

**Midlands & East Region:
Antiretroviral Therapy (ART)
Prescribing Implementation Guidance for
Adult and Adolescent Patients Starting and
Switching Treatment 2021-2022**

July 2021 Update

Ratified by the Midlands and East HIV ARV Prescribing Network July 2021

NHS England and NHS Improvement



Updated Basic Principles: Midlands & East ART Prescribing Implementation Guidance July 2021



- Most patients starting ART for the first time will be able to use a BHIVA recommended regimen which *also* sits within cost **Band 1a**.
- With the expansion of generic compounds it should also be recognised that some patients may be able to start on an effective ARV regimen that sits within cost **Band zero**.
- Patients starting on regimens within **Band 1b** or above need to be discussed at a recognised MDT. The rationale for using a more expensive regimen needs to be discussed with the MDT and documented for audit purposes.
- Clinics are strongly advised to ensure that products used are on the CMU framework and where an assigned generic preparation is available on the CMU framework, these would be the first choice
- The reason for using generics should be clearly explained to the patient
- The use of combination tablets will generally be supported as long as they remain within the same price banding as their combined separate components
- Patients with complex adherence issues should be discussed at an MDT; these patients may require a single tablet regimen with a greater cost than the components *only if agreed* and supported by the MDT.
- When a switch is “clinically indicated” the costs of the available options, in addition to the clinical appropriateness of those options should be considered ([see ARV switching flow chart for regimens currently prescribed in our region](#))
- Many of these regimens may need to be reviewed in the light of newer, better tolerated, simpler regimens now available in lower cost bands.
- Many patients are extremely stable using older more established drugs within Band Zero. When there are no clinical reasons to switch it can be appropriate for individuals to remain on these regimens.
- Patients should finish existing supplies of medications before moving to a new regimen as long as this is clinically appropriate.



Updated Basic Principles: Midlands & East ART Prescribing Implementation guidance July 2021

- The prices of generic Darunavir, Atazanavir and Ritonavir negotiated for the Midlands and East region are reflected in this update
- Generics have significantly reduced regimen costs; this has increased the number of regimen options within in **Band 0** and **Band 1a**. The algorithm for switching ARV regimens has been updated to reflect this
- The use of *Biktarvy™*, *Delstrigo™*, *Juluca™*, *Pifeltro™* and *Dovato™* are included in this update.
- Doravirine is available as a single agent *Pifeltro™*, to be used in combination with other antiretrovirals. It is also available as a single tablet regimen when co formulated with Tenofovir Disoproxil and Lamivudine (*Delstrigo™*). *Delstrigo™* sits within **Band 1a**.
- Bictegravir is only available as a single tablet regimen when combined with Tenofovir Alafenamide and Emtricitabine (*Biktarvy™*). *Biktarvy™* sits within **Band 1b**
- The banding for *Symtuza* has changed. *Symtuza* is a single tablet regimen containing Darunavir, Cobicistat combined with Tenofovir Alafenamide and Emtricitabine. This **now** requires MDT approval before prescribing as it **now** sits within **Band 1b**
- The combination tablet *Juluca™* (Dolutegravir + Rilpivirine) sits in **Band 1b**
- The combination tablet *Dovato™* (Dolutegravir + Lamivudine) sits within **Band 1a**



