

Patient perspectives on switching to generic antiretrovirals to reduce NHS costs

Adanna Anomneze-Collins¹, Owen Seddon², Rachel Drayton²

¹ Cardiff University ² Public Health Wales



Iechyd Cyhoeddus
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Public Health
Wales

Introduction

The advent of generic anti-retroviral therapy means opportunity for substantial cost savings in HIV care. Data from a US cohort suggests around half of patients are willing to switch to regimes purely to save costs to their local HIV service. We sought to establish whether this holds true for a UK cohort.

Methods

Questionnaires were distributed to patients attending two inner city HIV clinics between June and August 2018. Questions were based on the US study and asked patients for their opinions on switching to save cost, increasing their tablet burden or taking different but equally efficacious medication.

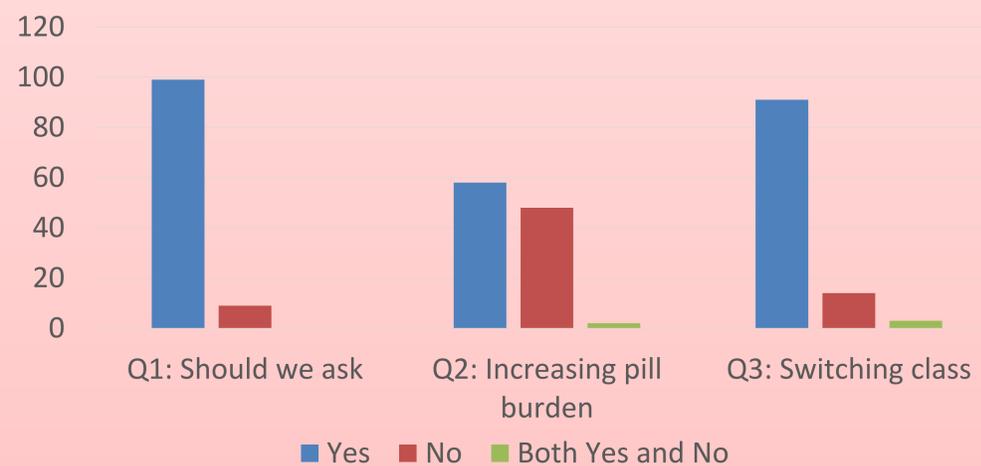
The patients were then asked the following questions:

1. Do you think the clinic should routinely ask patients if they are happy to switch their antiretroviral pills to save costs to the NHS, assuming the drugs are equally effective and well tolerated? Yes/No
2. Would you be happy to take the same medication(s), but in the form of more tablets, if it was cheaper for the clinic? (e.g. two pills a day instead of one, or three instead of two) Yes/No
3. Would you be happy to change to a different, equally effective but cheaper treatment option? Yes/No
4. Do you have any further comments or thoughts as to why or why not? (Open-ended question)

Results

Ninety-nine (92%) of the 108 patients agreed that clinics should routinely ask patients whether they would be happy to switch to cheaper but equally effective antiretrovirals to save costs to the NHS. When asked if they would be happy taking generic formulations even if pill burden increased, 58 (54%) said yes. When asked if they would be willing to change regimes, including drug class, to an equally effective but cheaper option, 91 (84%) said yes.

Bar Chart of Questionnaire Responses



Free text comments on the questionnaire showed a strong altruistic tendency amongst our cohort.

Table 1: Sample of free text comments

Those responding 'yes' to all questions:

"We all need to do our part to reduce the costs for the NHS in order to keep it free"
"I wouldn't want to be switching drugs every time there's a price change but wouldn't mind helping save money"
"As long as treatment is effective, I am happy"
"Yes, to Q3 but why is it cheaper. That would be my concern"
"If there is good information and opportunity to consider the pros & cons, then it's ok"

Those responding 'yes' to question 1 and 3 but 'no' to question 2:

"No to Q2 only because this may increase risk of non-adherence. We should always be seeking most cost-effective option for NHS although we must also make it as easy as possible for people to take meds"
"I struggle to take pills sometimes, so 1 pill is better for me. Thanks."
"Every patient is different, what might be suitable for one patient might not be suitable to the other patient. As a patient on other medications, less tablets would suit me better. Hence a single tablet is better"
"As long as there are no more side effects everything should be fine"

Those responding 'no' to all questions:

"I wouldn't take the risk of changing from an effective combo"
"If the tablets are working why change them! Think of yourself and not the NHS"

Our figures were comparable to the US cohort where 84% were in favour of clinics routinely de-simplifying to generics, and 48% were personally willing to tolerate an increased pill burden. (Krentz et al. 2018)

Conclusion

Patients in our cohort support clinics switching to generic medication purely on grounds of cost, in principle. Patients are less concerned about switching drug classes than they are about increasing their tablet burden, although over half are willing to change even if it increased their pill burden. Since data suggest that it is dosing frequency rather than tablet number which impact most on adherence, this supports the practice of switching patients to generic medication where it is clinically appropriate to do so. (Buscher et al. 2012)

References

- Buscher, A. et al. 2012. Impact of antiretroviral dosing frequency and pill burden on adherence among newly diagnosed, antiretroviral-naive HIV patients. *International Journal of Std & Aids* 23(5), pp. 351-355. doi: 10.1258/ijsa.2011.011292
- Krentz, H. et al. 2018. Patient perspectives on de-simplifying their single-tablet co-formulated antiretroviral therapy for societal cost savings. *HIV Medicine* 19(4), pp. 290-298. doi: 10.1111/hiv.12578.