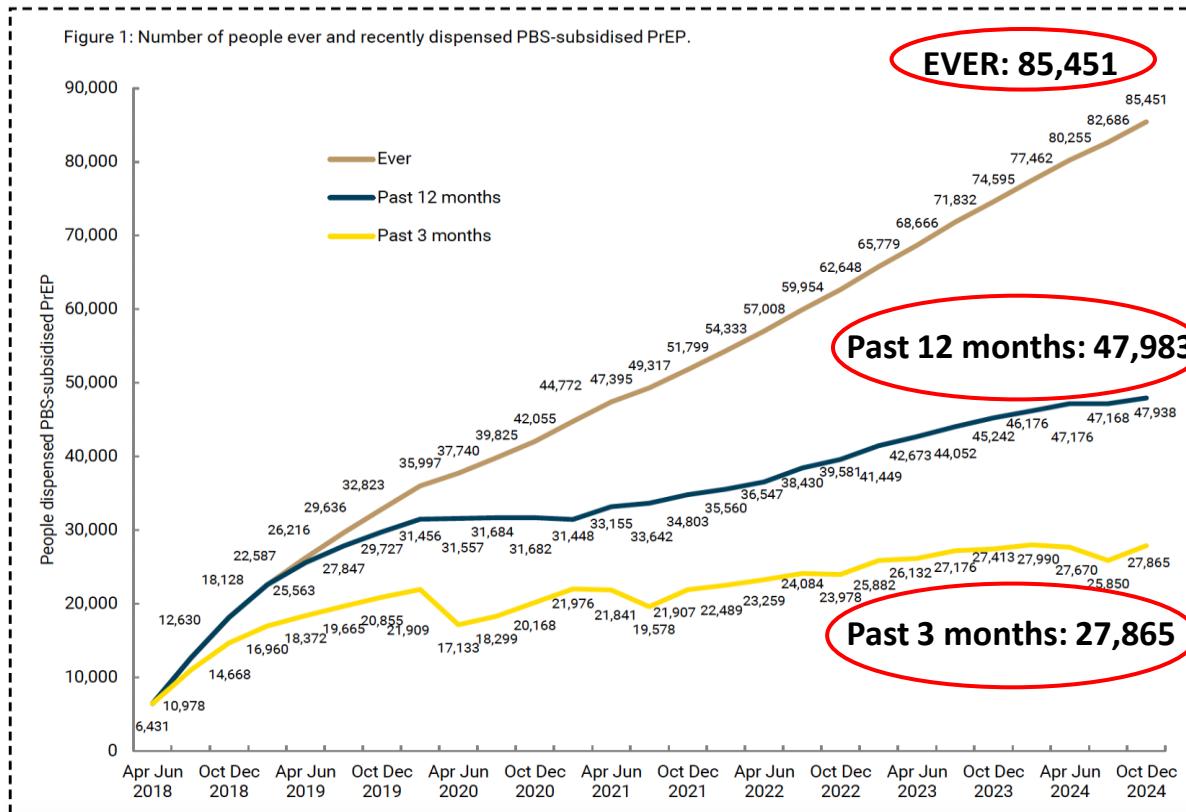
Model projections for annual HIV diagnoses and incidence among MSM in Victoria from 2010-2019

Victoria

- Of the 30% observed reduction in HIV incidence
- 32.3% PrEP
- 37% in HIV care cascade improvements



PBS PrEP use Australia



Non-PBS PrEP options available in Australia for people

- For whom oral PrEP is a challenging option (e.g. adherence, safety, work, cost, Medicare-ineligible)
- Who cannot tolerate oral PrEP
- For whom oral PrEP is contra-indicated

Non-PBS PrEP options currently available in Australia

PAN: PrEP Access Now

- ❖ Volunteer not-for-profit charity
- ❖ Helps all people import PrEP or buy PrEP cheaply from local pharmacies
- ❖ Coupons- free
- ❖ www.pan.org.au

[https://www.pan.org.au/](http://www.pan.org.au/)

The screenshot shows the PAN (PrEP Access Now) website. The top navigation bar includes links for Home, Start PrEP, Get PrEP, Use PrEP, PrEP for Doctors, Contact, Donate, Blog, Buy PrEP Merch, and More. A language selector for English is also present. The main heading is 'Get PrEP' with the subtext 'stopping HIV is as simple as 1, 2, 3'. Below this is a line drawing of a diverse group of people. A 'Let's Chat!' button is visible. On the left, there's a graphic of two Medicare cards with a large red 'X' over them. The right side features sections for '1. Get a test' and '2. Buy PrEP online or at any pharmacy', each with an illustration and descriptive text. A 'FIND A DOCTOR' button is located at the bottom of the main content area.

