Background: Antiretroviral therapy (ART) accounts for 86% of the total cost of HIV care in France. Generic antiretrovirals can reduce this burden. The aim of this study was to evaluate the proportion of generic ART prescription and identify potential factors associated with their prescription.

Materials and methods: multi-centric retrospective descriptive study in three health centres in the Paris area (two in Paris, one in the suburban area) including people living with HIV (PLWH) aged at least 18 years, taking ART for at least six months and who were given at least one prescription of ART (triple therapy only) during year 2021. We analysed the last ART prescription (regimen type, use of international non-proprietary name [INN]). PLWH demographics (age, country of birth, gender). HIV parameters (HIV transmission mode, treatment history and duration), physician parameters (age, gender, experience in HIV care and centre). Analysis of risk factors was performed using a multivariate logistic model.

Results: 5236 patients were included. 30.2% of the prescriptions contained at least 1 INN-generic drug (n = 1580) (0.8%). Female gender, age > 55 years and number of therapeutic lines ≤ 5 were associated with more generic ART prescriptions. Male and over 55 years-old physicians were more likely given generic ART than non-generic ART drugs. Factors associated with their use were patient-related (male gender, age > 55 years) and a center effect was observed.

Conclusions: Generic ART were prescribed in only one third of patients. TDF/FTC accounted for 82% of all generic drugs. Factors associated with their use were patient-related (female gender, age ≤ 50 years, time since diagnosis ≤ 3 years, number of therapeutic lines ≤ 5), physician-related (male gender, age > 55 years) and a center effect was observed.