Patient’s perceptions of switching from Atripla® to Truvada® and generic efavirenz

Dr Hardeep Kang (ST4)

Dr John Sweeney (Consultant)
Background

• *Atripla®* was approved as a fixed dose combination drug in 2006

• The patent for *Atripla®* expired in 2016, allowing consideration of a switch to *Truvada®* 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®* 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

Cost savings

Atripla® switch

81 patients

Monthly saving per patient £71.77

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

\[ £69760.44 \text{ per YEAR} \]
Methods

• All patients established on Atripla® 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®, 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
Atripla®:
- Branded medication
- Licence
- Generics

Atripla® = emtricitabine/tenofovir (Truvada®) and efavirenz

What the switch involves

How and when to switch

Questions for this project
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

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

5. Do you have any other concerns or comments
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
• 96.3% (52) had a viral load <20 copies/ml and median CD4 count was 627
• The mean time established on *Atripla*® was 53.5 months
1. I am in favour of switching to the two equivalent tablets as described to me

- Strongly Agree: 33.3%
- Agree: 31.5%
- Uncertain: 22.2%
- Disagree: 9.3%
- Strongly disagree: 3.7%

Total: 64.8%
2. Do you have concerns about switching from Atripla® to the two equivalent tablets?
3. What is your main concern about the switch to the two equivalent tablets?

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

Table 1. Concerns reported by patients for the switch to generics
4. It is important to achieve cost savings in the NHS

- **Strongly Agree**: 48.1% (26)
- **Agree**: 35.2% (19)
- **Uncertain**: 9.3% (5)
- **Disagree**: 7.4% (4)
- **Strongly disagree**: 0% (0)

Total: 83.3%
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
Cost savings

Atripla® switch
81 patients
Monthly saving per patient £71.77

81 x 71.77 = £5813.37 per MONTH

£69760.44 per YEAR
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)