GREEN CROSS PHARMACY

**\$60 AUD for
90 pills**

Generic Truvada and Descovy options are available

PrEP imported from overseas pharmacy - Medicare not required

Delivery times 10-21 days

Price includes shipping

Your purchase will contribute
to PrEP access for people under
18 years old

 Let's Chat!

HEALTHSMART PHARMACY

**\$63.20 AUD for
90 pills**

This is a 3-for-2 price deal for those with a Medicare card and PBS script.

Price with Concession Card -
\$7.30 AUD for 90 pills.
This is a 3-for-1 deal for Medicare card and concession card holders only.

Private patients without a Medicare card can access 90 pills for \$94.80 AUD

JOHN SILVERII'S PHARMACY

**\$90 AUD for
90 pills**

Price applies to all in Australia with or without a Medicare card

Price is \$75 + \$15 AUD for Express Postage Australia-wide within 1-2 days delivery

OR

Save \$15 AUD delivery with in-store pickup at [John Silverii's Pharmacy VIC](#)

ACE PHARMACY

**\$94.80 AUD for
90 pills**

Price applies to all in Australia with or without a Medicare card

Price with Concession Card -
\$23.10 AUD for 90 pills

Australian-based pharmacy

Generic Truvada

Free standard shipping Australia-wide



Non-PBS PrEP options currently available in Australia

- ❖ Advice about cheap PrEP for people with and without Medicare is also provided by
 - ❖ Peak organisations throughout Australia
 - ❖ Sexual health and hospital clinics
 - ❖ General practices
 - ❖ Others



Non-PBS PrEP options currently available in Australia

ViiV Healthcare compassionate access program to long-acting cabotegravir

- ❖ N=100 places available
- ❖ Suitability criteria reflect the ASHM CAB-LA PrEP Guidelines
- ❖ Suitable for Medicare-ineligible people
- ❖ GIT, renal, bone, social factors are leading reasons cited by clinicians
- ❖ Contact
 - ❖ medical.australia@viivhealthcare.com

**APRETUDE (CABOTEGRAVIR)
FOR HIV-1 PREP COMPASSIONATE
SUPPLY REQUEST FORM**

prescriber details

Full name: _____ Phone: _____

Hospital/clinic: _____ Email: _____

"Prescriber information is for internal use. Prescriber information will not be shared as part of the review process. Personal information will be processed in accordance with ViiV Healthcare's privacy policy <https://viivhealthcare.com/en-au/privacy-policy>. Acknowledgement of Patient Consent

The patient has been provided with the Patient Consent Form and consents to the collection of their information (initials, DOB, medical and social history) on behalf of ViiV Healthcare for the sole purpose of applying for the Apretude (cabotegravir) for HIV-1 Prep Compassionate Supply. Will return a copy of the Patient Consent Form in the patient's medical file.

patient details

APRETUDE is indicated in men, women, and adolescents (at least 12 years of age) and weighing at least 35 kg for pre-exposure prophylaxis (PrEP) to prevent the risk of sexually acquired HIV-1 infection.

APRETUDE tablets may be used as an oral lead-in to assess tolerability of cabotegravir prior to administration of cabotegravir injections or as short-term oral PrEP in individuals who will miss planned dosing with cabotegravir injections. Individuals must have a documented negative HIV-1 test result, including ARV naïve.

Before prescribing please review the APRETUDE product information at viivhealthcare.com.au

Additional information for assessing patient suitability and ongoing monitoring recommendations can be found in the ASHM Guidelines for Injectable PrEP <http://ashm.org.au/guidelines/guidelines-of-prep-injectable-prp>

Complaints about use of APRETUDE for HIV-1 PrEP should be referred to the manufacturer. In a case-by-case basis to determine eligibility. Prior to submission to external clinicians identifying information will be redacted. Please complete the following. All questions must be answered.

