



Letter to private clinicians re prescribing FDC to public sector patients

Dear Health Care Provider

As you are aware, in 2012, Dr Aaron Motsoaledi, South Africa's Minister of Health, announced the award of a new antiretroviral (ARV) tender that, for the first time since the start of the public sector ARV program, includes a triple fixed dose combination (FDC) tablet. This is a significant step forward for South Africa's national ARV program, enhancing cost effectiveness and simplifying the first-line regimen. However, initially, FDC supply will be insufficient to provide for all FDC-suitable patients, as SA's FDC producers will need time to maximise production to provide sufficient FDC for all eligible patients.

Transitioning from individual drugs to the FDC needs to be carefully managed, particularly regarding stock management, ordering processes, supply chain integrity and comprehensive patient counselling. As the initial public sector FDC supply will be insufficient to provide for all suitable patients, a gradual, phased approach to introducing the FDC should help to ensure a smooth transition. The Department of Health (DoH) has recommended that the following patient groups be prioritised for FDC initiation/switch at public facilities:

Priority group 1: All HIV-positive patients newly initiating ART - adults, adolescents and pregnant women (regardless of CD4 count) - and who do not have contra-indications to the FDC component drugs

Priority group 2: HIV-positive pregnant women and breastfeeding mothers currently stable on lamivudine (3TC), tenofovir (TDF) and efavirenz (EFV).

As SA's ARV programme continues to expand, clinics are experiencing burgeoning populations of stable patients who are clinically well and virologically suppressed. Long-term retention in care of this group is proving problematic. However, the NDoH has decided that clinically stable patients receiving TDF, 3TC and EFV are to be prioritised below other groups during the initial period of this current tender. After allocating FDC stocks to new patients, pregnant patients, d4T-receiving patients and those with co-morbidities, there may not be additional FDC available for stable patients who are clinically well and virologically suppressed. Any patients who are not included in the priority groups for the FDC will need to be counselled so that they understand why they are not being switched to an easier option. The Southern African HIV Clinicians' Society recommends that clinicians adhere to these NDoH guidelines, to avoid FDC stock-outs occurring and to help to ensure a smooth transition to FDC.

The Southern African HIV Clinicians' Society would like to appeal to private practitioners who are approached by public sector patients not falling into priority groups 1 and 2 for a prescription for the FDC to ensure that these patients are fully aware of the priority groups as



determined by NDoH. It is important that such patients understand that if they are switched to the FDC in the private sector and then return to their usual public sector healthcare facility, it may not be possible for them to remain on the FDC. It is imperative that these patients' expectations are managed, as they may experience disappointment and even anger when they return to their usual point of care, which will place undue pressure on staff at these facilities.

The introduction of the FDC is a significant step forward for South Africa's national ARV program, and the Southern African HIV Clinicians' Society fully supports the NDoH with the phasing in of the FDC. However, those patients who will not be switched to the FDC at this stage will need to be counselled extensively and their expectations carefully managed. We appeal to those clinicians prescribing ARVs in the private sector to assist us in supporting both the NDoH, as well as patients, during this period of transition.

The Southern African HIV Clinicians Society