

# Impact of generic switch on people with HIV in the UK

## ABSTRACT

**Background:** In 2010, the annual cost of treating and caring for people with HIV in the UK was £762 million, approximately two-thirds of which was spent on antiretrovirals (ARVs) and other related drugs.<sup>1,2</sup> The patent expiration of key HIV drugs is leading commissioning bodies to look at reducing the burden of HIV drugs on healthcare budgets through the use of generic medicines. However, potential cost-savings of generic drugs need to be weighed against any potential disadvantages of increased pill burden and quality concerns,<sup>2</sup> as well as patient acceptability. A recent NAM survey set out to establish the possible impact of generic switch on people with HIV in the UK.

**Methods:** People with HIV participated in an online questionnaire<sup>3</sup> asking about their knowledge of generic medicines and what concerns they might have if asked to switch from any branded drug in their ARV regimen to a generic one.

**Results:** At the present time 122 people with HIV have completed the questionnaire, of whom 110 were male. The average age of respondents was 41.9 years. Overall, 88.5% of respondents knew what a generic drug is and 70.2% thought a generic would offer better value for money than a branded drug. Nearly half of respondents said they would find it annoying/confusing/inconvenient/concerning if their doctor asked them to switch to a generic drug.

Participants were asked: "if your doctor asked you to change one of your branded medicines to a generic, would you please indicate whether you would be comfortable with each of the following changes below?" Answers (%) are shown in the table.

Change in:*	Uncomfortable	Comfortable	Don't know
How effectively the treatment regimen controls your condition	68	26	7
Side-effects	65	22	13
Appearance of pill (e.g. size, colour, coating), packaging or labelling	8	77	15
How the pill is taken (e.g. number of pills/day; time of day; taken with food)	56	26	17

\*1 respondent did not answer

**Conclusions:** People with HIV understand why branded medicines might be changed for generic versions. Patients would be uncomfortable switching to generics if it led to a reduction in efficacy or new side-effects, and a clear majority would be unhappy about changes in frequency of dose or food restrictions. Fewer were concerned about changes in appearance. Appropriate information for people with HIV is essential to address any possible unease and confusion surrounding generic use and ensure high treatment standards are maintained.

## INTRODUCTION

- The number of people diagnosed with HIV continues to grow; in 2011 in the UK alone, 6280 new patients were diagnosed with HIV<sup>3</sup>
  - ♦ The linear growth trend in diagnoses over the last 10 years shows no signs of plateauing<sup>3</sup>
- Gross expenditure on HIV and AIDS increased by more than 50% between 2006 and 2010<sup>1</sup>
  - ♦ In 2010, the annual cost of treating and caring for people with HIV in the UK was £762 million, approximately two-thirds of which was spent on antiretrovirals (ARVs) and other related drugs.<sup>1,2</sup>
- The patent expiration of key HIV ARVs is leading commissioning bodies to look at reducing the burden of HIV drugs on healthcare budgets through the use of generic medicines<sup>2</sup>
  - ♦ Savings of £1.4 and £1.1 million/year have been estimated by switching 1000 patients currently taking patented versions of zidovudine and nevirapine, respectively, to generic versions<sup>2</sup>
- However, potential cost-savings of generic drugs need to be weighed against any potential disadvantages of increased pill burden and quality concerns,<sup>2</sup> as well as patient acceptability

- A recent NAM survey set out to establish the possible impact of generic switch on people with HIV in the UK

## OBJECTIVES

- The objectives of the survey were to:
  - ♦ Better understand opinions regarding the use of generic HIV medication of people with HIV in the UK
  - ♦ To raise awareness of patient perceptions of generic use amongst healthcare professionals involved in the management of patients with HIV in the UK via the survey results

## METHODS

- The format of the survey was an online questionnaire of 28 multiple-choice questions that took 10 to 15 minutes to complete
- The survey included a short introductory text explaining the purpose of the survey and how the data would be used
- A short definition of a generic drug was included

### Survey recruitment

- The survey was accessed via a link on the NAM website ([www.aidsmap.com](http://www.aidsmap.com)) and was promoted through NAM communications, including email bulletins and social media

### Question themes

The survey included the following themes:

- Patient background
- Management and treatment of HIV
- Understanding about generics

### Data collection and collation

- All research adhered to MRS, BHBI and ABPI market research codes of conduct, which outline rules and regulations in terms of maintaining respondents' anonymity, confidentiality and personal data
- The survey went live on 16 April 2013 and closed on 17 May 2013

## RESULTS

### Respondent demographics and characteristics

- A total of 122 people with HIV completed the questionnaire. Respondent demographics, disease and treatment characteristics are shown in Table 1.