Patient initials (2 x 2): e.g. John Smith SM JO Date of birth: _____

Gender: Male Female Non-binary Other

Sex assigned at birth: Male Female

Patient is at least 12 years of age and at least 35kg: Yes No

Patient has a current documented negative HIV-1 test? Yes No

Patient is at risk of HIV acquisition? Yes No

Clinical rationale APRETUDE for HIV-1 PrEP
Please do not include any medical reports or results with identifying information - transcribe any relevant results legible (e.g. lab results)

Does the patient have medical contraindications to oral TDV/FTC? Yes No

If yes, please provide details:
Do not include any medical reports or results with identifying information - transcribe any relevant results.

Would they be able to use oral tenofovir alafenamide with emtricitabine (TAF/FTC)? Yes No

If no, please provide details:

Please continue on following page...

Non-PBS PrEP options available in Australia

**Free PrEP for Medicare
Ineligible people**

**2024-25 Federal
Budget
\$26 million
allocated to free
oral PrEP to
people without
Medicare**

States and
Territories are
responsible for
establishing their
programs



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Non-PBS PrEP options available in Australia

Considerations regarding PrEP for Medicare-ineligible programs

➤ Establishment and design of implementation group

- Operations group with Steering Committee oversight or a single group
- Membership

➤ Service Delivery

- Sexual health clinics, GP practices, hospital clinics, ACCHOs
- Clinic capacity – staffing and space
- Patient assessment- nurse practitioner, registrar, doctor
- Face-to-face, telehealth, both
- Urban, wider metropolitan and rural sites
- Advertising

Non-PBS PrEP options available in Australia

Considerations regarding PrEP for Medicare-Ineligible programs

➤ Pathology

- Negotiating the price of tests with public and private providers
- Choosing best mix of pathology providers for optimal state/territory coverage
- Accessing test results
- Explore the role of state/territory governments in facilitating these discussions

➤ PrEP medications

- Negotiating the prices of PrEP medications with pharmacists
- Choosing best mix of pharmacies for optimal state/territory coverage

➤ Billing and reimbursement

- Pharmacies, pathology and clinical service providers
- Single-model and mixed-models

Non-PBS PrEP options available in Australia

Considerations regarding PrEP for Medicare-Ineligible programs

- Maintaining confidentiality
- Jurisdictional collaboration
 - Likely benefits from jurisdictions sharing ideas and experience via regular meetings
- Program evaluations
 - Very important
 - Jurisdictional and Federal evaluations would be ideal

Summary

- ❖ The best PrEP access options are for oral PrEP
- ❖ Limited access to injectable long-acting PrEP for now
- ❖ Fantastic opportunity to provide oral PrEP to Medicare-ineligible people in Australia!
 - ❖ Effective rollout is a big but exciting task
 - ❖ Jurisdictions would be wise to meet regularly to share ideas and experience
 - ❖ Jurisdictional and Federal evaluations would be very valuable

Image Sources

- Medicare card: <https://www.servicesaustralia.gov.au/medicare-online-account-help-get-your-own-medicare-card-and-number>
- <https://www.thebodypro.com/article/taf-tdf-effective-cisgender-women-fewer-effects>; <https://www.meldinpharma.com/>; <https://clinicalinfo.hiv.gov/en/drugs/cabotegravir>; <https://www.cnbc.com/-1/patient>; <https://www.nih.gov/news>

THANK YOU

MI program details

- 10,500 MI people
- \$1.215 dollars per year per person
- Victoria is 3078 people

PrEP for HIV prevention



Grant et al, NEJM 2010; Mayer et al, Lancet 2020; Landowitz et al, NEJM 2021; Delaney-Moretlwe et al Lancet 2002; Bekker et al, NEJM 2024; Kelley et al, NEJM 2025

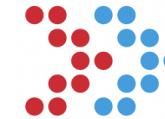
Objectives

Curious about non-PBS PrEP options available in Australia for people

- Who cannot tolerate oral PrEP
- For whom oral PrEP is not a viable option (e.g. adherence, safety, work, cost, Medicare-ineligible)

- Curious regarding PrEP options for people who cannot use oral PrEP, cannot afford oral PrEP, have difficulty accessing the healthcare system if they do not have Medicare

