

Switching Atripla to Truvada and generic Efavirenz – is the saving sustainable?

Introduction: The NHS England “Commissioning for value” scheme in 2016 recommended a cost-effective switch from Atripla (ATP) to Truvada and generic Efavirenz (gEFV)¹ supported by the use of patient information leaflets or other appropriate methods. We aimed to assess patient tolerability, virological outcomes and retention on generics at 1 year follow up, and cost savings associated with switch to Truvada + gEFV.

Method: Between 7/2016 and 12/2017, 113 patients who had switched from ATP to Truvada + gEFV were identified from pharmacy records. Data was collected from the Electronic Patient Record with regard to demographics, patient tolerability, virological control and retention on gEFV at 1 year post-switch. Drug wastage due to intolerance to gEFV and any additional clinic visits or monitoring undertaken after generic switch were recorded. A cost analysis was done to estimate overall savings.

Results:

Of the 113 patients reviewed, 18 reported new side effects (16%). These patients previously tolerated ATP well

12 of these 18 patients reported side effects related to the central nervous system (low mood n=4, dizziness n=8). 13 out of 18 patients who were intolerant were of White ethnicity (72%)

There were 4 instances of additional clinic visits for monitoring post switch

3 of which were to investigate a detectable viral load who subsequently re-suppressed. There were no cases of virological failure

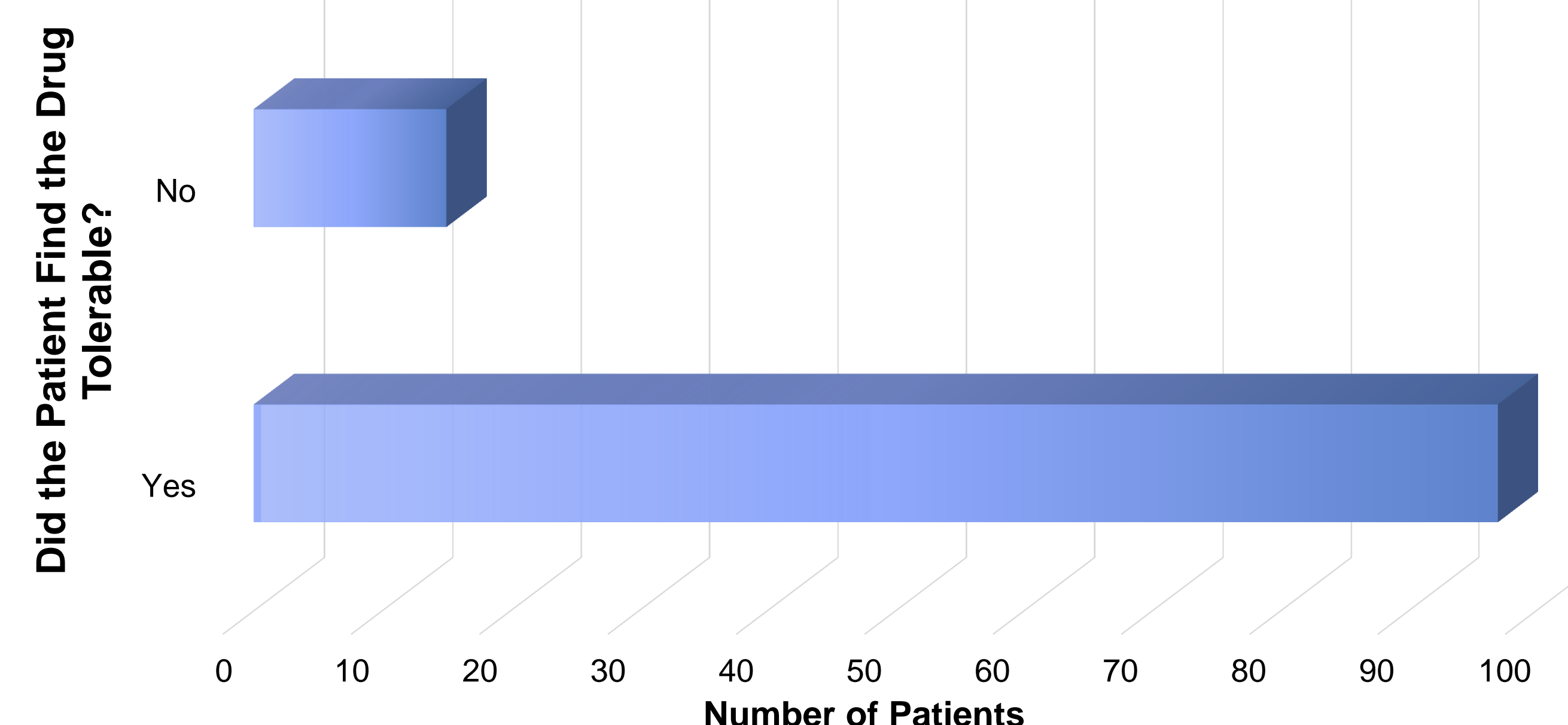
20 patients were not on Truvada + gEFV at 1 year after switch (18%).

