

The SPLIT study

Large cost-savings of splitting a single-tablet regimen (STR) to a two-tablet regimen (TTR), containing the same antiretrovirals.

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Disclosure

Potential conflict of interests	
Relations that could be relevant for the meeting	See below
Payment or other (financial) remuneration	<ul style="list-style-type: none">• Gilead Sciences BV• ViiV Healthcare BV• Boehringer Ingelheim

Introduction

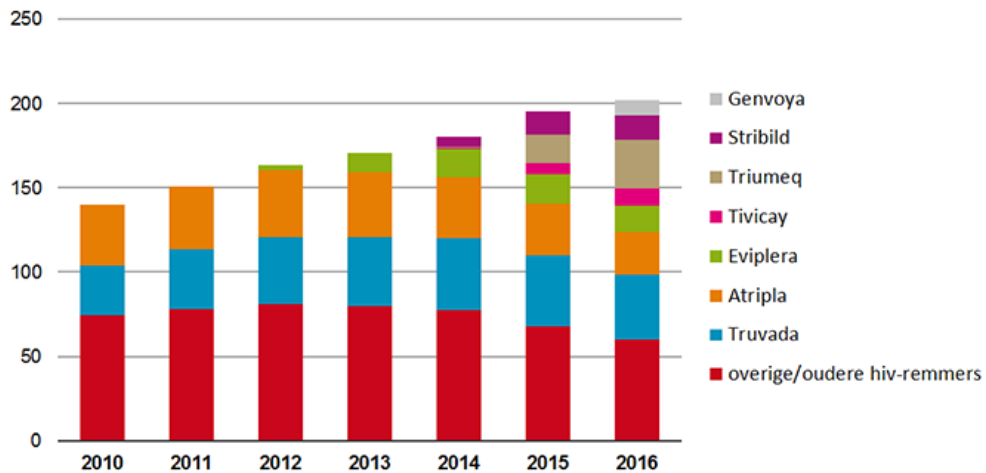
2011

€164 million healthcare costs for HIV

€134 million on drug expenses

→ a total of 82%

Drug expenses in Dutch pharmacies (€ - million) 2010-2016



Source: Stichting Farmaceutische kengetallen – report 2017

Generics

- Proven method to reduce drug expenses
 - In the Netherlands through health insurance policy
 - Only 1:1 switch (Viramune® → nevirapine)
- Switch does not apply to (new) STRs

€ 886 per month



€ 38 per month



€ 580 per month



€ 620 per month

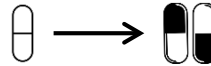
€250 less



Objectives



Patient acceptance of splitting



Quality of life

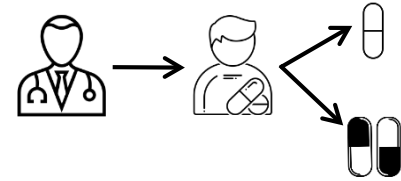


Patient adherence



Cost savings

Design



- Local policy
- Prospective observational

Criteria

- ✓ >18 years
- ✓ Dutch / English
- ✓ Use of Triumeq[®], Atripla[®] or Eviplera[®]

- ✗ Baxter patients
- ✗ Complex patients

Methods



Questionnaire about treatment satisfaction
Quality of life (SF12)



Lab (CD4/viral load)



Adherence



Cost-saving

Characteristics

- 283 patiënts were included
- Health status
 - Long-term treatment
 - Extensive experience with STRs

Characteristics (n=283)

Sex, n (%)

Male 255 (90.1)

Female 27 (9.5)

Other 1 (0.4)

Age at start, years
(median; range) 50 (18 – 78)

Health status

HIV diagnosis, years

Mean (range) 11.5 (1.0 – 33.1)

