

# The Next Generation update

Venita Hardweir<sup>1</sup>, Emma Simpkin<sup>1</sup>, Heather Leake Date<sup>1</sup>, Suneeta Soni<sup>2</sup>, Yvonne Gilleece<sup>2</sup>

<sup>1</sup>Department of Pharmacy, Brighton and Sussex University Hospitals, Brighton

<sup>2</sup>Department of HIV Medicine, Brighton and Sussex University Hospitals, Brighton

# Background

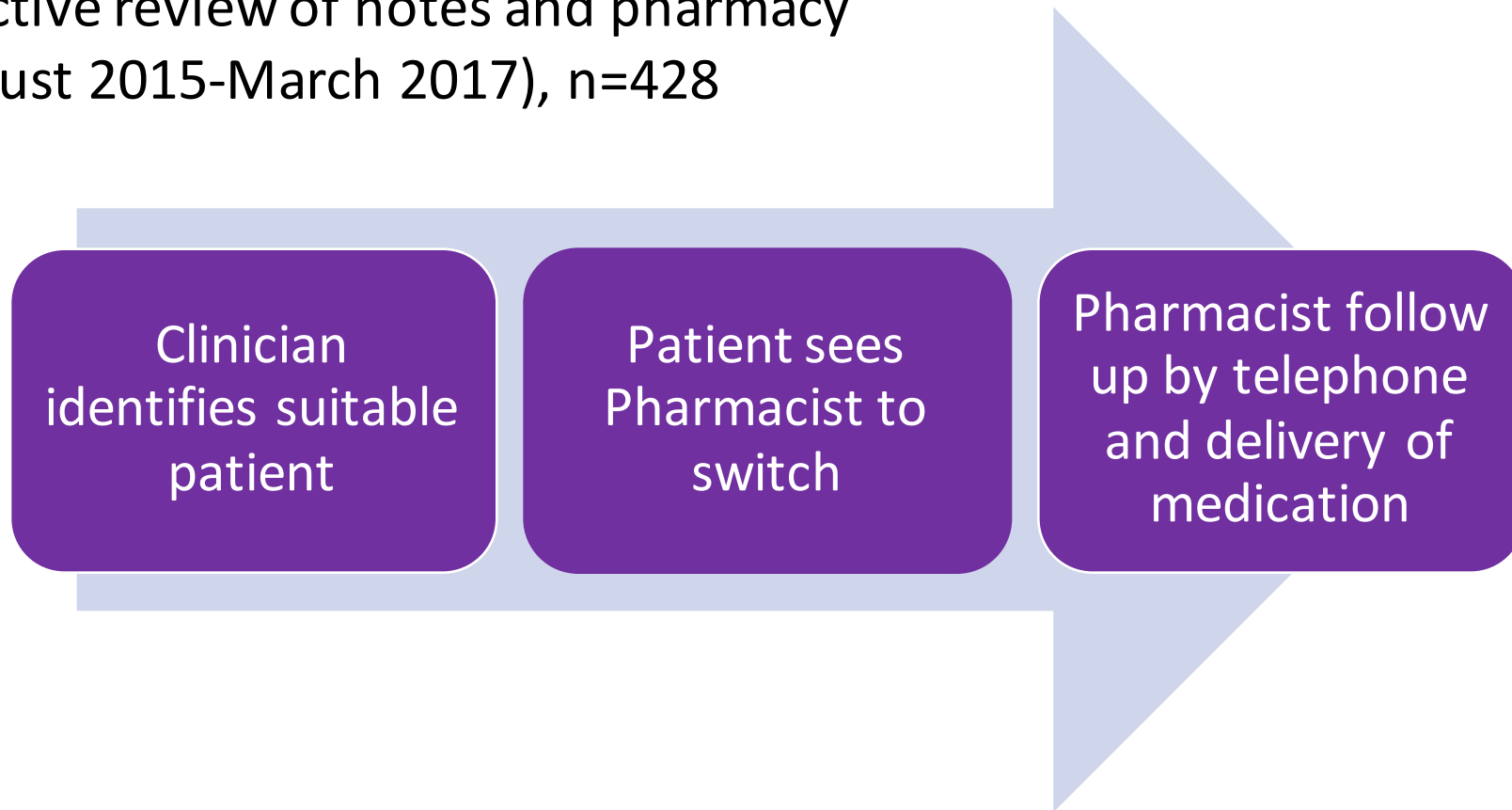
Patients were stable on Atripla® with no clinical reason to switch

