

# Monitoring HIV pre-exposure prophylaxis (PrEP) uptake in Australia



Issue #4, June 2021

The first large-scale PrEP implementation trials began in Australia in 2016, and by 2018 more than 18,000 people started taking PrEP. PrEP was listed on the Pharmaceutical Benefits Scheme (PBS) in April 2018. The PBS subsidises the cost of PrEP for people eligible for Medicare in Australia. The cost to the patient for 30 pills as of June 2021 was \$41.30 for general patients and \$6.60 for concession card holders.

This report uses data from every PBS-subsidised PrEP prescription that was dispensed in Australia between 1 April 2018 and 31 March 2021. The de-identified data incorporate unique codes for linking individuals. Variables include patient details (age, sex, postcode of residence, concession status), information about the dispensing (date of dispensing, quantity dispensed), and prescriber details (postcode, specialty).

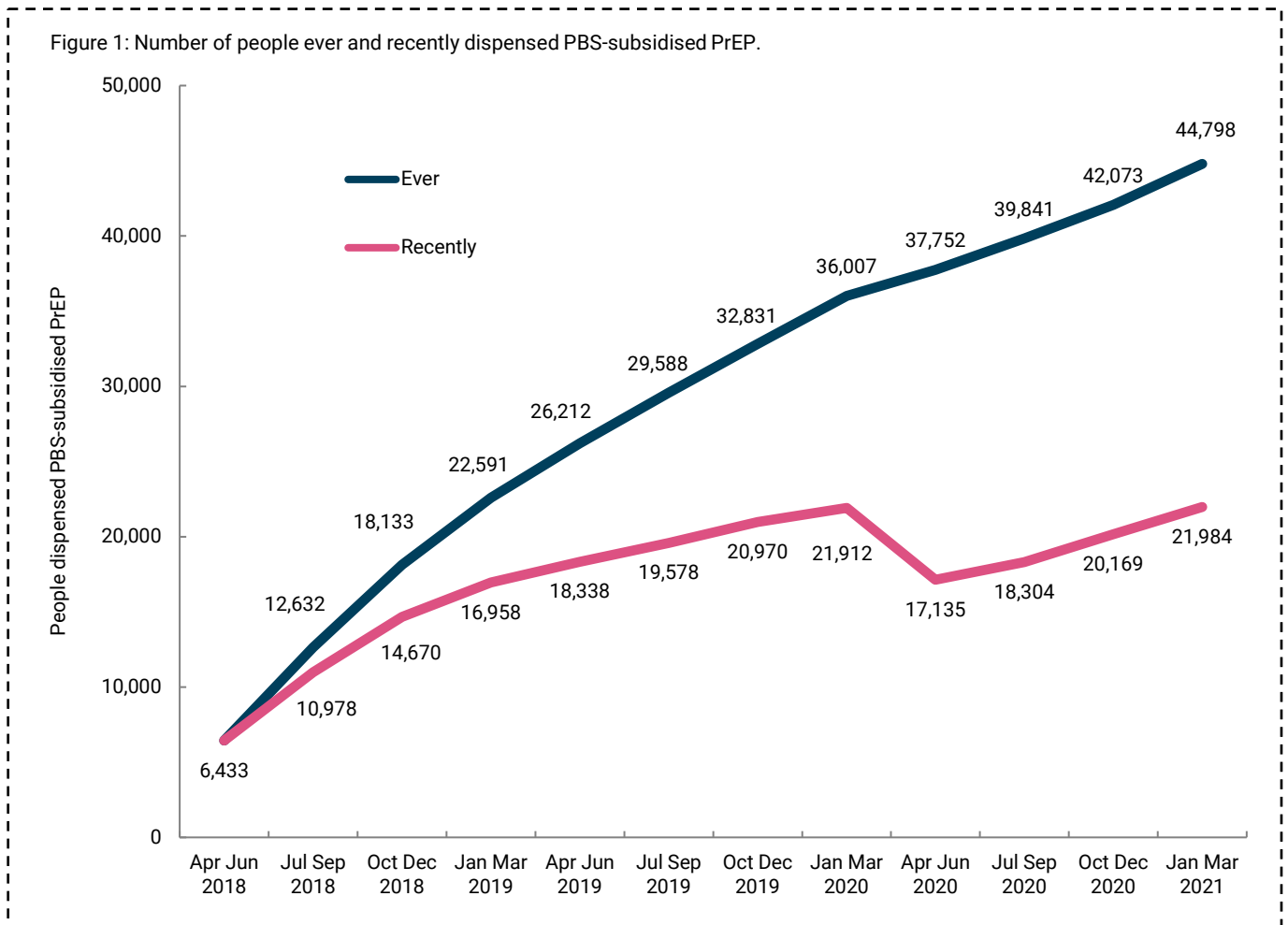
Data are presented on the total number of people who have ever initiated PBS-subsidised PrEP, as well as the number of people dispensed PrEP within each quarter. These data are disaggregated by age, and by state or territory of patient residence. This report also includes a section investigating the effect of COVID-19-related lockdowns on presents monthly dispensing data by jurisdiction since COVID-19-related lockdowns began.