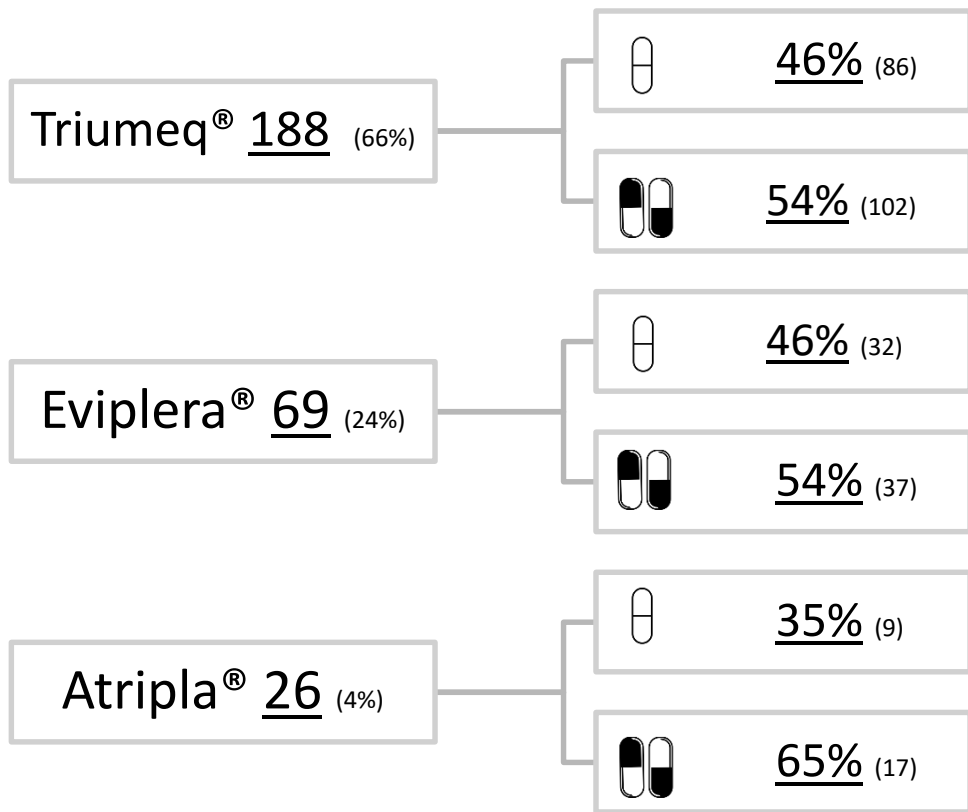
Treatment status

Duration of treatment, years

Mean (range) 8.4 (1.0 – 24.6)

Current ART treatment, years

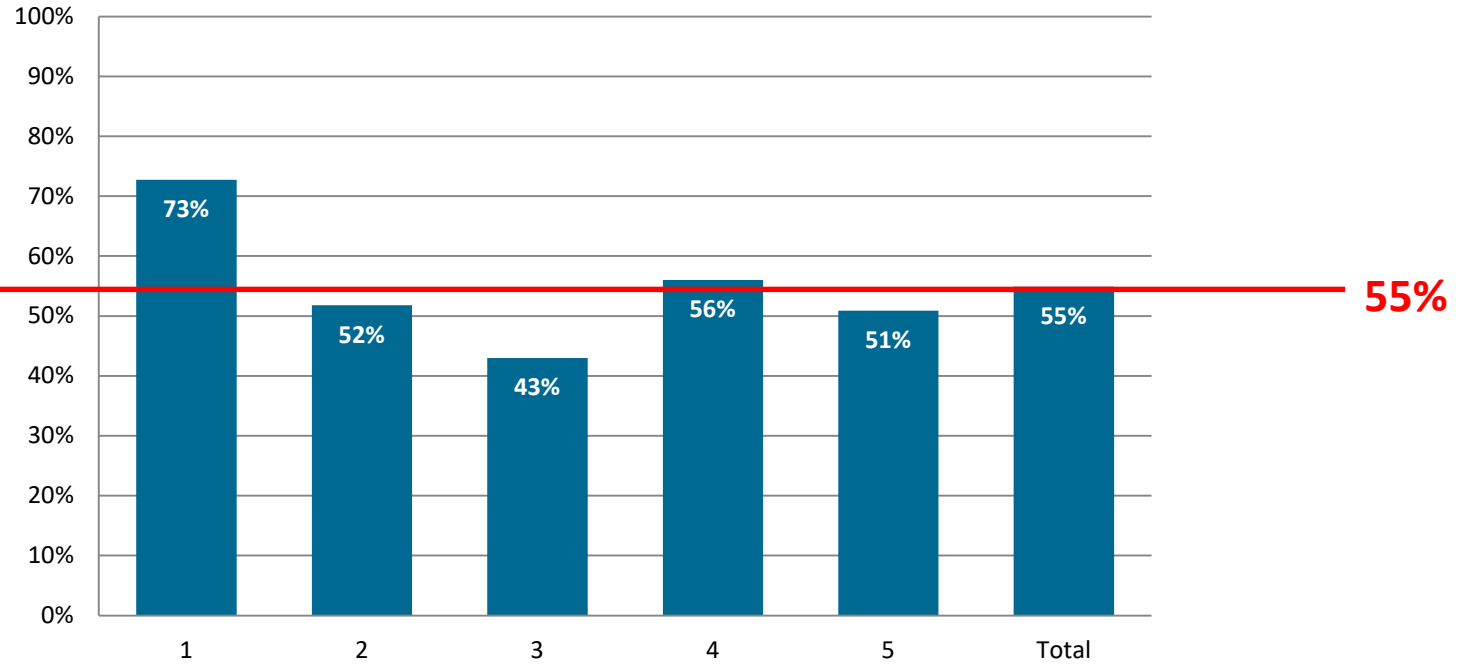
Mean (range) 3.6 (1.7 – 4.0)