9 of 20 patients requested to switch back to ATP; the remaining 11 were switched to an alternative cART regimen

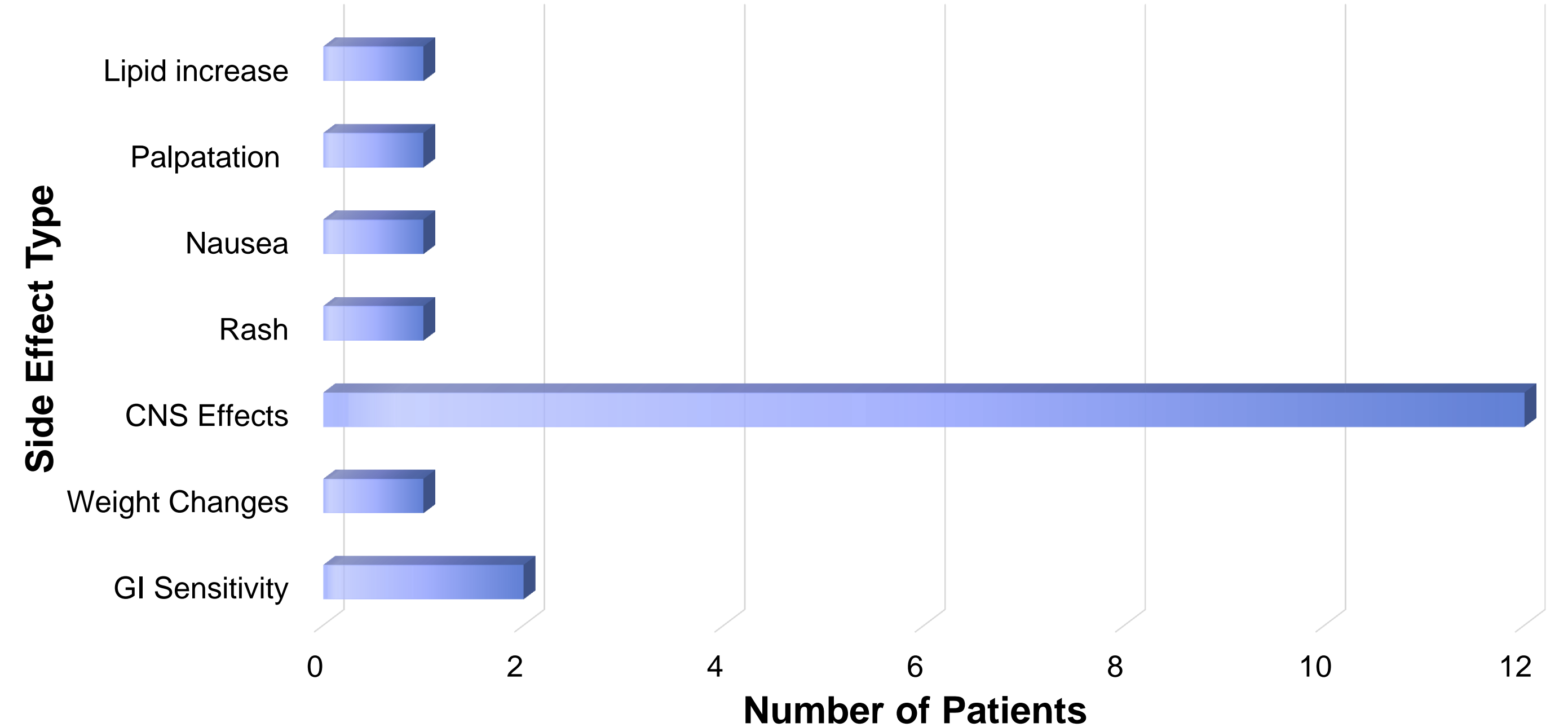
Projected Annual Savings:

If all patients continued on Truvada/gEFV:
£86,784
 Loss from switching:
£19,660
 Actual annual savings:
£67,124

Patient Tolerability of gEFV



Split of Side Effects on gEFV



Drug Regimen After Switching off Generics	Patients
Atripla	9 (45%)
Odefsey	2 (10%)
Descovy + Raltegravir	5 (25%)
Descovy + Dolutegravir	1 (5%)
Triumeq	3 (15%)

Conclusion:

- **ATP to Truvada + gEFV switch was overall acceptable, virologically safe and cost effective enabling an annual saving of £67,124**
- **Of those patients switching, 16% reported new side effects generating unnecessary clinic visits and/or monitoring in a few.**
- **18% of patients switched away from this regime at 1 year thereby reducing the sustainability of cost savings.**

Discussion: Subsequent to this study generic ATP has become available in the NHS since September 2018. We suggest that any generic switch should be carefully considered with a strategic view of the timeline of drug patent expiry as patient intolerance and drug wastage can reduce savings estimated from generic switches.

References:

1. NHS England. HIV Antiretroviral Commissioning for Value June 2016: Specialised Commissioning - South, 2016.