Discussion to switch to either of two regimens:

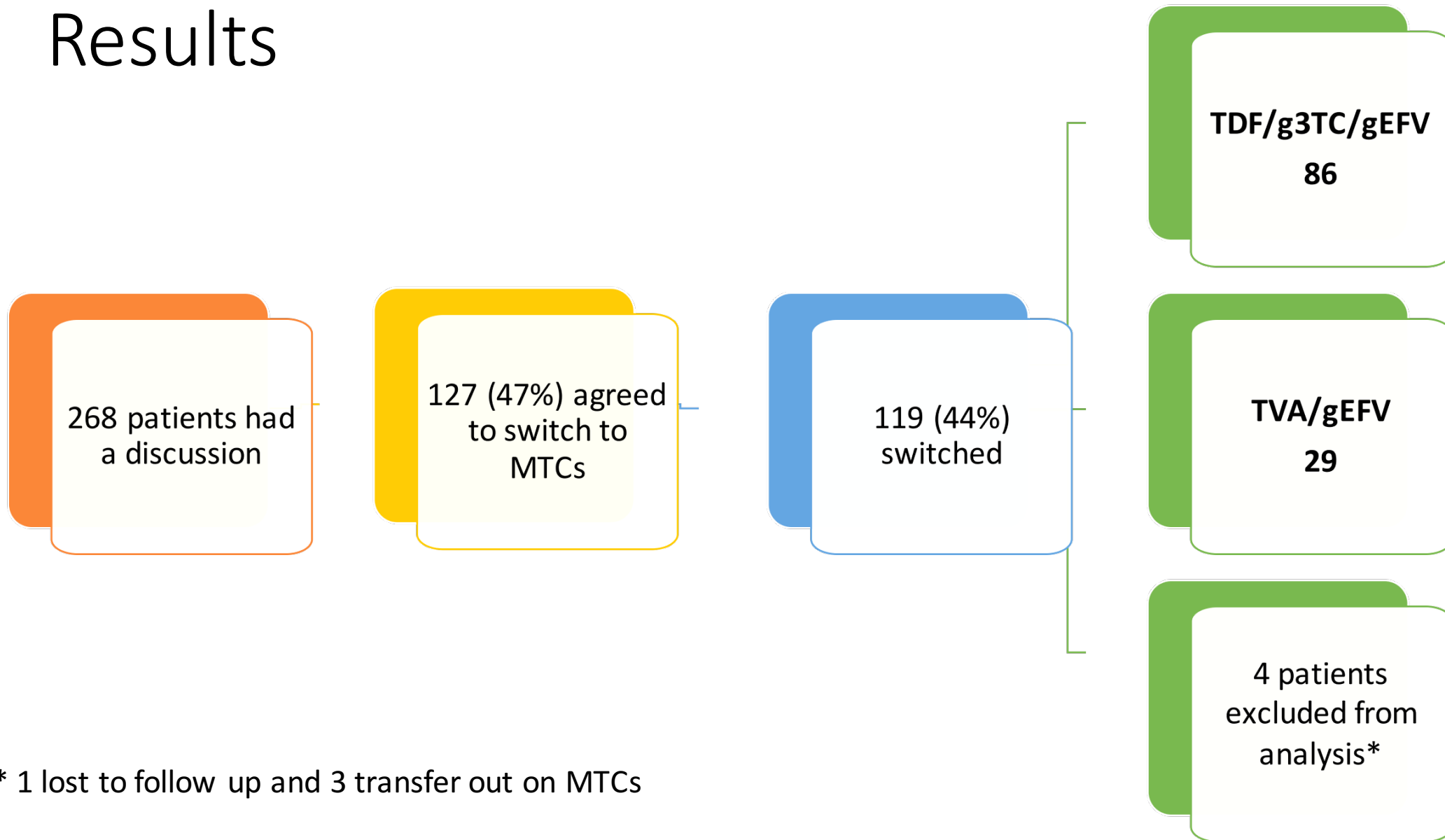


# Method

Retrospective review of notes and pharmacy data (August 2015-March 2017), n=428

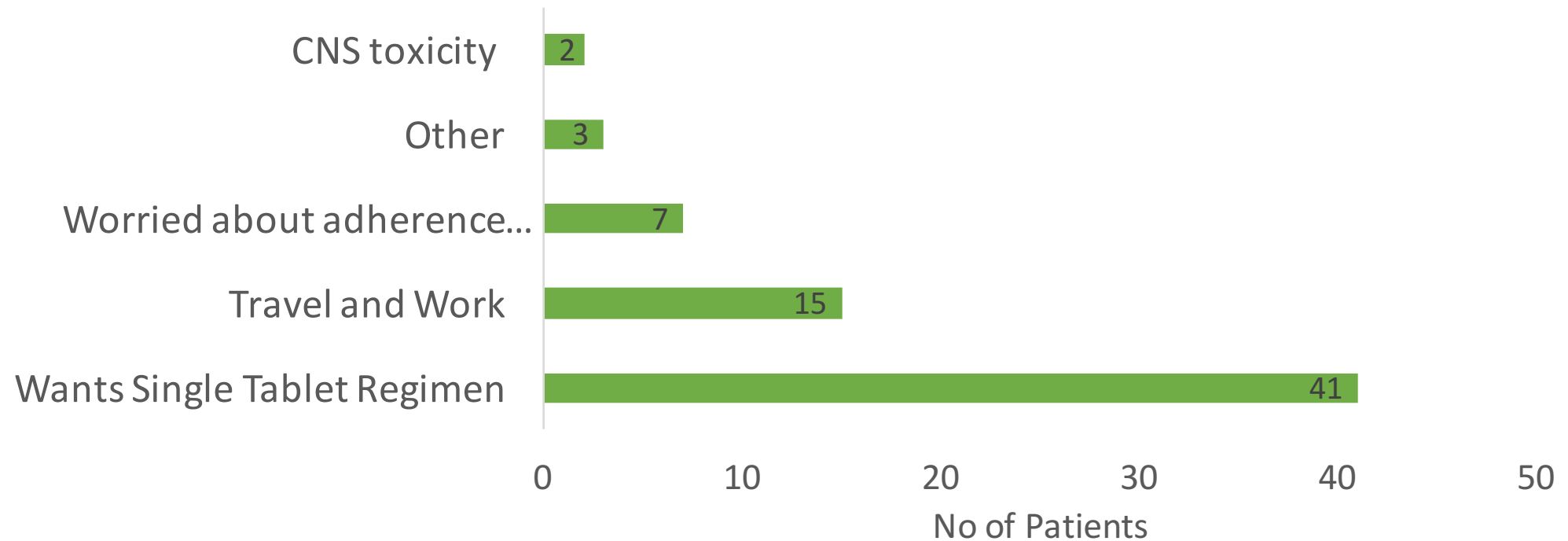


# Results



\* 1 lost to follow up and 3 transfer out on MTCs

## Why did patients decline switching? n=115 \*



\* No reason documented in 47 notes

## Discontinuations from TDF/g3TC/gEFV (19/115)

- Some patients reported  $\geq 1$  reason for switching
- 15 patients switched back to Atripla®
- 4 patients switched to TDF/g3TC/Rilpivirine
- Only 1 patient switched because of pill burden

Reason recorded as –‘CNS toxicity’ in 1 set of notes

Reported Reasons for switching	No of patients TDF/g3TC/gEFV = 19
Sleep Disturbance	8
Headaches	3
Drowsiness	3
Worsening low mood	3
Worried about potential side-effects	2
Diarrhoea	1
Nausea	1
Pill burden	1
Other	1

# Discontinuations from TVA/gEFV (10/115)

- Some patients reported  $\geq 1$  reason for switching
- 5 patients switched to Atripla<sup>®</sup>
- 5 to other regimens including:
  - 2- TDF/g3TC/Rilpivirine
  - 1- Eviplera<sup>®</sup>
  - 1- Descovy<sup>®</sup>/gEFV
  - 1-TVA/Raltegravir