## Number of people ever and recently dispensed PrEP

In the first three years after PBS listing, 44,798 individuals were dispensed PBS-subsidised PrEP at least once.

The number of individuals dispensed PrEP in each calendar quarter increased from 6,433 in Q2 2018, to 21,912 in Q1 2020, then decreased to 17,135 in Q2 2020 and increased again to a new peak of 21,984 people in Q1 2021.



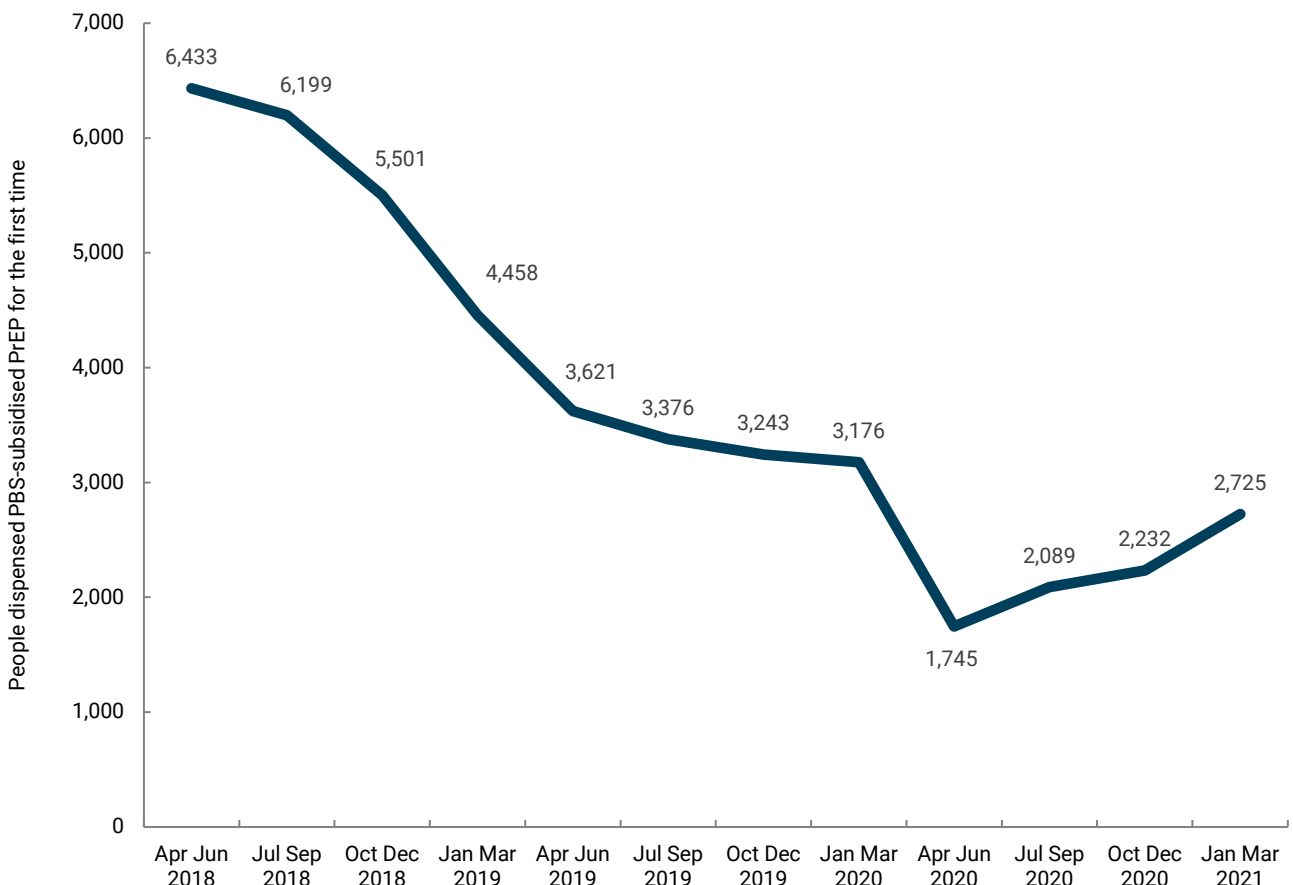


## PrEP initiation

In the first three months after PBS listing, 6,433 individuals were dispensed PBS-subsidised PrEP for the first time.

