Generic HIV Meds Could Save U.S. $1B a Year, But Risk Lowering Adherence

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As first-line HIV medications begin to lose their patents, the U.S. health care system stands to save $1 billion a year, but a switch to generics may also raise the likelihood of treatment failure, MedPage Today reports. A study conducted by Massachusetts General Hospital and Weill Cornell Medical College and published in the January 15 Annals of Internal Medicine examines both the financial and health impacts of the release of generic antiretrovirals (ARVs).

Currently, the recommended therapy for treatment-naive people with HIV is the single-pill, once-a-day triple combination therapy Atripla, which is comprised of three brand-name ARVs: Viread (tenofovir), Emtriva (emtricitabine) and Sustiva (efavirenz). In January 2012, a generic form of the ARV lamivudine, which operates similarly to emtricitabine, was released. A generic of efavirenz is expected to hit the market soon.

The study indicates that adding the two generics to Viread to assemble a combination therapy comparable to Atripla would yield a lifetime savings of $42,500 for every eligible patient. Government sources, which pay for the lion's share of HIV care in the United States, would benefit the most. However, because of the increased pill burden—there is no imminent promise of a once-a-day generic combo pill—people with HIV would likely be less adherent to the drug cocktail and run a greater risk of developing drug resistance. Furthermore, lab studies have suggested that lamivudine may be somewhat less effective than emtricitabine, as well as more likely to lead to the development of drug resistance.

To read the MedPage Today article, click here.

To read the Mass General Hospital and Weill Cornell Medical College release, click here.

To read the abstract of the study, click here.

Editor's Note: This article has been updated.

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