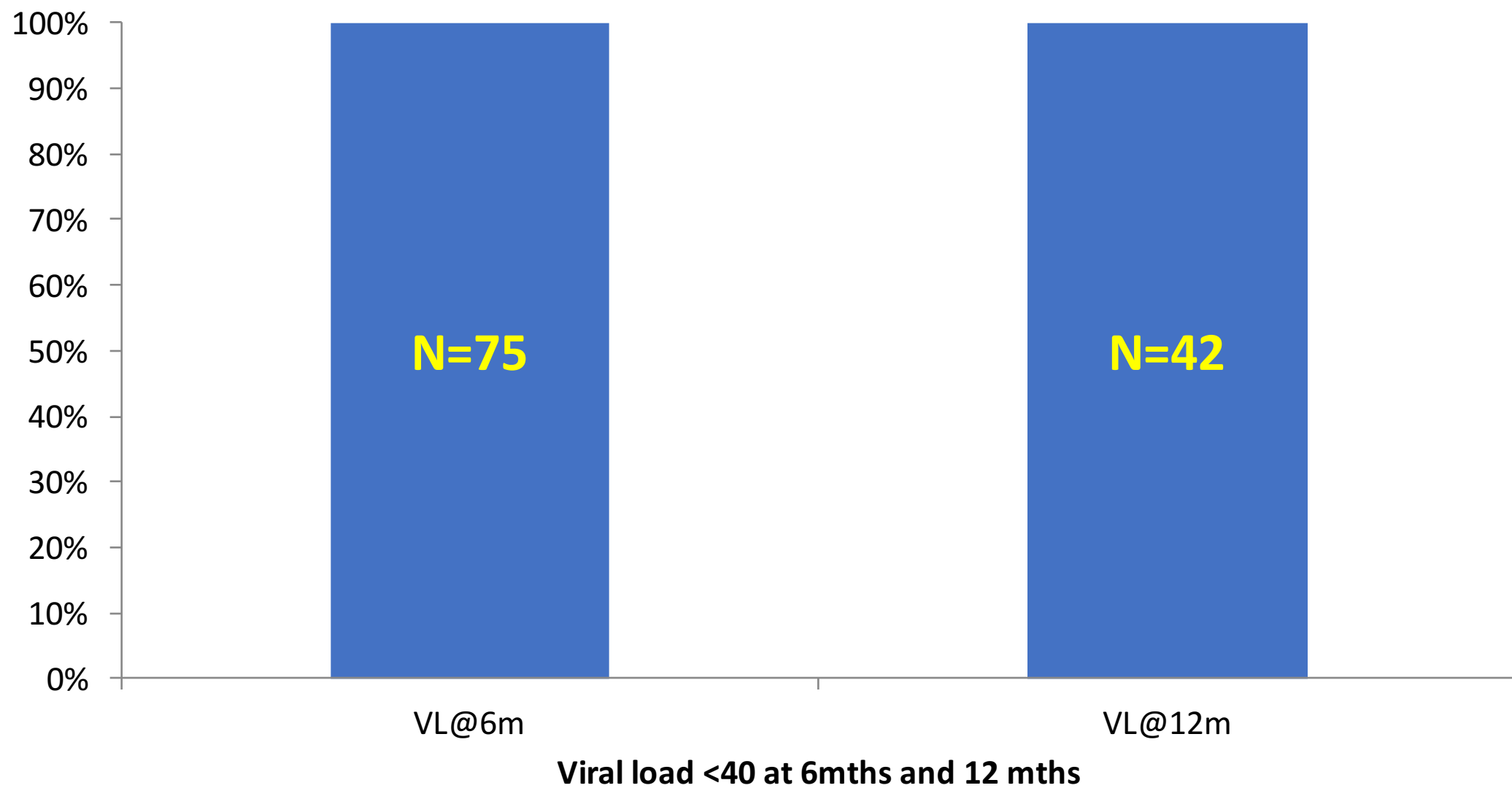
Reason recorded as –'CNS toxicity' in 2 sets of notes

Reported Reasons for switching	No of patients TVA/gEFV = 10
Sleep disturbance	3
Drowsiness	2
Other	2
Worsening low mood	2
Diarrhoea	1
Headache	0
Nausea	0
Pill burden	0
Worried about potential side-effects	0

# Discontinuations (Summary)

- 75% of patients remain on MTCs
- 20% switched due to CNS side-effects
- 3 reports of headache could be related to lamivudine
- Only 1 patient switched because of pill burden





# Cost Savings

Switched from	Switched to	Cost saving per patient per month (£)	Number of patients	Cost Saving per month (£)
<b>Atripla®</b>	TDF/g3TC/gEFV	180.56	67	12097.52
<b>Atripla®</b>	TVA/gEFV	63.10	19	1198.9
<b>Total</b>			86	13296.42

# Estimated full year savings of £159,500

Switched from	Switched to	Cost saving per patient per month (£)	Number of patients	Cost Saving per month (£)
Atripla®	TDF/g3TC/gEFV	180.56	67	12907.52
Atripla®	TVA/gEFV	63.10	19	1198.90
Total			86	13296.42