The number of people accessing PrEP via the PBS for the first time in each calendar quarter decreased over time. It declined more steeply after the first quarter of 2020, due to the impacts of COVID-19 restrictions on sexual practice and clinical visits. Since Q2 2020, the number of people initiating PrEP increased steadily to 2,725 people in Q1 2021.

Figure 2: Number of people dispensed PBS-subsidised PrEP for the first time.





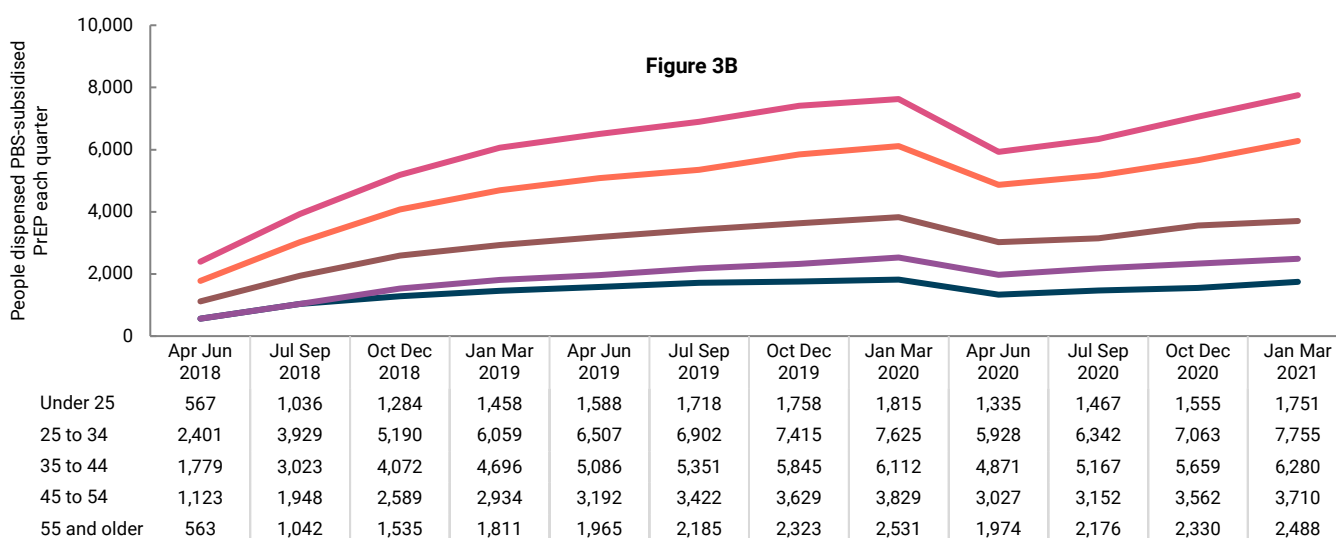
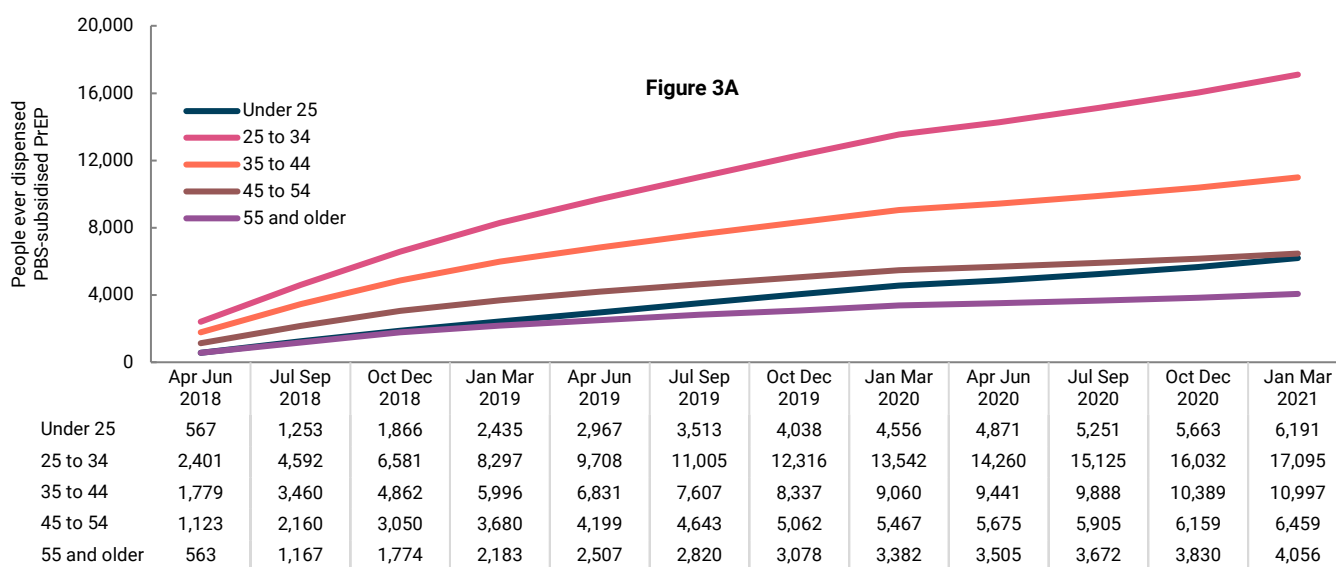
## Gender and age distribution

