

# TENOFOVIR DISOPROXIL FUMARATE/ LAMIVUDINE/NEVIRAPINE (TDF/3TC + NVP)

## GENERAL INFORMATION

- Therapeutic class: One NtRTI and one NRTI (in a double fixed-dose combination) + one NNRTI in a co-pack.
- WHO guidelines: Indicated for first-line for adults and adolescents.<sup>6</sup>
- Originator company and product brand name: No originator product exists.
- First approval by U.S. Food and Drug Administration (FDA): Not applicable.
- WHO Model List of Essential Medicines (EML): Individual medicines included in 17th edition. The WHO Expert Committee on the Selection and Use of Essential Medicines recommends and endorses the use of fixed-dose combinations and the development of appropriate new fixed-dose combinations.<sup>24</sup>
- Patents: Most patents related to tenofovir (TDF), lamivudine (3TC) or to nevirapine (NVP) also affect this combination.

## PRICE INFORMATION

### Developing country prices in US\$ per patient per year, as quoted by companies.

The price in brackets corresponds to the price of one kit of three tablets. Products quality-assured by US FDA or WHO prequalification (as of May 2011) are in **bold**.

	Daily dose	Matrix
Who can access this price?		See annex 2
TDF/3TC + NVP 300/300 + 200mg (co-pack)	1 kit (3 tablets)	<b>134 (0.367)</b>

## SPOTLIGHT ON ACCESS ISSUES

This co-pack is likely to be widely used in developing countries as first-line regimen.

In 2010, WHO released new recommendations for antiretroviral therapy for HIV in adults and adolescents. These new recommendations advise countries to phase out stavudine- (d4T) based regimens because of their long-term irreversible side effects and to move towards zidovudine- (AZT) or tenofovir- (TDF) based first-line regimens.

For many years, the regimen containing d4T played a crucial role in ART scale-up in resource-limited settings, due to its availability in a fixed-dose combination and most importantly its low cost. d4T remains a widely used ARV in first-line regimens.

It is time for countries to invest in a more robust, TDF-containing first-line regimen, such as TDF/3TC/EFV or TDF/FTC/EFV, which are both one pill, once a day or TDF/3TC + NVP (available in co-pack). While the price

today is still higher than a d4T-based regimen, there is a need to generate greater demand which will, in turn, increase the competition and the economies of scale needed to further decrease prices.<sup>7</sup>

However NVP interacts with one of the most commonly used TB drugs, rifampicin, requiring a switch to EFV during the course of TB treatment.