# Improving Value Project

- NHSE Initiative to make savings of £11.4m
- No mention of TDF/g3TC/gEFV as a switch option despite:

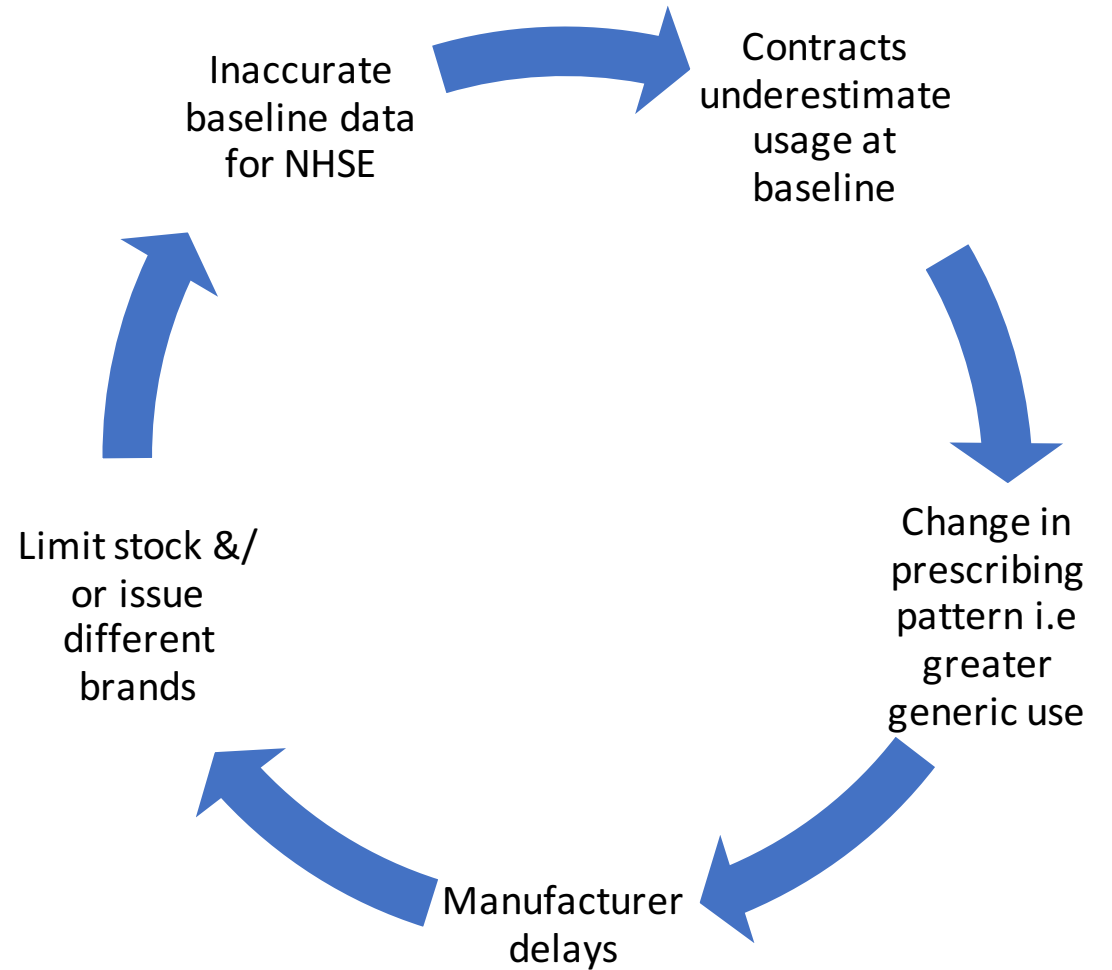
- Savings of over £180 a month
- It is a well tolerated regimen
- Pill burden is less of an issue

Current regimen	Switch to	Start Date	Minimum Target % Switch
Atripla	Truvada + generic Efavirenz	<u>December</u> <u>'16</u>	60%

# Problems

- Supply issues with generic medicines
- Patients received different brands

Switches paused July –December 2016



# Summary

- Include TDF/g3TC/gEFV as a switch option
- It is a low risk cost saving strategy for stable patients on Atripla®
- It is a well tolerated regimen
- Pill burden remains less of an issue
- Pharmacists' time continues to remain unfunded

# ACKNOWLEDGEMENTS

Lawson Unit Staff  
&  
HIV Pharmacy Team in Brighton