Of the 44,798 individuals ever dispensed PBS-subsidised PrEP, 44,039 (98.3%) were recorded as male and 759 (1.7%) as female.

More than half of the people ever dispensed PBS-subsidised PrEP by the end of March 2021 were aged either 25 to 34 (38.2%) or 35 to 44 (24.5%).

Across all age groups, the number of individuals dispensed PrEP in each calendar quarter increased until Q1 2020 before decreasing in Q2 2020. The largest decrease was in people aged under 25 (26.4% decrease). Recent dispensing recovered to pre-COVID-19 levels by Q1 2021 in all age groups.

Figure 3: Number of people ever (A) and recently (B) dispensed PrEP by age group.



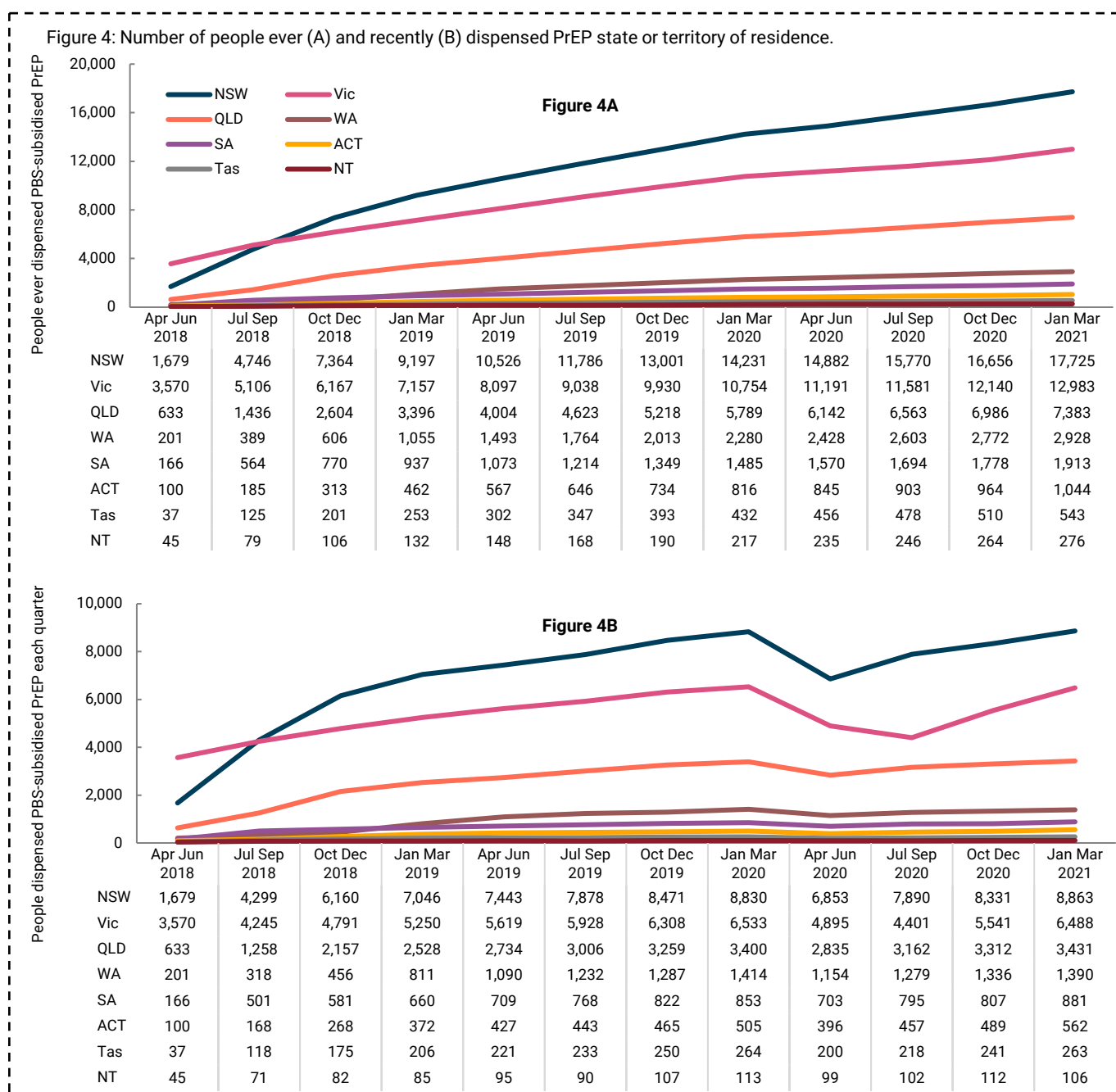


## States and territories

By 31 March 2018, 18,112 individuals had received PrEP through state implementation studies (NSW 9,635; Vic 4,285; QLD 2,459; SA 657; WA 631; ACT 302; Tas 143).

New South Wales (17,725) and Victoria (12,983) accounted for 68.6% of people who had ever received PBS-subsidised PrEP by 31 March 2021.

The number of people dispensed PBS-subsidised PrEP each quarter increased in all states and territories until Q1 2020. All jurisdictions experienced reductions in PrEP dispensing in mid-2020 before increasing to pre-COVID-19 levels.