### See Table 1. Respondent demographics and characteristics (N=122) overleaf

### Switching medication

- More than half of the respondents (63.1%) had their HIV medication switched at least once. The main reasons for switching were:
  - ♦ Tolerability (58.4% of respondents who had a switch)
  - ♦ Efficacy (16.9%)
  - ♦ Wanting to try a new treatment regimen (13.0%)
  - ♦ Taking part in a clinical trial (7.8%)
  - ♦ A clash with other concomitant medications (6.5%)
  - ♦ Lifestyle factors (5.2%)
- The most common things that changed after the switch were the number of pills (68.9%), frequency of side-effects (49.4%) and the appearance (i.e. colour, size) of the pills
- Most respondents were fine with the switch (not an issue 39%; their idea to switch 37.7%)
- However, despite 48.1% of respondents seeing the switch as a positive change, it was normal for many to feel a range of emotions at the same time, including confusion, annoyance and/or concern
- Figure 1 shows respondent opinions of reasons for switching treatment

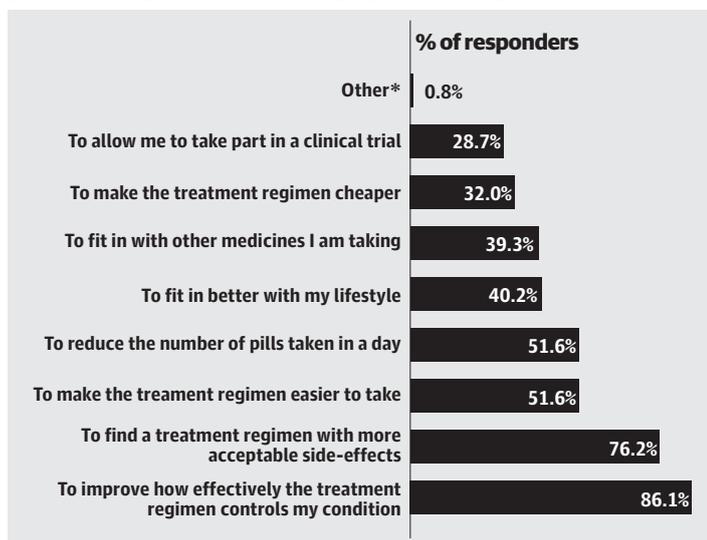
### See Figure 1. Patients' responses to the question "which of the following would you consider a good reason for changing treatment regimen?" overleaf

**Table 1. Respondent demographics and characteristics (N=122)**

Demographics	
<b>Gender, n (%)</b>	
Male	110 (90.2)
Female	12 (9.8)
<b>Mean age, years</b>	
	41.9
<b>Ethnicity, n (%)</b>	
White British	93 (76.2)
White other (please specify)	18 (14.8)
Black African	6 (4.9)
Mixed	3 (2.5)
Other	2 (1.6)
Health status	
<b>HIV duration, months</b>	
Range	4-359
Mean	96.6
<b>Current health status, n (%)</b>	
Generally in good health	81 (66.4)
Occasional restriction of daily activities	26 (21.3)
Frequently restriction of daily activities	9 (7.4)
Constant restriction of daily activities	6 (4.9)
<b>Health problems experienced, n (%)*</b>	
Depression/anxiety/memory problems	66 (54.1)
Stomach/bowel problems	44 (36.1)
Liver problems	18 (14.8)
Bone fractures	13 (10.7)
Kidney problems	11 (9.0)
Cancer	9 (7.4)
Diabetes	6 (4.9)
Heart disease	4 (3.3)
Other	23 (18.9)
None	29 (23.8)
Treatment	
<b>Treatment duration, months</b>	
Range	1-282
Mean	64
<b>Current daily number of tablets/capsules for anti-HIV regimen</b>	
Only 1	46 (37.7)
Between 2 and 3	49 (40.2)
Between 4 and 6	24 (19.7)
Between 7 and 9	2 (1.6)
Between 10 and 12	1 (1)
<b>Current daily number of tablets/capsules for other medications</b>	
None	45 (36.9)
Only 1	21 (17.2)
Between 2 and 3	22 (18.0)
Between 4 and 6	16 (13.1)
Between 7 and 9	6 (4.9)
Between 10 and 12	8 (6.6)
Between 13 and 15	2 (1.6)
More than 15	2 (1.6)

