

Is the switch worth it? How changing from non-commissioned antiretrovirals has affected cost and pill burden in a single centre

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1 Introduction

The median lifetime cost of managing HIV is £296,022, with antiretroviral drugs comprising two-thirds of this cost.

Over the last year national commissioning has aimed to increase the value of medications given, which has led to some fixed dose combinations (FDC) becoming non-commissioned mainly due to cost. Clinics have been encouraged to switch away from regimes containing these FDC.

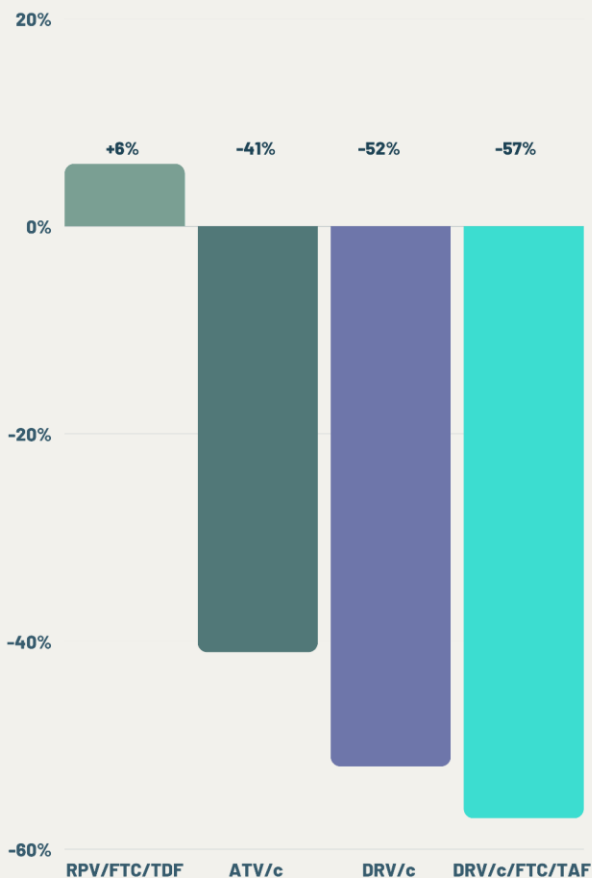
We aim to explore whether shifting from non-commissioned branded HIV drugs has had the desired effect of improving costs while also considering how daily tablet burden was influenced by the switch.

2 Methodology

- patients switched from the non-commissioned branded drugs rilpivirine/emtricitabine/tenofovir disoproxil (RPV/FTC/TDF), atazanavir/cobisistat (ATV/c), darunavir/ritonavir (DRV/c) and darunavir/ritonavir/emtricitabine/tenofovir alafenamide (DRV/c/FTC/TAF) between 01/04/2022 and 11/01/2023 were included
- 154 patients known to Newcastle-upon-Tyne HIV Services were identified (41 patients on RPV/FTC/TDF, 16 ATV/c, 87 DRV/c and 10 DRV/c/FTC/TAF)
- the average monthly cost and number of daily tablets of these regimens were determined before and after the switch

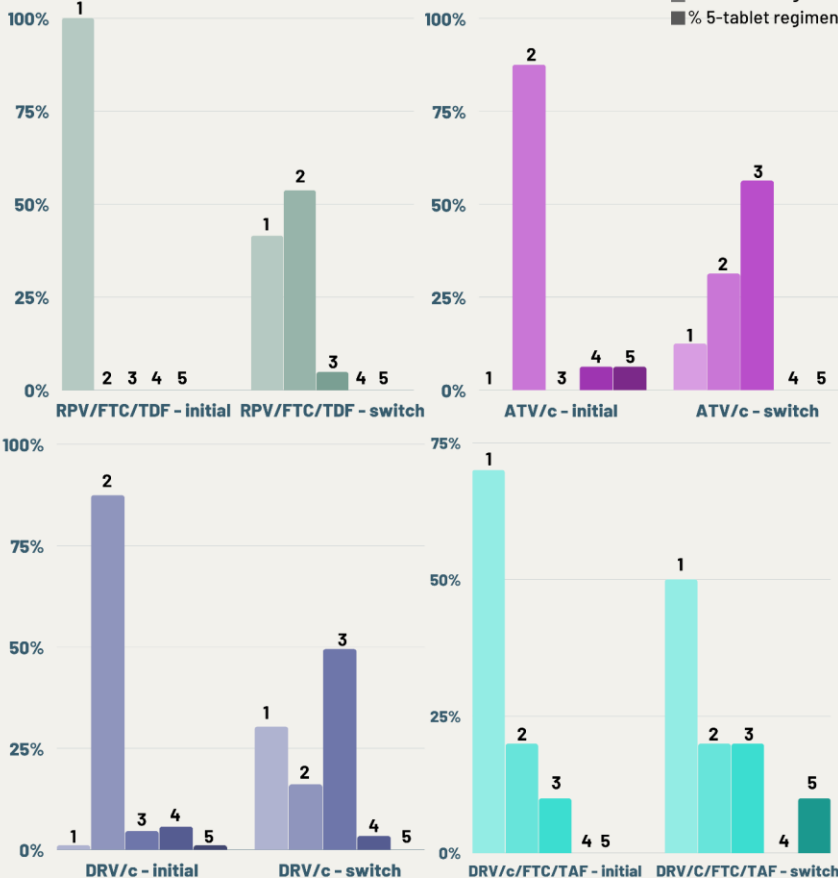
3 Results

Percentage cost difference after the switch



- the switch from RPV/FTC/TDF increased monthly costs by £517 (+6%), ATV/c decreased costs by £1,974 (-41%), DRV/c decreased cost by £17,731 (-52%) and DRV/c/FTC/TAF by £3,182 (-57%)
- the overall monthly cost difference was £23,451 (overall 43% cost savings)

Pill burden



- overall number of patients on 1 tablet regimens increased from 49 (32%) to 51 (33%)
- overall number of patients on 2 tablet regimens decreased from 92 (60%) to 43 (28%)
- overall number of patients on 3 tablet regimens increased from 5 (3%) to 56 (36%)
- overall number of patients on 4 tablet regimens decreased from 6 (4%) to 3 (2%) while 5 tablet regimens remained unchanged at 1%

4 Conclusion

- switches resulted in significant overall cost saving
- cost savings were reduced by the use of alternative branded FDCs
- RPV/FTC/TDF switches were more expensive and resulted in more complex regimens, suggesting that policies are not always associated with increased savings
- there were 145 (94%) initial once daily (OD) and 9 (6%) twice daily (BD) regimens; after the switch there were 147 (95%) OD and 7 (5%) BD regimens
- pill burden increased for some patients due to the switch; however this did not significantly increase the frequency of daily medications
- effect on compliance is not clear