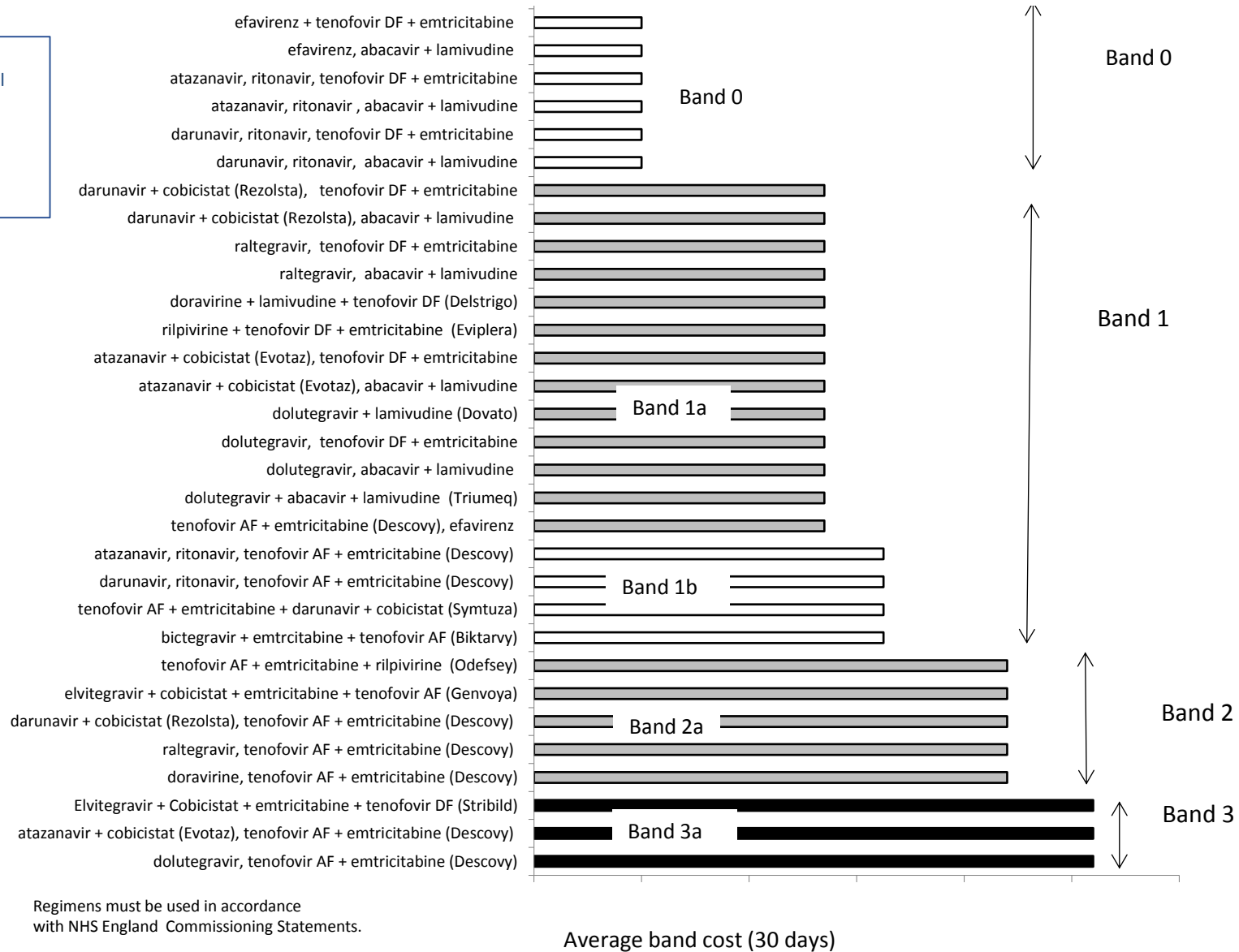
MDT Considerations during Covid -19

- We recommend networks read the Interim BHIVA statements related to COVID-19 for the basic principles of HIV Care during the COVID-19 pandemic:
<https://www.bhiva.org/Coronavirus-COVID-19>
- We welcome this valuable resource and support the principles behind their recommendations.
- However, as clinics, staff, patients and laboratories adapt to new ways of working we do not recommend the routine use of the specific or preferred agents outlined in this interim guidance.
- Rather, we ask clinicians and MDTs to take into account the local and regional availability of tests, appointments, monitoring arrangements and patient demographics and support systems when considering starting and switching ARVs and prescribe according to principles of the Midlands and East prescribing guidance.

