Audit – What happened to patients after ATRIPLA was unbundled?

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Background

In order to meet CQUIN targets designed to improve drug costs we actively switched otherwise stable patients from Atripla to separate Truvada(FTC/TDF) plus Efavirenz(EFV).
We observed a number of patients switching to different regimens as part of these discussions or subsequently to this change. We sought to determine the number of patients who switched to other therapies and to understand the reasons for this.

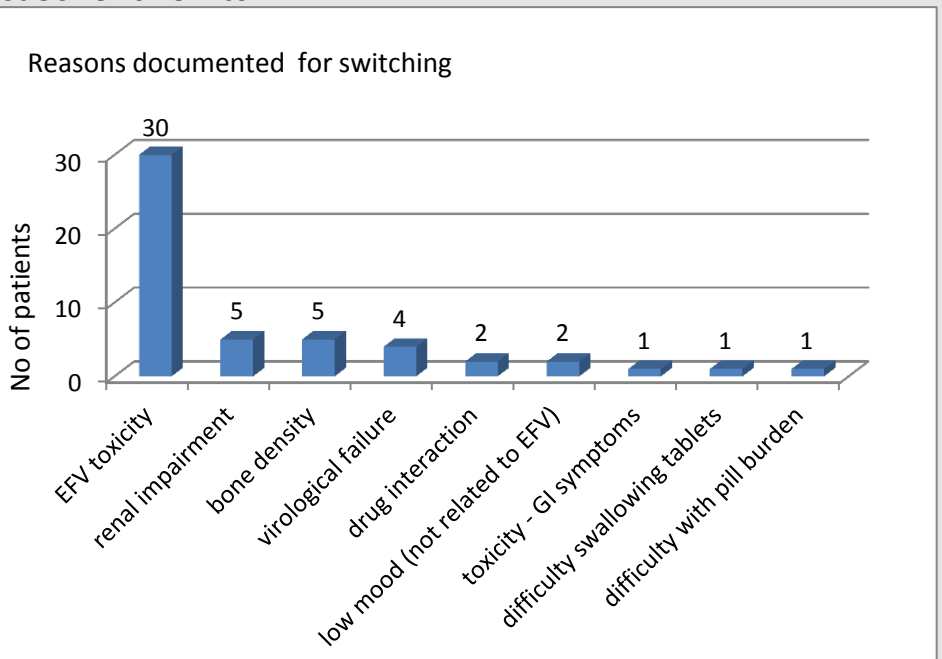
Method

Patients' ARV history was captured from the clinic EPR. We identified the patients that had been switched from Atripla to FTC/TDF plus EFV and we determined which drugs these patients were being prescribed in December 2018. If patients had switched away from FTC/TDF plus EFV we recorded the date of switch, if the reason for switch was documented, and if so the reason for switch.

Results

274 patients were prescribed Atripla in November 2016. 230 (84%) patients had been switched from Atripla to FTC/TDF plus EFV.
Switching started in December 2016 and most of the switches were completed by October 2017.
Of these 230, 177 (77%) patients remained on FTC/TDF plus EFV at December 2018.

Reasons for switch

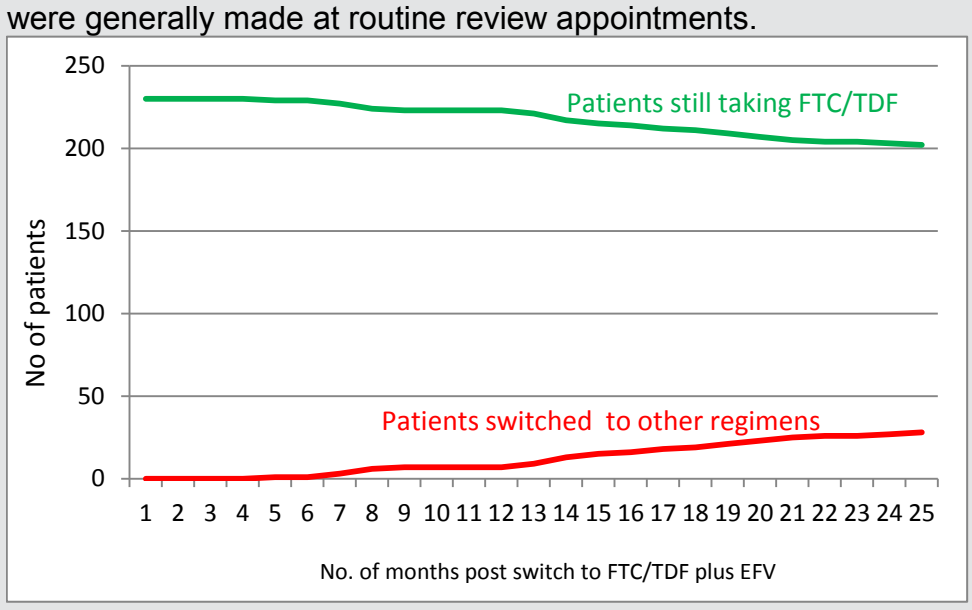


The patient that had difficulty with the pill burden was also changing contraception method to an oral contraceptive that had a drug interaction with EFV