The UNAIDS Fast-Track Targets for 2030



95-95-95

HIV treatment

200 000

New HIV infections or fewer

ZERO

Discrimination



**Treatment
as
Prevention**

**95%
Tested**

**95%
On ART**

**95% VL
suppressed**

Obstacles to PrEP use in Australian born people

Obstacles to PrEP use in migrant populations & people born overseas

- **International migrant populations¹**
 - Knowledge and HIV risk perception
 - Provider discrimination & healthcare costs
 - Low representation of migrants in PrEP campaigns
- **African migrants to high-income countries²**
 - Stigma, health literacy, HIV risk perception and cost
- **Medicare ineligible students and workers³**
 - PrEPMe Clinic at Alfred Hospital; N=100 evaluated
 - 49/100 had tried previously to obtain PrEP unsuccessfully
 - Cost and difficulty navigating Australian healthcare system
- **Asian born MSM in Australia: how PrEPared are you study?⁴**
 - Experience of stigma
 - Greater healthcare access needed in sexual health clinics
 - Free PrEP

Summary

- ❖ Health literacy
- ❖ Provider discrimination
- ❖ Cost

1. Tieosapjaroen et al, Lancet Public Health 2023; 2. Mwaturura et al, Sexual Health 2021; 3. Cornelisse et al, MJA 2022. 4. Sudarto et al, Frontiers in Public Health 2022

Per-capita PrEP use

| | Population* | Number of PrEP users† | PrEP use per 10 000 |
|--------------|-------------|-----------------------|---------------------|
| Lesotho | 2142 000 | 32 217 | 150·4 |
| Eswatini | 1160 000 | 14 554 | 125·5 |
| Namibia | 2541 000 | 30 235 | 119·0 |
| Zambia | 18 384 000 | 72 309 | 39·3 |
| Zimbabwe | 14 863 000 | 27 899 | 18·8 |
| South Africa | 59 309 000 | 101 007 | 17·0 |
| Kenya | 53 771 000 | 82 886 | 15·4 |
| Australia | 25 203 000 | 37 707 | 15·0 |

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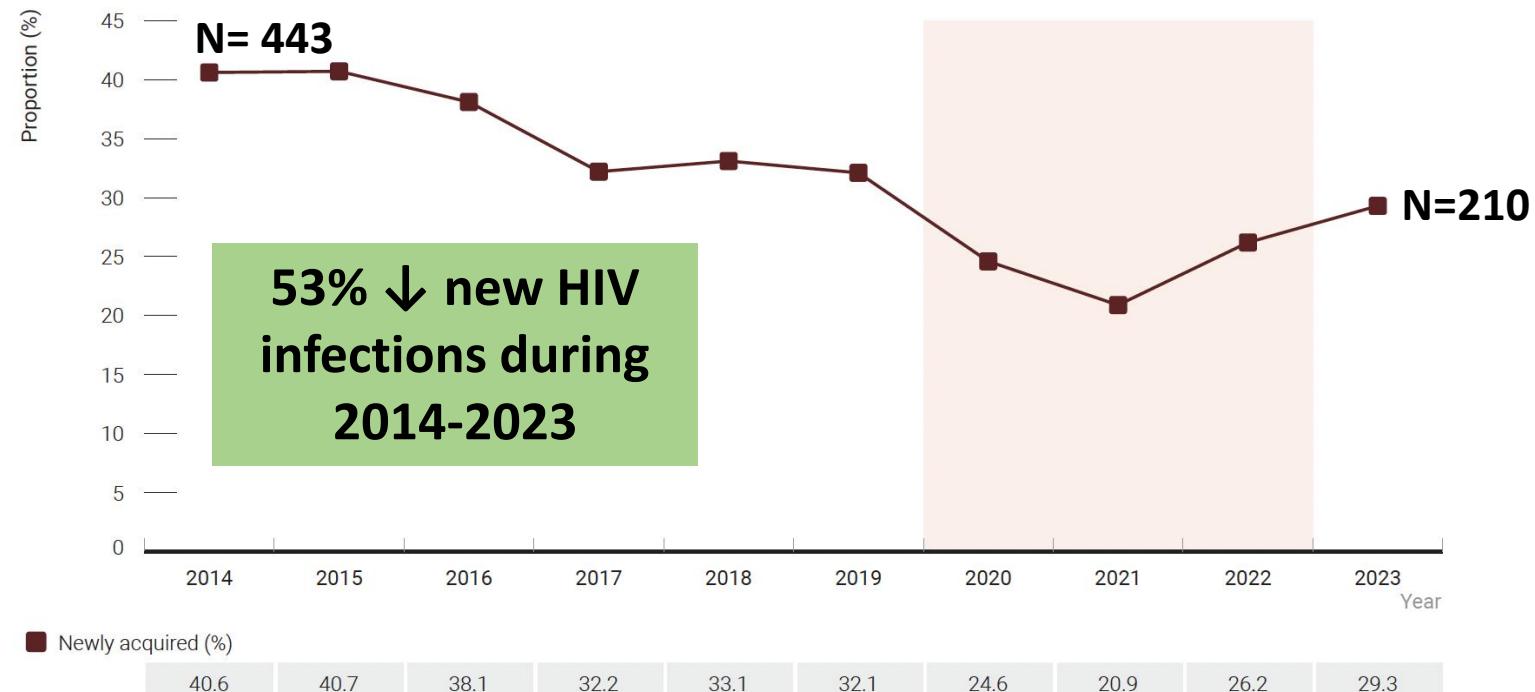
| | | | |
|----------|--------------|------|-----|
| Ukraine | 43 734 000 | 2377 | 0·5 |
| Poland | 37 847 000 | 2000 | 0·5 |
| Spain | 46 755 000 | 2153 | 0·5 |
| Ethiopia | 114 964 000 | 2884 | 0·3 |
| China | 1439 324 000 | 5337 | 0 |

