

# Patient's perceptions of switching from *Atripla*® to *Truvada*® and generic efavirenz

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# Background

- *Atripla*<sup>®</sup> was approved as a fixed dose combination drug in 2006
- The patent for *Atripla*<sup>®</sup> expired in 2016, allowing consideration of a switch to *Truvada*<sup>®</sup> and generic efavirenz
- Significant cost savings can be achieved with the use of generics
- The aim of this project was to gain the perceptions of our cohort of patients on *Atripla*<sup>®</sup> planned to be switched to generics

# Cost of HIV care in the UK

- Estimated mean lifetime cost is £360,800 per person
- The majority, 68% (£245,200), of projected lifetime healthcare cost attributed to ART costs
- Switching to generics once patents expire could reduce the lifetime cost to £179,000

Nakagawa F, Miners A, Smith CJ, Simmons R, Lodwick RK, Cambiano V, et al. (2015) Projected Lifetime Healthcare Costs Associated with HIV Infection. PLoS ONE 10(4): e0125018. doi:10.1371/journal.pone.0125018

# Cost savings

Atripla<sup>®</sup> switch

81 patients

Monthly saving per patient £71.77

$81 \times 71.77 = \text{£}5813.37$  per MONTH

$\text{£}69760.44$  per YEAR

# Methods

- All patients established on *Atripla*<sup>®</sup> were identified; those to remain for clinical reasons or switched to a different drug regimen were excluded
- Demographic data was collected, time in months established on *Atripla*<sup>®</sup>, CD4 count and viral load
- Patients were contacted by telephone, given information about the switch and then a questionnaire completed concerning the switch

If you are currently taking Atripla we are asking you to switch from the single tablet to two separate tablets: Truvada and efavirenz (both of which are in Atripla)



•Why am I being asked to switch to the individual medicines of Atripla?

•Will the individual tablets work in the same way as the Atripla brand?

•What are the main changes that I will notice?

•How do I take the separate medicines?

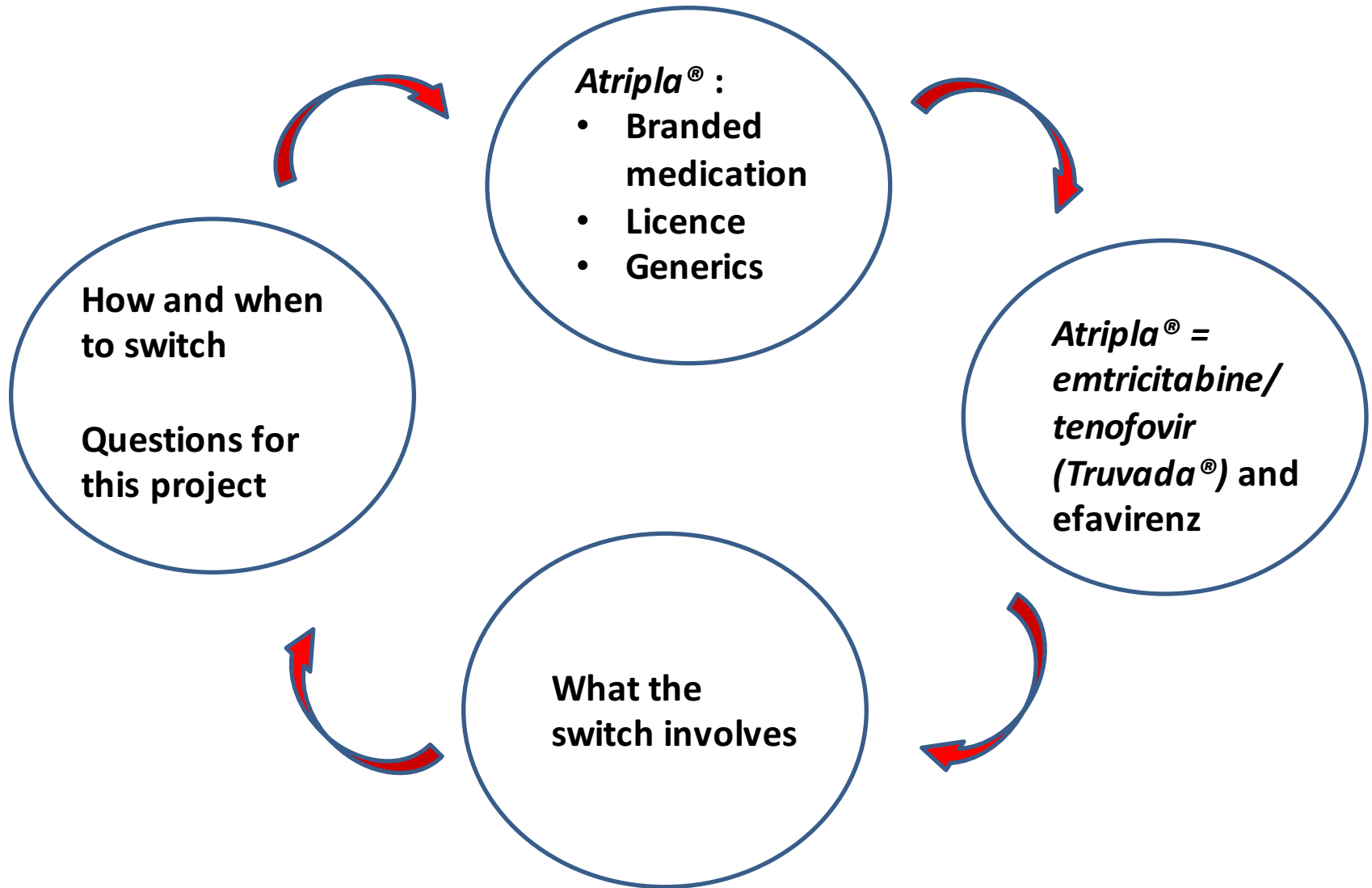
•Will there be any side effects when I switch?

