

Relative patient preferences for starting daily, on-demand, and long-acting injectable HIV pre-exposure prophylaxis among US men who have sex with men, 2021-2022



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And

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Background

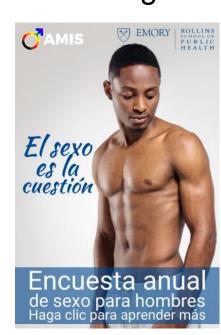
- Few men who have sex with men (MSM) are currently using daily oral (DO) HIV pre-exposure prophylaxis (PrEP)
- Newer options, such as on-demand (OD) oral and longacting injectable (LA) PrEP may improve uptake

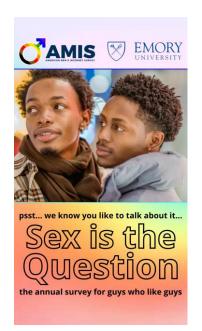
OBJECTIVE: Preferences for starting various PrEP options were examined among a US nationwide online convenience sample of MSM

Methods

> Recruitment

- September 2021 to February 2022
- Online recruitment through banner ads on social media, sex-seeking and gay interest websites and apps





> Eligibility

- 15 years of age or older
- Cisgender male
- Had oral or anal sex with a man at least once in the past OR identify as gay/bisexual (15-17yo only)
- US residence

> Additional analytic criteria

- Oral or anal sex with another man in the past 12 months
- No self-report of prior HIV diagnosis

Measures

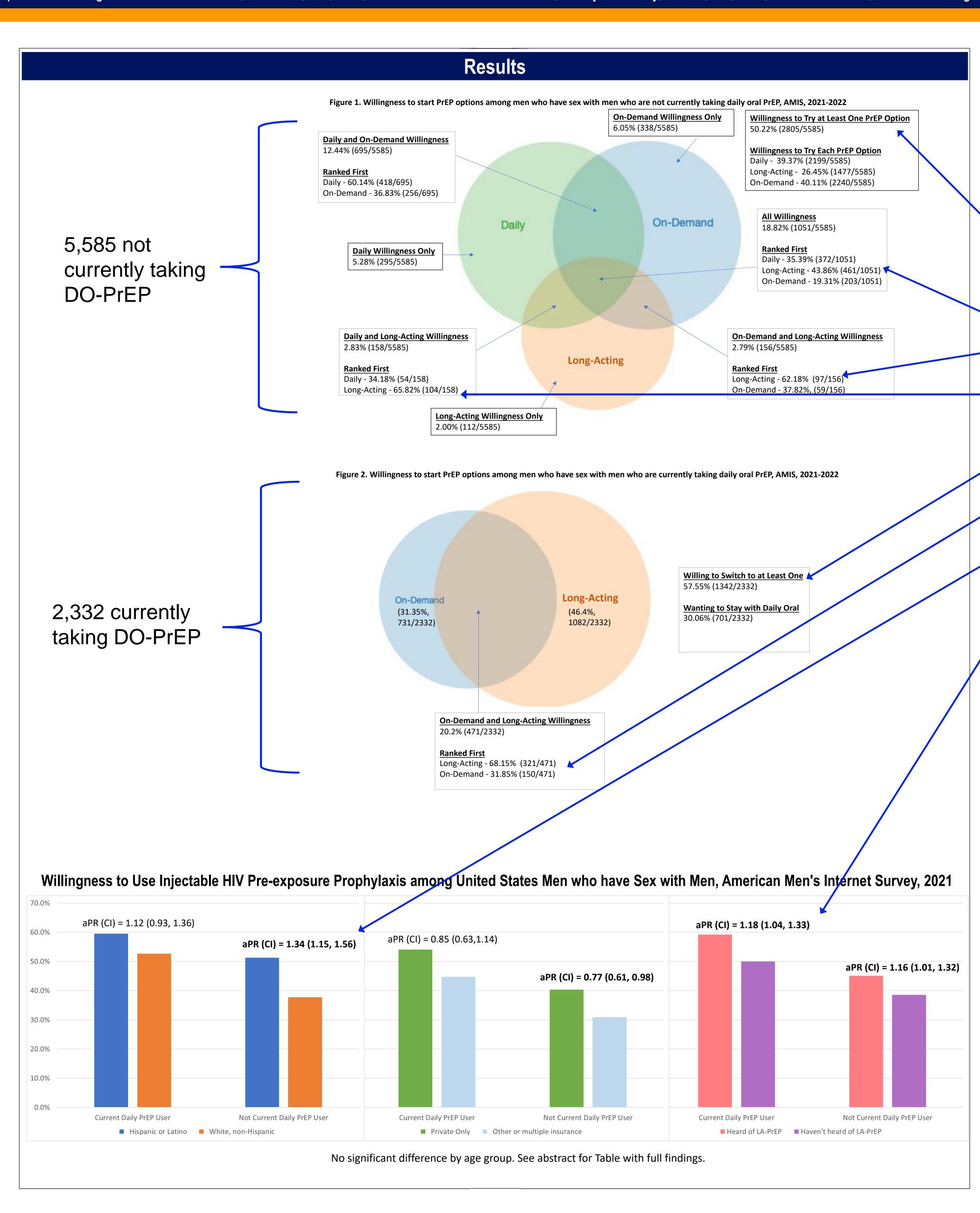
- Scenario based preferences after brief explanation of PrEP option "If [PrEP option] were available from your local doctor and you could access it for free, would you go to your doctor in the next month to start [PrEP option]?"
- Rank preferences if would start multiple
- If current DO user, framed as "would you switch"