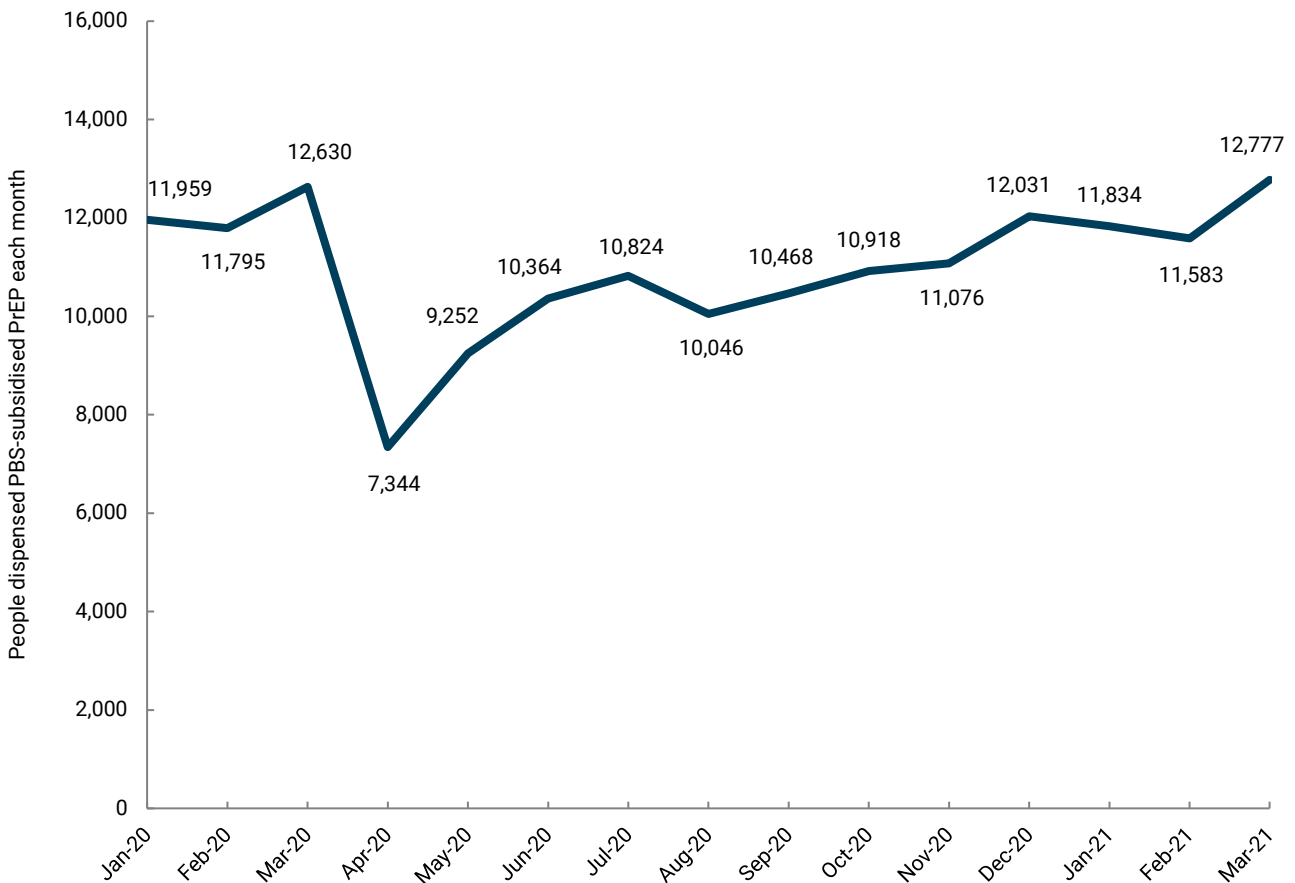


## Special report: Monthly dispensing during COVID-related lockdown periods

This section reports the number of people dispensed PrEP in each calendar month just prior to and during the COVID-19-related restrictions in Australia.

The number of people dispensed PrEP decreased from 12,630 in March 2020, to 7,344 in April 2020 (41.9% decline). Over the following months, the numbers increased steadily, reaching 12,777 in March 2021, higher than pre-COVID-19 levels.

Figure 5: Number of people dispensed PrEP each month between 1 January 2020 and 31 March 2021.





Lockdowns varied by state and territory, and the trend of monthly dispensing for each jurisdiction is shown in the series of graphs in Figure 6.