•How do I switch to the individual tablets?

•I'm on home delivery, how does this affect me?

# Phone call







1. I am in favour of switching to the two equivalent tablets as described to me as above

- Strongly agree
- Agree
- Uncertain
- Disagree
- Strongly disagree

**STATEMENT**

2. Do you have concerns about switching from Atripla® to the two equivalent tablets?

- Strongly agree
- Agree
- Uncertain
- Disagree
- Strongly disagree

3. What is your main concern about the switch to the two equivalent tablets?

- Having to take x2 tablets
- Tablet size
- Concern over quality
- Concern on whether VL might be affected by switch
- Concern for side effects
- No concern

4. It is important to achieve cost savings in the NHS

- Strongly agree
- Agree
- Uncertain
- Disagree
- Strongly disagree

**STATEMENT**

5. Do you have any other concerns or comments



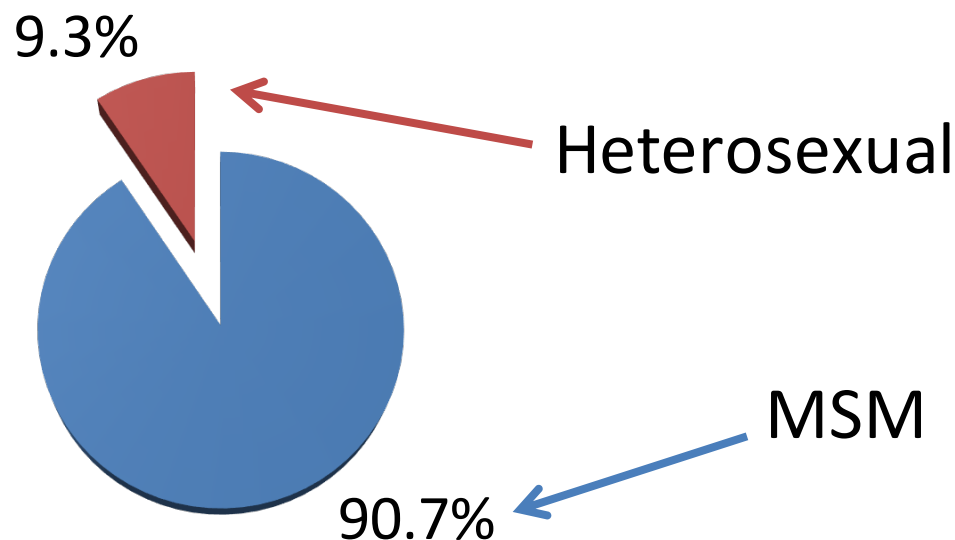
**Blackpool Teaching Hospitals**  
NHS Foundation Trust