\*Patients could have experienced more than one health problem.

**Figure 1. Patients' responses to the question "which of the following would you consider a good reason for changing treatment regimen?"\*\***



**Switching from a branded to a generic medicine**

- Overall, 88.5% of respondents knew what a generic drug is and 70.2% thought a generic would offer better value for money than a branded drug
- Nearly half of respondents (45.5%) said they would find it annoying/confusing/inconvenient/concerning if their doctor asked them to switch to a generic drug
- The majority of patients felt uncomfortable about changes in efficacy and side effects associated with changing from a branded to a generic medicine (Table 2); patients generally felt more uncomfortable about a change in regimen than a change in medication appearance or packaging

**Table 2. Patient feelings regarding switching from a branded to a generic medicine (N=121)**

Change in:*	Uncomfortable	Comfortable	Don't know
How effectively the treatment regimen controls your condition	67.8	25.6	6.6
Side-effects	65.3	21.5	13.2
Appearance of pill (e.g. size, colour, coating), packaging or labelling	8.3	76.9	14.9
How the pill is taken (e.g. number of pills/day; time of day; taken with food)	56.2	26.4	17.4

**Adherence to treatment and relationship with doctor**

- Most patients reported taking every pill at the right time (54.9% of respondents) or almost never missing a pill (36.1%); only 1 respondent reported missing at least one pill every week
- Other than good tolerability and efficacy, the main things that would help respondents adhere to their treatment regimen were taking fewer pills less frequently and not having to worry about food restrictions
- Some respondents thought that reminders, text, alarms etc. and support from others were important for adherence, but pill characteristics (size, coated, capsule, consistent appearance, memorable drug name) were less so
- Most respondents appeared to have a good relationship with their doctor, with the majority understanding what the doctor told them all (74.4%) or most (23.1%) of the time
- Discussions regarding current and potential future medicines were mostly 2-way, with respondents asking lots (22%) or some (47%) questions and being actively involved in treatment decisions (43%)
- Very few respondents relied on their doctor as the only source of information (7.4%), with many supplementing information given to them by their doctor and other healthcare professionals (e.g. nurses, pharmacists) with online information from HIV charities/organisations (63.4%) and/or other websites (19.7%)

**CONCLUSIONS**

- People with HIV generally understand the rationale for changing branded medicines to generic versions
- While patients may be sympathetic to the need for cost savings, they would be uncomfortable if a switch to generics in their regimen led to reduced efficacy or new side-effects
  - A clear majority would be unhappy about increases in frequency of dose or food restrictions
- Appropriate information for people with HIV is essential to address any possible unease and confusion surrounding generic use and to ensure high treatment standards are maintained

**REFERENCES**

- 1 House of Lords *No vaccine, no cure: HIV and AIDS in the United Kingdom*. Available at: <http://www.publications.parliament.uk/pa/ld201012/ldselect/ld aids/188/18802.htm>. Last accessed May 2013.
- 2 Gazzard B et al. *New strategies for lowering the costs of antiretroviral treatment and care for people with HIV/AIDS in the United Kingdom*. ClinicoEcon Outcomes Res 2012; 4:193-200, 2012
- 3 Health Protection Agency *HIV in the United Kingdom: 2012 Report*. London, November 2012.

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