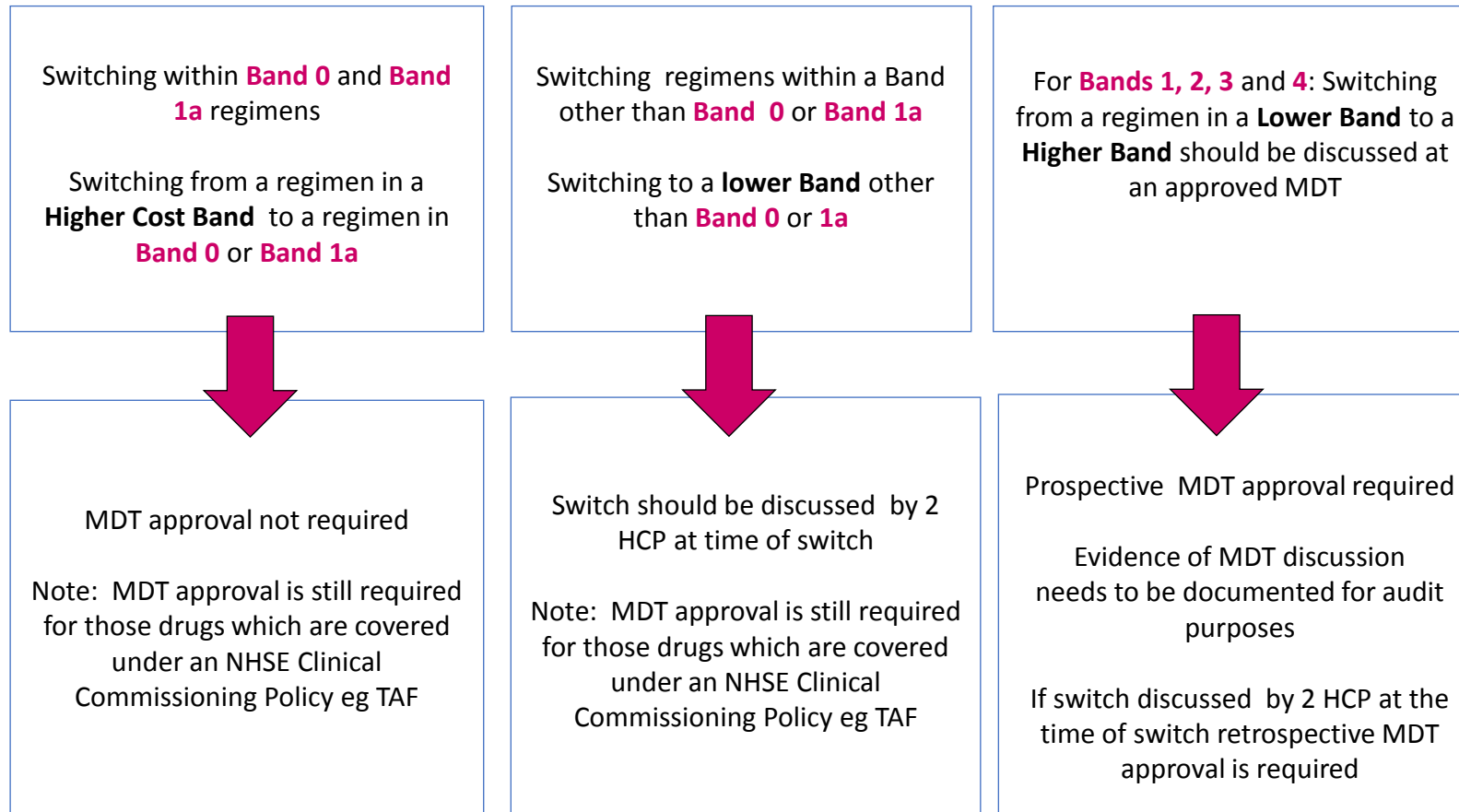
Visual Aid: Starting ARV Regimens ARV Banding July 2021 Update



Please note:
 "+" represents combined in the same pill
 and "," represents separate pill.
 For example: Dolutegravir, Abacavir + Lamivudine is 2 separate pills and Dolutegravir + Abacavir + Lamivudine is Triumeq™