PrEP=pre-exposure prophylaxis. *Population estimates are obtained from the United Nations Population Division's World Population Prospects 2019. †Number of PrEP users are obtained from AVAC Global PrEP Tracker, 4th quarter, 2020.

Table: Estimated population, estimated number of PrEP users, and PrEP use per 10 000 people in 2020 for countries with more than 2000 estimated PrEP users

Newly acquired HIV infections in Australia 2014-2023

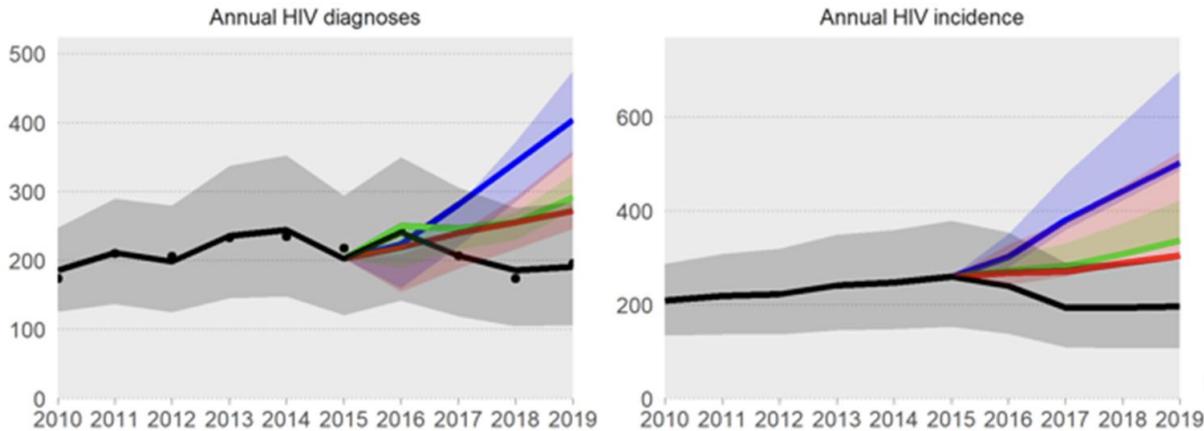
Figure 11 The proportion of HIV notifications classified as newly acquired, 2014 – 2023



PrEP provision and HIV incidence

Victoria

- Of the 30% observed reduction:
- 32.3% attributed to PrEP uptake
- 37% attributed to improvements in HIV care cascade (virological suppression and treatment uptake)



Scenarios: Data



Base

No improvement in HIV care
cascade from 2015

