Understanding barriers to rifapentine use in U.S. tuberculosis programs to inform pricing advocacy

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BACKGROUND

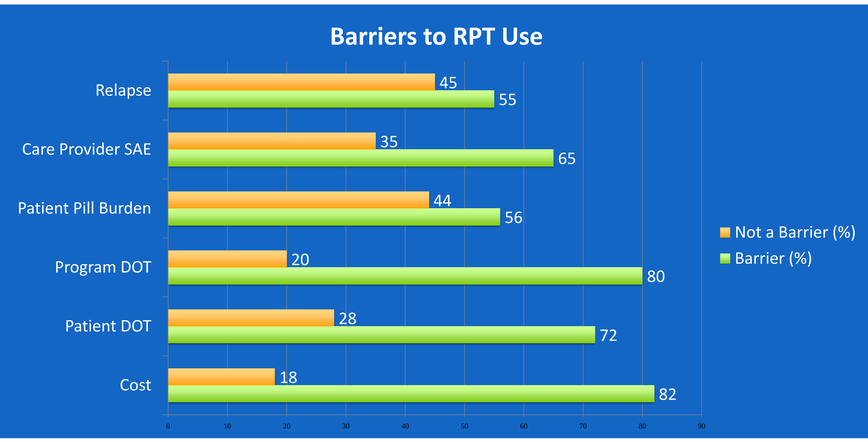
Rifapentine (RPT) is an FDA-approved drug for treating tuberculosis (TB) that forms part of a regimen for TB infection. Despite clear efficacy, rifapentine's utilization by TB programs was much less than expected. The Treatment Action Group (TAG) and the Consortium to Respond Effectively to the AIDS/TB Epidemic (CREATE) partnered with the National Tuberculosis Controllers Association (NTCA) to conduct a survey amongst program managers to investigate the barriers to RPT use in order to inform ongoing advocacy efforts to increase RPT access.

INTERVENTION

We sent a survey of seven questions to the NTCA listserv. 71 program managers responded, with representation from 47 states, 19 counties, and 5 cities. From the contact list the NTCA provided, only 6 states and 5 cities did not respond. Of the non-responders, only 2 states and 1 city had TB case rates above their respective national averages. We were confident that results were not biased due to missing information from programs that are more heavily-burdened than others. We quantitatively analyzed responses and qualitatively analyzed comments in order to further elucidate themes. The findings were shared with the NTCA as well as Sanofi U.S.

RESULTS

Survey responses confirmed the under-utilization of RPT. Only 15% of respondents are using RPT as often as they would like to. Cost was the leading barrier to use; 82% of survey respondents cited cost as a barrier to use. Programmatic concerns about directly observed therapy (DOT) followed closely as a barrier to utilizing RPT. Concerns regarding safety and, unexpectedly, efficacy of RPT were also cited as barriers to use.

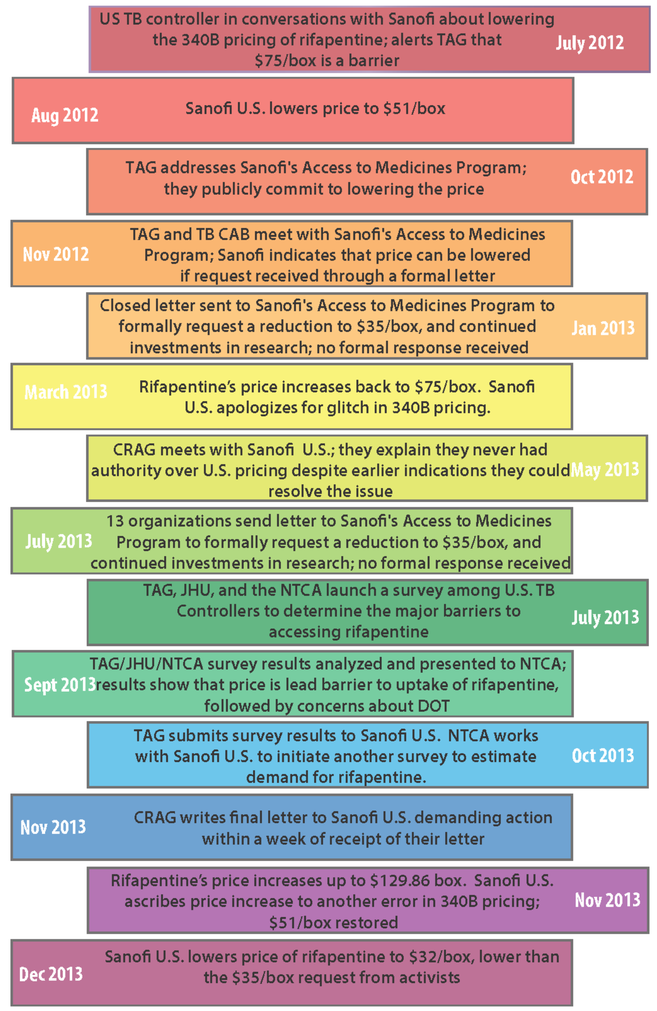


CONCLUSION

Cost of RPT was the most-cited barrier to use and these results were a focus of advocacy efforts conducted by TAG and the NTCA, as a clinical trial is underway to address concerns about DOT. A reduction in RPT pricing and an education campaign have been pursued simultaneously in order to provide patients with the shortest and most effective treatment possible.

In December 2013, Sanofi U.S. lowered the price of RPT by a historic 56%, removing the most cited barrier for increasing its use in U.S. TB control programs. Ongoing studies will continue to monitor drug safety, and more work is needed to educate providers on RPT efficacy and inform them about the reduced pricing to stimulate utilization of this treatment.

RIFAPENTINE ADVOCACY TIMELINE



For more information:

http://www.treatmentactiongroup.org/tb/drugs-advocacy/rifapentine

Acknowledgements

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