# Results

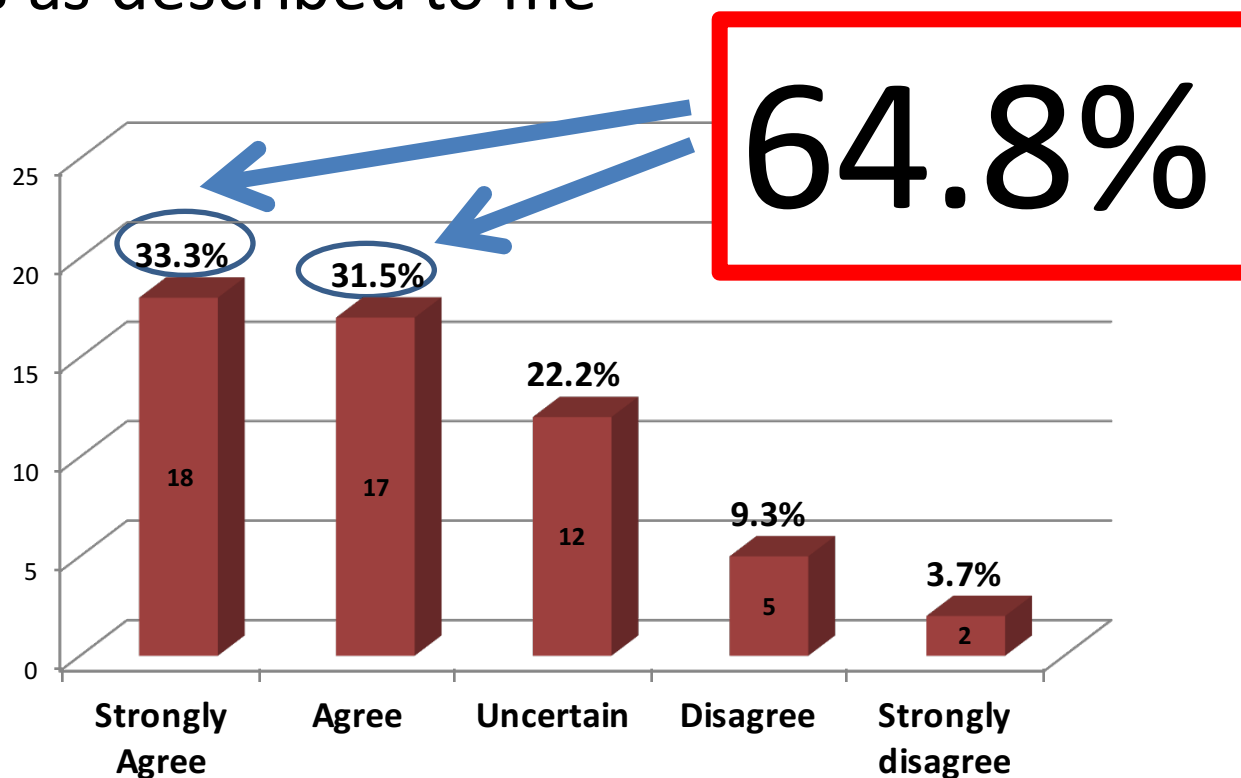
- 81 patients
- Data analysed for 54 patients
- Age range 24-73 years (median 51; mean 49)
- 94.4% (51) male
- 96.3% (52) white British