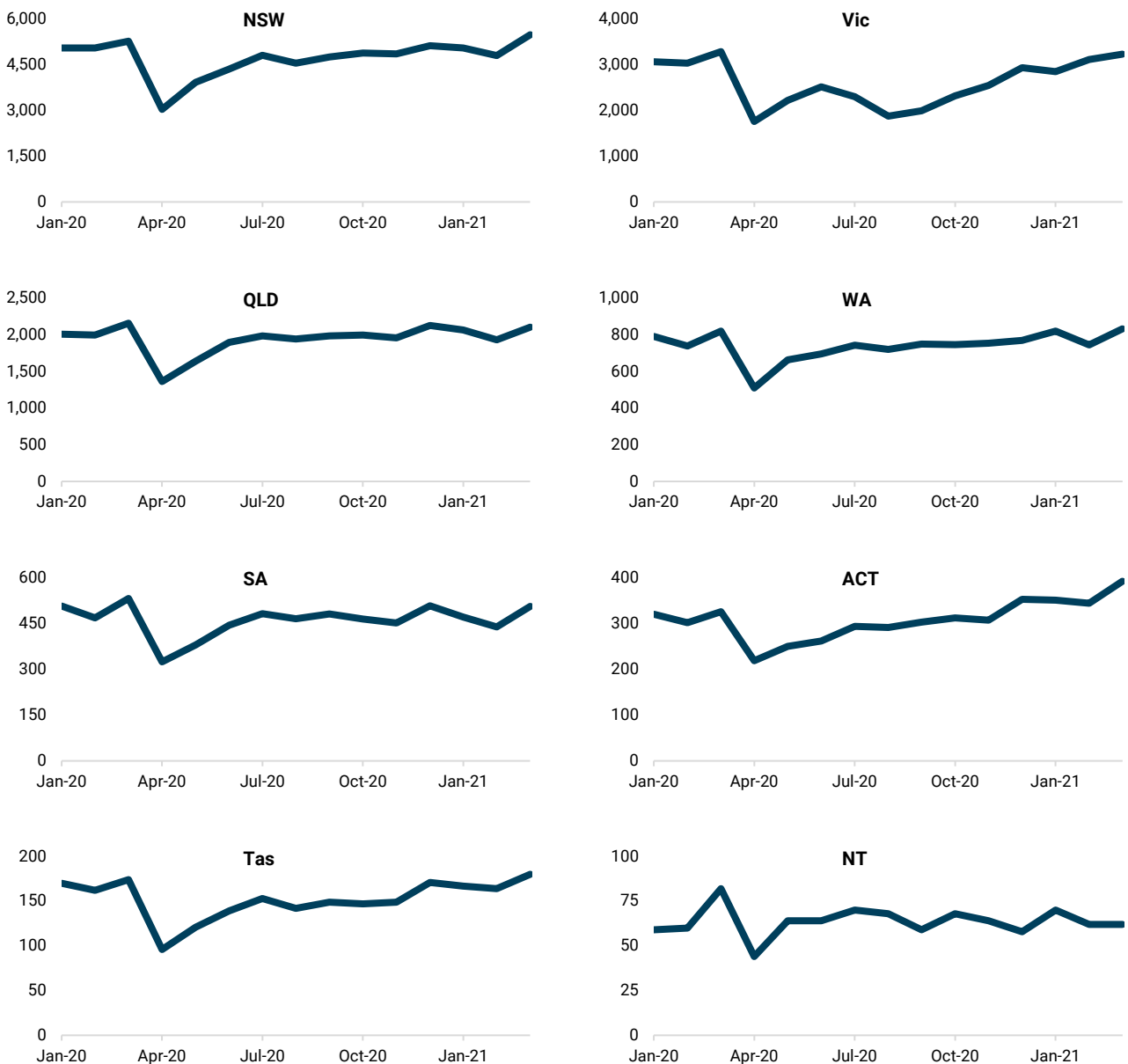
Trends were similar nationally, with the lowest number of people dispensed PrEP occurring in April 2020 for all jurisdictions.

in Victoria, monthly levels remained lower for a longer period, reflecting the lockdowns that occurred in mid to late 2020.

All jurisdictions recovered to 2019 levels by March 2021.

Note that the y-axis has a different maximum for each graph so comparisons between jurisdictions must be made with caution.

Figure 6: Number of people dispensed PrEP each month by state/territory of residence, between 1 January 2020 and 31 March 2021.





## **Notes on data and methodology**

The PBS dataset provides an underestimate of total PrEP purchasing in Australia. For example, it does not include PrEP purchased outside of this scheme, either at full price from a pharmacy or online from overseas. In 2020, the Gay Community Periodic Surveys found that 8% of gay and bisexual men who were using PrEP purchased it online from overseas pharmacies.<sup>1</sup> Overseas-born gay and bisexual men are becoming a growing focus of HIV prevention in Australia but people from that population who are not eligible for Medicare cannot purchase PBS-subsidised PrEP and are not accounted for in these data.

While the PBS dataset is nationally comprehensive, it can only provide information on dispensing rather than use. It is not possible to make conclusions about prevention-effective adherence, that is, whether the PrEP is being used during periods of HIV risk within individuals. It is also important to interpret rates of dispensing in the context of changing usage patterns. In 2019, the Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM) PrEP guidelines changed to support event-driven dosing for cisgender gay and bisexual men, and an increase in use of these event-driven schedules has been documented in community-based surveys (13% of gay and bisexual men as of 2020).<sup>1</sup> A shift to more event-driven dosing will lead to reduced frequency of refilling PrEP prescriptions without necessarily leading to a reduction in prevention-effective adherence.

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## **Suggested citation**

Kirby Institute. Monitoring HIV pre-exposure prophylaxis (PrEP) uptake in Australia (Issue 4). Sydney: Kirby Institute, UNSW Sydney; 2021.

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<sup>1</sup>Source: Gay Community Periodic Surveys, 2020, Centre for Social Research in Health, UNSW Sydney