Algorithm for Switching ARV regimens Midlands & East Region: July 2021 Update



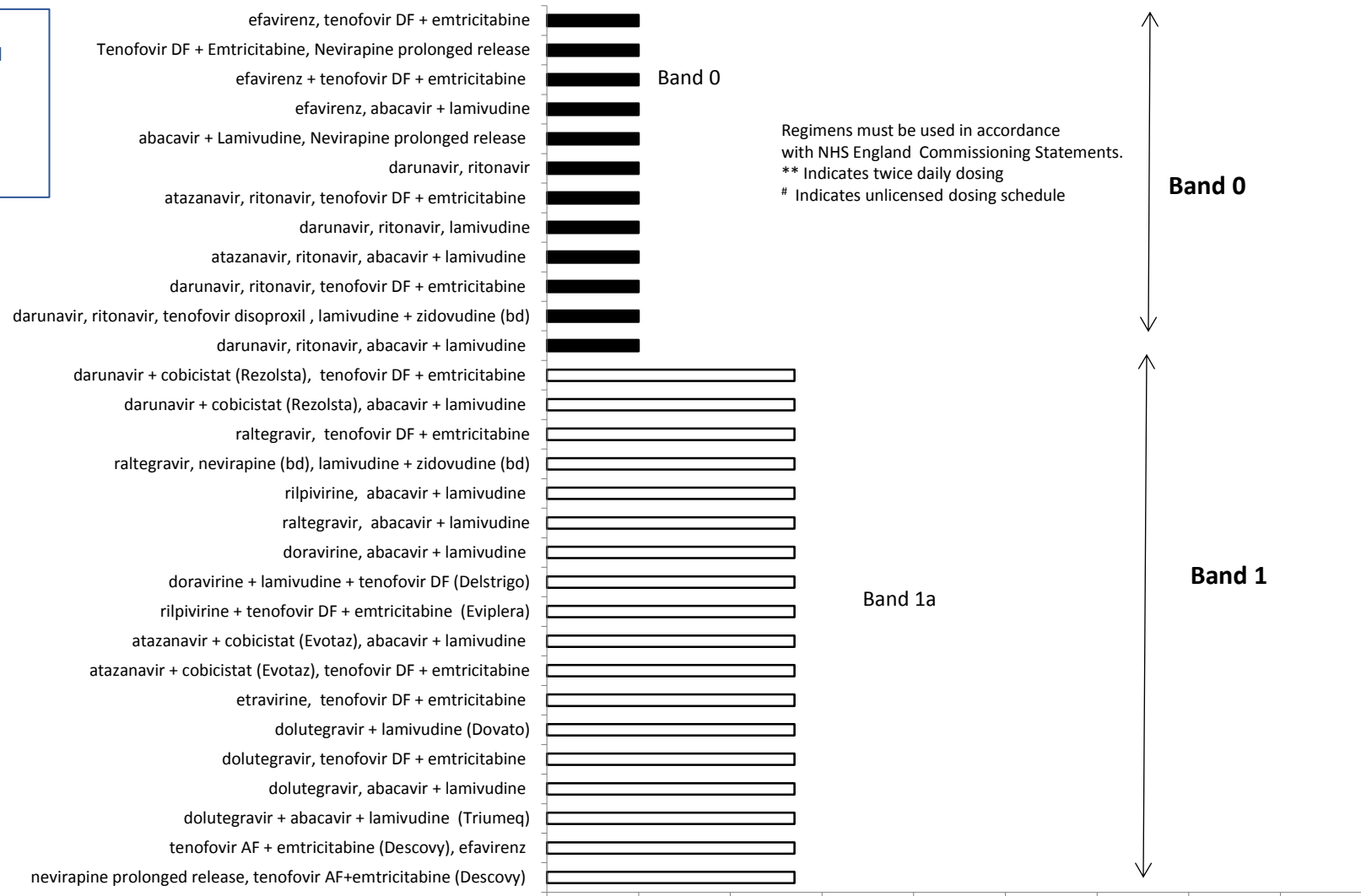
It is recognised that clinical benefit can be achieved whilst still using more cost effective regimens



Switching ARV Regimens: A visual guide to demonstrate the relative costs of regimens currently used in the Midlands and East Region and relative cost of alternative regimens



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Regimens must be used in accordance with NHS England Commissioning Statements.
 ** Indicates twice daily dosing
 # Indicates unlicensed dosing schedule