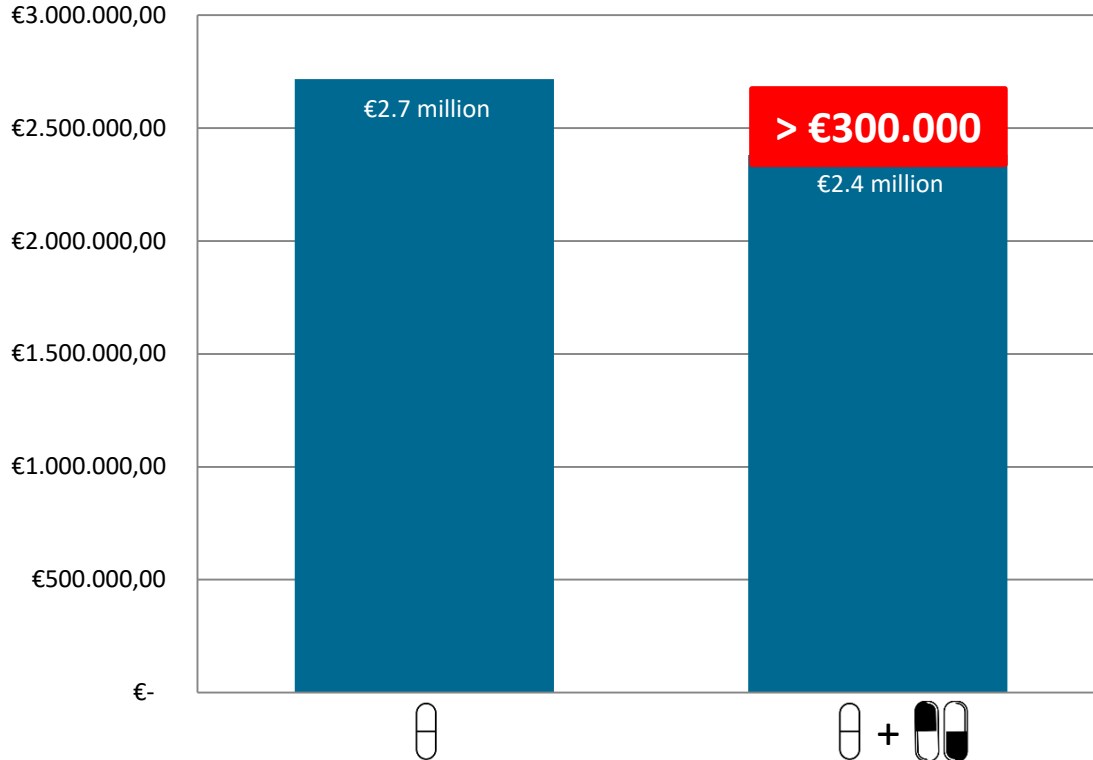
N = 283

Acceptance at start
= 55%

Acceptance per treatment center



Cost savings (drug costs)





Calculation:

Extrapolation of drug costs to 1 year

- 283 patients on 

Versus

- 140 patients on 
- 143 patients on 

Discussion



Study is still ongoing

- Questionnaires (quality of life)
- Adherence



Factors that contribute to acceptance



Other costs (> consultations)

Conclusion

- SPLIT study investigated a policy change
 - Switch from STR to TTR is possible
 - 143/283 (=51%) maintained on TTR
 - Cost-saving of > 300.000 euro in one year
- Patients open for switching STR to TTR

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