The Community Perspective on TLD

Luckyboy Edison Mkhondwane
Why we root for treatment optimisation?

• Optimization of ARV regimens aims to ensure people living with HIV receive the best medicines available in the most efficient and cost-effective way.

• The newest movement to optimize the preferred first-line ARV treatment involves the introduction of dolutegravir (DTG), an integrase inhibitor widely considered to be more effective than other third agents in first-line therapies.
What we are looking for in ART?

AFFORDABLE

EFFECTIVE

TOLERABLE
The excitement begins

HIV drugs: Dolutegravir, the new kid on the block

**Dolutegravir, new HIV drug**

SOUTH AFRICA
New HIV drug safer, more effective and cheaper
25 September 2017 - 14:31
BY KATHARINE CHILD

ARV breakthrough as trial in SA confirms effectiveness of new drug

New ARV drug a game-changer for HIV patients
By Amy Green Time of article published Jul 27, 2017

The study confirms that dolutegravir is an effective and well-tolerated ARV.
DOLUTEGRAVIR IS COMING TO SOUTH AFRICA
New affordable HIV treatment

Innovation in HIV treatment pricing means that more patients will not default on treatment and help boost efforts to decrease the disease in the country.

A ground-breaking pricing agreement has been reached that will fast-track the availability of the first affordable, generic, single-pill HIV treatment regimen containing Dolutegravir. Dolutegravir is a medication used for the treatment of HIV infection. Minister of Health Aaron Motsoaledi, together with a number of international organisations and agencies, reached the pricing agreement recently. The new fixed-dose combination will be available to low- and middle-income countries at a reduced price of US$75 (just over R1 000) per person, per year.
Dolutegravir is coming to South Africa* soon!
Why people are excited about dolutegravir based regimen?

- It is highly effective: Dolutegravir is very effective at suppressing someone’s viral load quickly (the amount of copies of HIV in the blood). This is important for the long-term health of the person taking it. An undetectable viral load also means a person will no longer be able to transmit HIV to anyone else.

- It is well tolerated: In clinical trials there have been far fewer side effects reported from people using dolutegravir as compared to people using the efavirenz (EFV). This includes fewer central nervous system side effects such as depression and anxiety. The improved tolerability of dolutegravir should make it easier for people to adhere to treatment in the long term. While not totally free from side effects, it is much better.

- It is easy to take: People only require a small dosage of dolutegravir. The small dose makes it ideal to combine in a single tablet with other antiretrovirals. It also means the pills can be much smaller.

- It has few interactions with other medicines: dolutegravir has fewer drug interactions compared to EFV. One interaction we know about is with the tuberculosis medicine rifampicin. This is important given high rates of TB and HIV co-infection. While more evidence is needed, right now people with HIV and TB are being given an increased dose of dolutegravir to account for the drug interaction. Another interaction is with a diabetes drug called metformin (where we drop the dose of metformin a little if used with dolutegravir). It also should not be taken at the same time as with antacids or food supplements, if possible (you can take these at a different time of the day).

- It has a high barrier to resistance: dolutegravir has a higher genetic barrier to developing drug resistance compared to efavirenz. This will reduce the need for people to switch treatment lines since it is anticipated that extremely few people will develop resistance to dolutegravir. This is also important for people who are already resistant to another type of antiretroviral medicine – called a non-nucleoside reverse transcriptase inhibitor (NNRTI).
Less money, more people

• At US$75 (+/-ZAR 1,277) per year, it is considered more cost effective than tenofovir/lamivudine/efavirenz as of 2019.
• This simply means that more people can be initiated and maintained on ART.
More generic versions
Now what's the holdup?

<table>
<thead>
<tr>
<th>June 2020</th>
<th>District</th>
<th>Facility</th>
<th>Number on TLD</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limpopo</td>
<td>Mopani</td>
<td>Giyani Health Centre</td>
<td>500</td>
<td>Treatment naive and those on ART with Undetectable viral Load access TLD and women of child bearing age do not get it</td>
</tr>
<tr>
<td>Gauteng</td>
<td>Westrand</td>
<td>Khutsong Ext 3 Clinic</td>
<td>51</td>
<td>2 Months’ supply for stable patients and one month for newly initiated Not giving to patients who are of child bearing age and they educating patients before giving TLD.</td>
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<tr>
<td>W.C</td>
<td>Khayelitsha</td>
<td>Ubuntu Clinic</td>
<td>355</td>
<td>Only clients who are treatment naive</td>
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</tbody>
</table>
LET'S GET IT GOING!
Thank You!