# Results

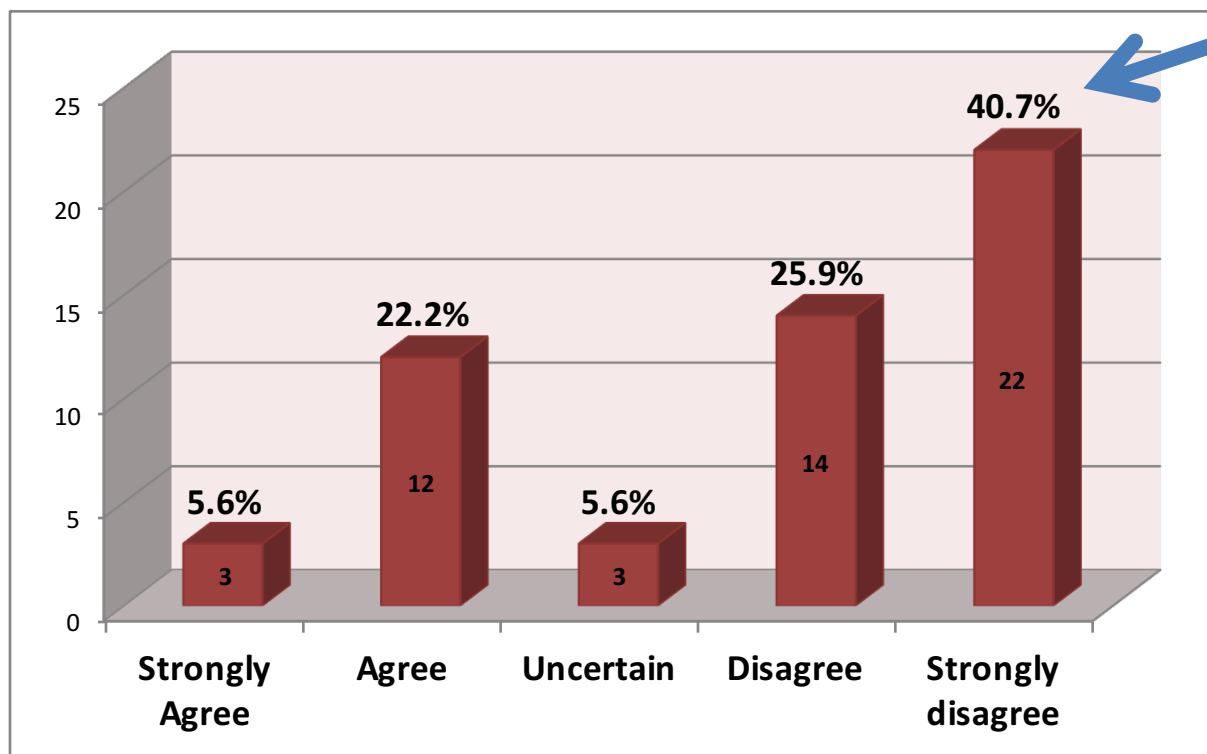


- 96.3% (52) had a viral load <20 copies/ml and median CD4 count was 627
- The mean time established on *Atripla*<sup>®</sup> was 53.5 months