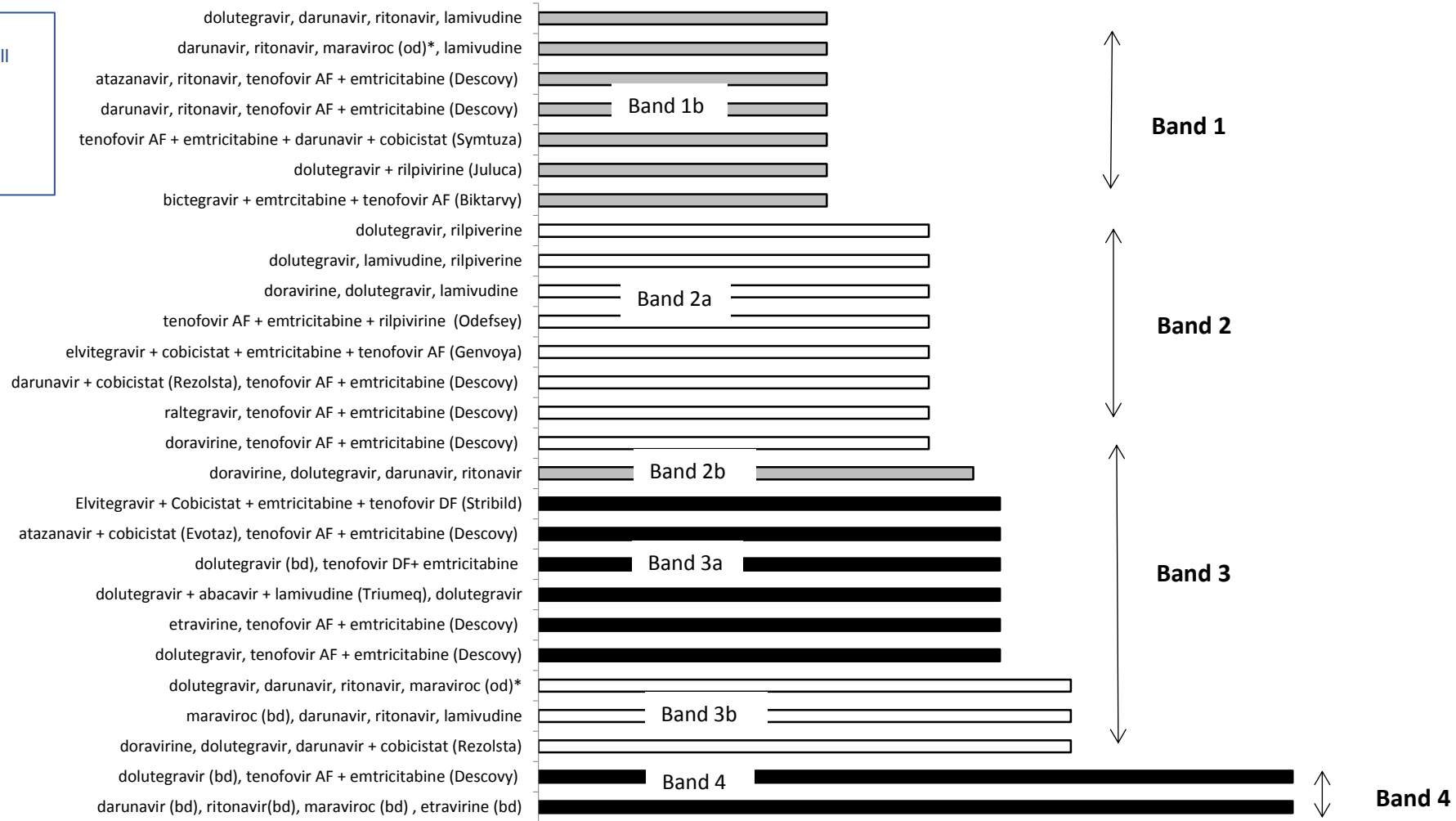
Average band cost (30 days)



Visual Aid: Switching ARV Regimens ARV Banding July 2021 Update



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Average band cost (30 days)

