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Implementation of On-Demand PrEP in a Large Integrated Healthcare System

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BACKGROUND

- On-demand PrEP using a "2-1-1" regimen is proven to reduce HIV risk in men who have sex with men (MSM).
- Kaiser Permanente San Francisco (KPSF) started offering 2-1-1 as an option to new and existing PrEP patients in February 2019.
- In this study, we describe:
  - Demographic and clinical characteristics of early 2-1-1 adopters
  - Patterns of PrEP use
  - Patient motivations for choosing on-demand PrEP
  - Self-reported challenges and adherence
  - HIV incidence

METHODS

- All patients prescribed 2-1-1 on or before Aug 31, 2019 were included.
- Data collected at intake and at a 3-month follow-up visit were abstracted from the electronic health record.
- Clinicians collected information as part of routine care using standardized clinical notes.
- Data were summarized using descriptive statistics.
- To estimate HIV incidence, patients were followed from their intake visit to health plan disenrollment, death, or Jan 31, 2019.

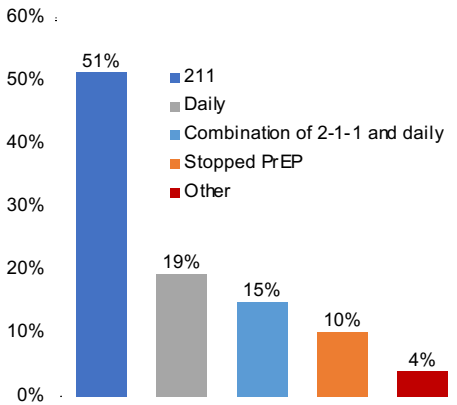
RESULTS

Patient demographics and clinical characteristics (N=279)

		Median	(IQR)
Age		43	(18-54)
		n	**(%)**
Race/ethnicity	White	157	(56)
	Asian	60	(22)
	Hispanic	33	(12)
	African American	9	(3)
	Other/Unknown	20	(7)
MSM		275	(99)
Prior PrEP use		212	(76)
Prior non-daily PrEP use		18	(6)

On-demand PrEP using 2-1-1 was a **desirable** alternative to daily dosing for some patients. Challenges with 2-1-1 were infrequent, and we found **no new HIV infections.**

Figure 1. Patterns of PrEP use in the prior 3 months reported at the 3-month follow-up (n=273)



- As of Aug 31, 2019, there were 2338 active PrEP patients in KPSF, including 279 (12%) who were prescribed 2-1-1.
- Of the 279 prescribed PrEP, 273 (98%) had 3-month follow-up data available.
- The majority exclusively used 2-1-1 PrEP (51%) or a combination of 2-1-1 and daily dosing (15%).
- 19% opted to exclusively use daily PrEP despite initial interest in 2-1-1.
- No differences in patterns of PrEP use in the prior 3 months by age (p=0.73) or race/ethnicity (p=0.20).

Figure 2. Motivations for using 2-1-1 reported at the 3-month follow-up (n=273)

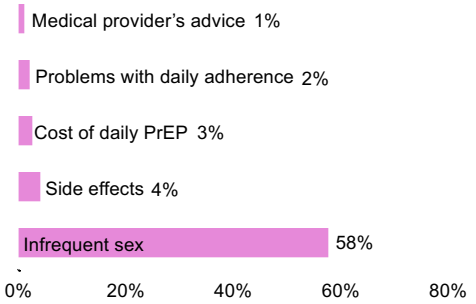
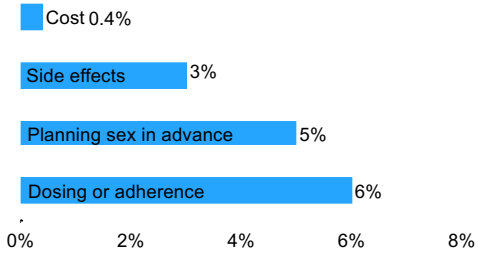


Figure 3. Patient-reported challenges with using 2-1-1 reported at the 3-month follow-up (n=273)



- 38 (14%) patients reported challenges with using 2-1-1, including 16 (6%) who had issues with the dosing pattern or with adherence.
  - Of the 38, 22 (58%) switched on their own to exclusively use daily dosing.
- No new HIV diagnoses over 136 PY of follow-up (upper limit of 1-sided 97.5% CI 0.03%)

CONCLUSIONS

Offering 2-1-1 in addition to daily dosing provides flexibility in tailoring PrEP regimens based on individual patient needs and preferences. Problems with adherence, planning sex in advance, or side effects were not common.

ADDITIONAL KEY INFORMATION

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