health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Reference No : ARVs transition
Enquiries : Dr Z Pinini
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TO REQUEST THE HAST PROGRAMME AND PHARMACEUTICAL SERVICES TO IMPLEMENT THE RECOMMENDATIONS BELOW ON THE MANAGEMENT OF ANTIRETROVIRALS IN 2021

Accelerated switching to TLD in first-line

The COVID-19 pandemic disrupted South Africa's health systems and product supply in 2020. First-line treatment regimens of TEE (tenofovir/ emtricitabine/ efavirenz) and TLD (tenofovir/ lamivudine /dolutegravir) were particularly impacted. Through careful management of suppliers and active stock monitoring under the Affordable Medicine Directorate's (AMD) leadership, there are no further supply constraints anticipated in the short to mid-term. The table below highlights healthy stock and pipeline levels, especially for TLD. **TLD stock levels can therefore support an increased transition rate** across all provinces

TLD remains the preferred treatment for first-line patients, as in the current guidelines; hence, the National Department of Health **(NDoH) continues to advocate for a continuous transition** to this highly potent regimen which is a crucial step for improving viral suppression and reaching 90-90-90 targets.

	Stock reported in provinces		**Supplier stock & pipeline**	
	26 April 2021 stock	Months of cover in provinces	End March stock	Apr-Jun pipeline
TLD	11.2m	~4 months	5.4m	11.5m
TEE	8.0m	~4 months	0.8m	8.2m
DTG	0.3 m	>6 months at current usage	0.8m	None as overstocked

Accelerated switching to DTG-containing in second-line

There are supply challenges associated with Lopinavir/ritonavir 200/50mg (LPV/r 200/50mg). To balance medicine supply, the NDoH advocates to switch ***stable*** *patients in second line to dolutegravir-based regimens given the available clinical evidence in favour of dolutegravir 50mg (DTG50)[1] and the availability of supply of the latter.*

Further, clinicians should consider switching patients using efavirenz 600mg singles to DTG-50 singles, as demand for efavirenz 600mg is higher than anticipated and is currently exceeding supply.

Finally, we would like to thank all those who have responded to the call to switch eligible patients to DTG-containing regimens.

Thank you,

Date: 2021/05/05

[1] Aboud M, Kaplan r, Lombaard J, *et al.* Dolutegravir versus ritonavir-boosted lopinavir both with dual nucleoside reverse transcriptase inhibitor therapy in adults with HIV-1 infection in whom first-line therapy has failed (DAWNING): an open-label, non-inferiority, phase 3b trial. Lancet Infectious Diseases 2019; 19(3): P253-64.