

How it was possible to offer Integrase Inhibitor as first line ART while maintaining the sustainability of the Brazilian policy of universal access to drugs

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Introduction

Brazilian antiretroviral therapy is free and offered to 100% by Federal Government. In December 2016, about 500,000 people were on antiretroviral therapy (ART) and it was estimated that 100,000 new patients would be included in 2017. The Brazilian protocol recommended EFZ/TDF/3TC regimen as first line ART, and Integrase Inhibitors (II) as rescue therapy (Raltegravir – RAL 400 mg). As a result of the advances in international studies about the benefits of incorporating II in first line ART, the Brazilian government initiated the negotiations to offer II, even considering the impossibility of generic drugs acquisition due to patent laws.

Description

With an annual budget of approximately 350 million dollars to purchase antiretroviral drugs, the objective of the government was to offer II without significantly increasing the budget. Therefore, two strategies were used: a) price negotiation through bidding processes for the two II options available in Brazil (DTG 50mg and RAL 400mg) – only one of these would be included in the guidelines as a preferential first line drug and the same medication would be indicated for rescue regimens; b) reorganization of the guideline drug portfolio, including the removal of obsolete drugs and recommendations on switching patients to the new regimens.

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Lessons learned

In 2016, treatment cost with available II in Brazil was US 8.8 dollars/day; the negotiation allowed a reduction to US 1.50/day – purchase of DTG. DTG was then included in the guidelines as the preferential drug for first line ART; switching RAL to DTG as rescue regimens was also recommended. In relation to the portfolio reorganization, the following

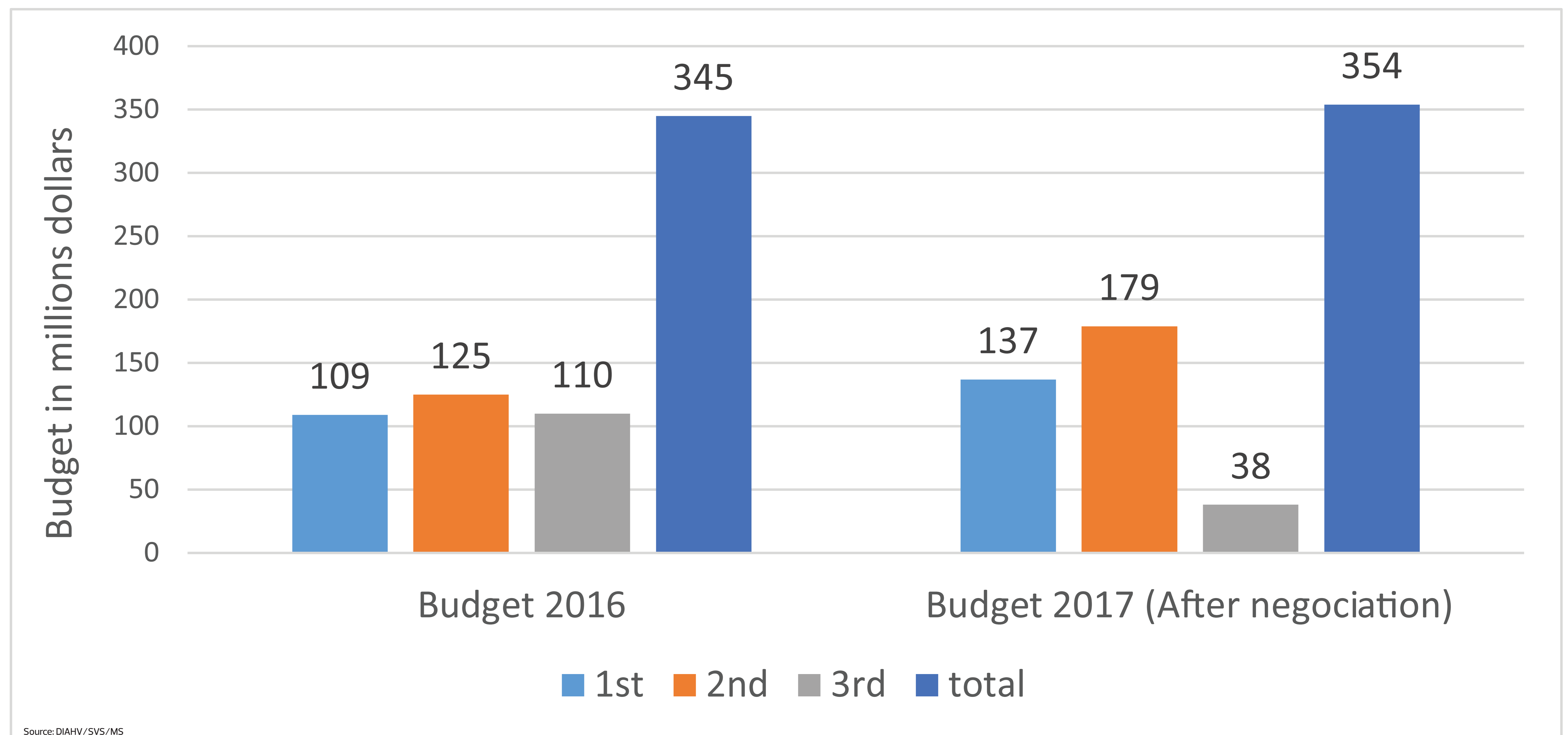
were excluded: Fosamprenavir, Didanosine, Stavudine, and Saquinavir as well as the change in the recommendation of Atazanavir as the preferential drug for second line ART. These actions permitted ART procurement for 2017, including DTG, without significantly increasing the budget, as shown in Figure 1

Conclusions

The strategies used by Brazil proved advantageous and made it possible to offer a better antiretroviral treatment without significant budget changes.

Even with the increase in cost with the first and second lines, the economy generated in the third line was decisive for the expansion of the use of II in Brazil.

Figure 1: Comparison of budget used to purchase ARV per line of ART in the years of 2016 and 2017



Source: DIAHV/SVS/MS