1. I am in favour of switching to the two equivalent tablets as described to me



## 2. Do you have concerns about switching from Atripla<sup>®</sup> to the two equivalent tablets?

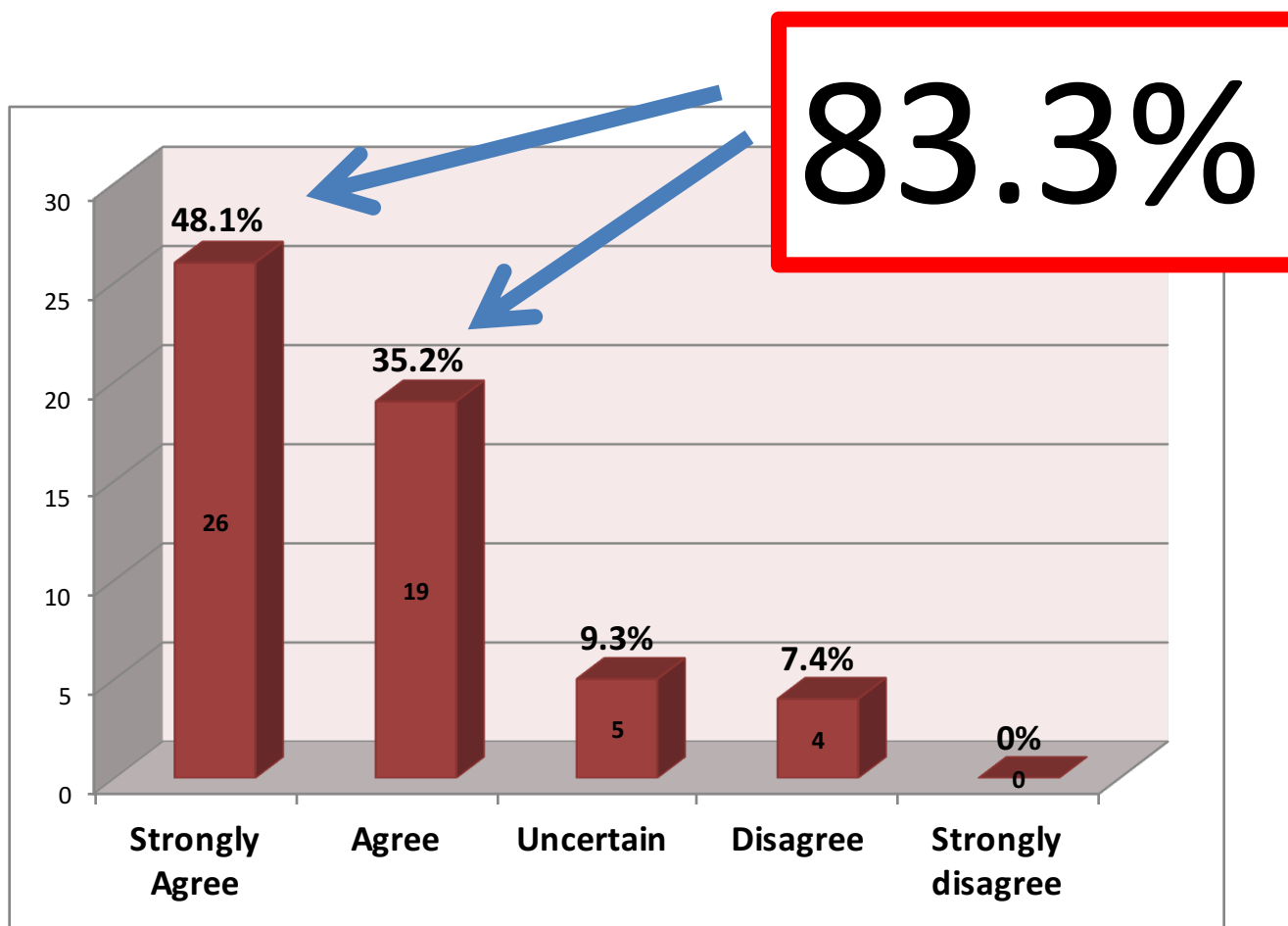


### 3. What is your main concern about the switch to the two equivalent tablets?

Response	Number of patients
No concern	63.0% (34/54)
Taking two tablets	22.2% (12/54)
Side effects	7.4% (4/54)
Concern viral load may be affected	3.7% (2/54)
Concern over quality	1.9% (1/54)
Tablet size	1.9% (1/54)

Table 1. Concerns reported by patients for the switch to generics

## 4. It is important to achieve cost savings in the NHS





# Conclusions

- The majority of patients (64.8%) were in favour of switching to generics
- The main concern identified was taking two tablets (22.2%)
- Patient support and awareness of financial savings in the NHS was highlighted by the majority (83.3%) of patients agreeing with the cost savings statement
- This study highlights that many of our patients are in favour of such switches

# Limitations

- 2/3 of patients contacted
- 3 patients were not in agreement with switching
- Time for information to be processed
- Researcher bias
- Some centres are implementing a compulsory switch
- Plan for repeat study in 6/12

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# The Future

- Further antiretroviral patents due to expire
- Resulting in significant reductions in drug expenditure
- Kivexa to generic abacavir/lamivudine FDC
- Branded Nevirapine M/R – to generic
- Triumeq – to Dolutegravir + generic abacavir/lamivudine FDC

# Acknowledgements

Dr Wafaa Wasef (Consultant in Sexual Health & HIV)

Dr Peter Flegg (Consultant in Infectious Diseases)