Example LA-PrEP explanation

A long-acting form of PrEP that is given as an injection in your buttocks once every 2 months has been found to be effective in preventing HIV infection. You would have to see a doctor or healthcare provider to start injectable PrEP and go back for check-ups once every 2 months to stay on it. The possible side effects of injectable PrEP are mild-to-moderate pain at the injection site that lasts 2 to 7 days, mild rash at the injection site that clears up on its own, or a headache that lasts a couple of days after injection. Studies have found that injectable PrEP is effective at preventing HIV infection. This approach isn't currently approved by the FDA (Food and Drug Administration).

> Statistical Analysis

Willingness to start LA-PrEP explored with multivariable logistic regression with predicted margins approach, for age, race/ethnicity, insurance and heard of LA-PrEP. Adjusted prevalence ratios (aPR) and 95% confidence intervals (CI) reported.



Key Information

- ➤ 2021-2022 online nationwide survey with MSM about their preferences for different PrEP options
 - ➤ Daily oral (DO)
 - ➤ On-demand (OD)
 - ➤ Long-acting injectable (LA)
- Among those <u>not</u> currently taking DO-PrEP

>50% would start some type of PrEP

- ➤ OD-PrEP was ranked first
- >73% of those would start multiple types of PrEP
- ➤ LA-PrEP was ranked first among people who chose multiple PrEP options
- ➤ Among those currently taking DO-PrEP
 - > 58% would switch to something else

► LA-PrEP was ranked first

- ➤ Willingness to start LA-PrEP was higher among
- → Hispanic/Latino MSM not currently using DO-PrEP
- Prior awareness of LA-PrEP, regardless of DO-PrEP use
- Willingness to start LA-PrEP was lower among
 - ➤ Other/multiple insured MSM not currently using DO-PrEP

Discussion and Conclusions

- > There is substantial interest in new PrEP options
- Current DO-PrEP users appear to be more aware of and interested in LA-PrEP
- Although OD-PrEP may be favored by those who are not taking PrEP, most selected multiple options and preferred LA-PrEP
- There are few disparities in LA-PrEP interest
- Increasing awareness of LA-PrEP may bolster interest in its use.
- These findings highlight the potential role that newer PrEP options will play in community uptake of PrEP and can inform patient-provider decisions about which PrEP options to consider

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