Summary of ARV prescribing guidelines in London

These slides summarise the recommendations by the London HIV Consortium for prescribing antiretrovirals.

April 2011

HIV-positive people should discuss these proposals with their doctor. As with all treatment decisions, discussing options with your medical team is always recommended.

The London Consortium Drug Group will post documents online by 28 March.

http://www.londonspecialisedcommissioning.nhs.uk/

Summary of tender process

- **London HIV Consortium brings together commissioners, doctors from all HIV clinics in London, HIV pharmacists and community representatives.**
- **The Drugs & Treatment Sub Group has worked for many years to ensure equity of access to treatment across London.**
- **Pan London contracts for Antiretroviral Therapy have been tendered for a number of years. This improves the cost of treatment and equity of access across clinics.**
- **October 2010. The group agreed to include a therapeutic tender for 2011/12. Companies are asked to tender based on usage of drugs.**
- **December 2010. Tenders were reviewed by a multi-disciplinary panel involving doctors, patient representation and commissioners.**
- **Recommendations for first and second line therapy were referred to all clinical leads for discussion and approval.**
- **1 February 2011: Lead doctors agree on appropriate use of preferred NRTIs and PIs.**
- **8 March 2011: Clinical meeting to draft guidelines to support the changes.**
- **16 March 2011: Lead clinicians' meeting on agreed:**
  - Clinical guidelines for prescribing Kivexa as first choice in treatment-naive patients and for atazanavir as the PI of choice with potential for switching existing patients
  - Agree process to achieve equitable approach across all London providers to implementing agreed changes in prescribing priorities
- **1 April 2011: New contract will start and will run for 2 years**

Efavirenz

Preferred first line treatment in all naïve patients unless:

- Patient has baseline resistance
- Patient wants to become pregnant
- Concern over CNS side effects (previous history or current psychological state)

If switching due to toxicity recommend:

- Boosted atazanavir
- Nevirapine (within CD4 criteria)

First-line NRTIs: abacavir/3TC (Kivexa)

Unless

- HLA B-5701 positive
- Baseline HIV viral load > 100,000 copies/mL
- Cardiovascular (CVD) risk over 10 years >10% (before adjustment for DAD abacavir risk)
- Hepatitis B: HBsAg +ve or HBV DNA +ve
- Hepatitis C: Expecting to start HCV treatment

NRTI summary

- Kivexa as first-line NRTI backbone for new patients unless clinically contraindicated
- Kivexa to be considered for patients requiring to switch regimen for other reasons
- People currently on stable treatment are NOT being asked to switch NRTI (ie people currently stable on Atripla, Truvada, tenofovir or FTC combinations)

First protease inhibitor: atazanavir

Unless

- Not supported by PI resistance profile
- Clear clinical contraindication – drug-drug interactions e.g. PPI
- History of renal stones

PI summary

- atazanavir for all new PI patients unless clinically contraindicated
- Switches to atazanavir for existing PI patients unless clinically contraindicated
- atazanavir/Ritonavir should not be used as monotherapy

Raltegravir

Reserved for

Short-term clinical indications:

- Inpatient care with complex drug interactions
- Late presentation in pregnancy where rapid viral load reduction is desirable to reduce MTCT

Long-term clinical indications:

- Significant drug resistance where use is required to construct an adequate regimen
- Ongoing complex drug interaction where use of other agents may result in harm, e.g. immunosuppressive therapy in transplant recipients

Raltegravir summary

- Raltegravir (with TDF/FTC) has demonstrated non-inferiority to efavirenz but comes at a significant excess cost
- Use should be reserved for specific groups of patients where particular features justify a clear clinical rationale
- Once the clinical rationale no longer applies, a switch to a more cost-effective regimen should be made