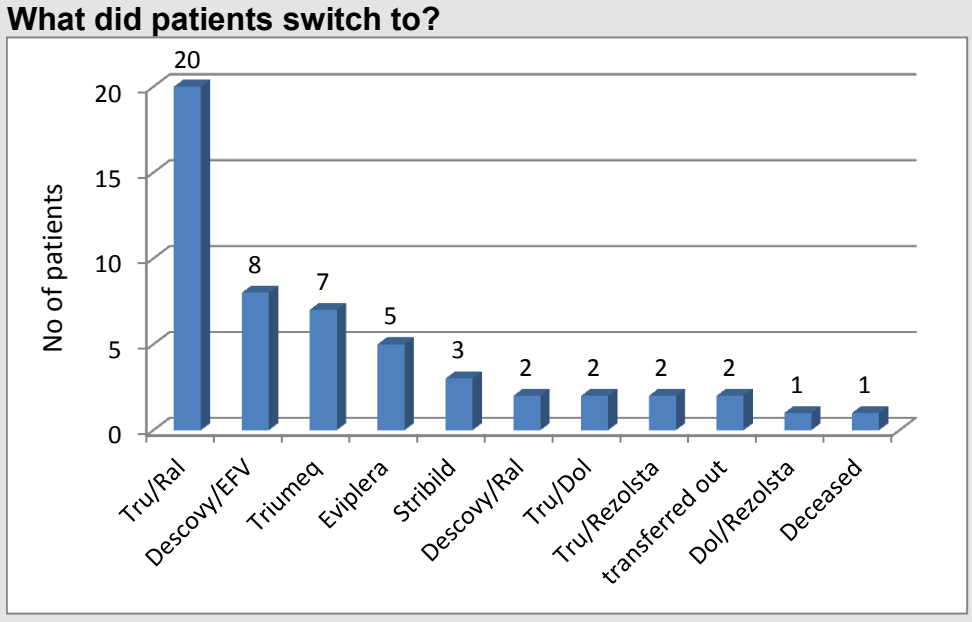
The majority of switches (30) were made to due EFV toxicity. This was a mixture of CNS, depression, sleep disturbance, and increased cholesterol levels. 19/30 (63%) of these were switched to FTC/TDF plus Raltegravir.
4 patients switched due to virological failure. The switch to FTC/TDF was considered to be a contributing factor in the virological failure for 1 patient.
5 patients switched due to renal impairment (4 of these were switched to a Descovy-based regimen, and 1 was switched to an Abacavir/Lamivudine-based regimen).
5 patients were switched away from FTC/TDF owing to reduced bone mineral density.
Other reasons for switch were: low mood, not attributed to EFV (2 patients), difficulty swallowing tablets (1 patient), drug interactions (2 patients), and GI toxicity (1 patient). No patient changed their treatment purely on the basis of pill burden.
3 patients were no longer taking ARVs (1 deceased, 2 transferred out)

Results

When did patients switch?
Switches happened between 4 and 24 months post switch to FTC/TDF plus EFV (mean average 14 months).
The first switch was made after 4 months due to a drug interaction with chemotherapy.
The first switch due to EFV toxicity was made at 6 months. Switches were generally made at routine review appointments.



What did patients switch to?



Prescribers had initially had concerns about increasing patient's pill burden from one tablet a day to two when switching from Atripla to FTC/TDF plus EFV.
Patients that were switched away from the FTC/TDF plus EFV were switched to a variety of ARV combinations. 50 patients remained on ARVs at the end of the review period. 15 patients that were switched reduced their pill burden back to one tablet a day, 15 patients were switched to alternative regimens that continued a 2 pill a day regimen, and 20 patients increased their pill burden to 3 tablets a day.
At the end of the review period 227 patients that had been switched from Atripla to FTC/TDF plus EFV were on a mixture of regimens. Most of the patients (192) had remained on 2 tablets a day.

Conclusion

We observed that the majority of patients who switched to FTC/TDF plus EFV remained on this regimen. Increasing pill burden was a significant concern for prescribers but this was not reflected in the attitude of patients regarding changes to their medications. Indeed, 20 patients that were switched away from FTC/TDF plus EFV were switched to a raltegravir-based regimen which resulted in an increased pill burden for the patient.

We propose that pill burden is not a major consideration for stable patients and that this exercise was useful in identifying patients with previously undisclosed toxicities.