

INTENTION VERSES REALITY: PrEP USE IN QUEENSLAND FOLLOWING PBS LISTING

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Background: Restricting PrEP prescription to S100 prescribers and no Pharmaceutical Benefits Scheme (PBS) subsidy created barriers to PrEP access. The Queensland PrEP Demonstration (QPrEPd) project assessed feasibility of providing PrEP through S100 general practitioners. Following PBS listing and removal of prescribing restrictions, QPrEPd aims were met and the project closed. Here we explore intent to continue PrEP at study closure and usage 6-months post.

Methods: Participant Exit Survey data collected at QPrEPd closure and six months post-closure will be analyzed to assess intended and on-going patterns of use and access. McNemar's chi-square test and multivariate regression (Generalized Additive Mixed Model) will be employed to compare datasets and identify factors associated with discontinuation of PrEP between the time-points.

Results: Exit survey (n=642) median age was 39.0yrs (IQR30.0-50.0), the majority identified as male (610, 95.0%), gay/ bisexual (630, 98.2%), living in a major Queensland city (505, 78.7%), Australian/New Zealand born (486, 75.7%), in full-time employment (415, 64.6%), having a Medicare card (603, 93.9%) and having ≥10 partners in the 6 months before commencing PrEP (275, 42.8%). 1.6% (10) were Aboriginal and/or Torres Strait Islander peoples. 93.0% (597/642) reported an intention to continue PrEP. Of those, 80.6% (481/597) intended to stay at their study site to access future prescriptions, with 29.7% (143/481) had not previously visited the service pre-study.

Analysis of the 6-month post-closure data will be presented, providing contextual understanding of 'real world' patterns of PrEP use and access. Analysis will assess PrEP continuation, experiences of barriers to access, HIV/STI testing history and reasons for PrEP cessation following study closure.

Conclusion: Comparing intent to use with actual use reported in the 6-month post-closure will provide understanding of factors influencing disparity between 'intended' verses 'actual' PrEP use and locations of access. Recommendations will be made to ameliorate identified 'real world' barriers/enablers for PrEP access.

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