

Classification: Official

Publication approval reference: PAR1259

National procurement for antiretrovirals for HIV treatment and prevention

Frequently Asked Questions (FAQ) for organisations supporting people living with HIV

16 September 2022

Purpose

NHS England (NHSE) have announced the outcome of a national approach to procuring HIV (human immunodeficiency virus) treatments and preventative medicines, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

This is good news for patients - it secures HIV medicines for people living with HIV across the country and preventative drugs for the rest. Together it ensures equal access to available treatment for patients throughout England. Previously, HIV treatments were purchased on a region by region basis which meant that similar patients in different parts of England could be offered different treatments.

NHSE and the British HIV Association (BHIVA) have jointly developed this Frequently Asked Questions (FAQ) briefing to provide further information on what these changes mean for patients.

What does this mean for patients?

Patients across England will now have the same access to HIV medications regardless of where they live. In some regions, this means that patients will have gained access to additional HIV treatments earlier in the pathway, which were not previously available in their area.

This includes the first long-acting injectable HIV-1 treatment, [cabotegravir and rilpivirine](#), which is now available to eligible patients in England.

As a result of this announcement, clinicians will undertake a review of a patient's medicines. All existing patients will be able to stay on their current medication, but a clinician may offer their patients the opportunity to switch to another medicine including in many cases a generic medicine.

Why switch to generic medicines and what are they?

To help ensure equal access to HIV medicines across England, NHSE asked pharmaceutical companies to participate in the national procurement.

As part of this, NHSE looked at the availability of generic medicines to replace equivalent branded products. Generic medicines are clinically the same as branded medicines because they contain the same active ingredients. They are used more often by the NHS because they're just as effective but cost far less which means the NHS has more money to spend on patients.

Clinicians will discuss with patients the option of switching to a different treatment, such as a generic medicine, but patients can stay on their existing medicine if they and their clinician agree it is right for them and the NHS will continue to pay for this.

No changes to your medication will be made without your agreement following a shared decision-making process between you and your clinician. For more information on shared decision making, please visit: <https://www.england.nhs.uk/shareddecision-making/>

Which drugs will no longer be offered on a routine basis?

Some drugs will no longer be offered routinely by clinicians, but current patients can continue to receive these drug and the NHS will continue to fund them, if patients and their clinicians agree it is right for the patient.

Evotaz will no longer be routinely offered to new patients because the manufacturer did not participate in the national procurement. As a result, the NHS has been unable to include it within the range of routinely commissioned HIV medicines following the procurement. Existing patients currently receiving Evotaz will be able to discuss with their clinician the opportunity to switch to atazanavir & ritonavir, atazanavir & cobicistat or a medically appropriate alternative. If you and your clinician do not feel switching from Evotaz would be clinically appropriate, you will be able to continue to receive this drug until you and your clinician considers it appropriate to stop or to change to a different treatment.

Branded versions of Symtuza, Rezolsta and Eviplera will no longer be routinely offered to new patients because the active ingredients within these drugs are now available as generic treatments.

The NHS has asked clinical teams, in discussion with individual patients, to use more generic medicines so that the money saved can be reinvested in new medicines and treatments. If you currently receive Symtuza, Rezolsta and Eviplera, and you and your clinician do not feel switching would be clinically appropriate, you will be able to continue to receive these drugs until you and your clinician considers it appropriate to stop or to change to a different treatment.

How can I find out which treatment would be best for me?

NHS healthcare professionals use their clinical knowledge to offer every individual the HIV medication that is most suitable. They will talk to you about why they are recommending a particular medication and listen to your views in order to agree a treatment plan with you.

The ultimate decision about which treatment is most appropriate for a patient will be a shared one, taken between the individual receiving treatment and their clinical team. All available options should be discussed during a routine clinic visit. Unless there is a clinical reason not to do so, switching to lower cost treatments should be discussed. Patient views will always be considered in agreeing a treatment decision or change.

How can I find out about the range of treatments now available across the country?

Your HIV clinic pharmacist, doctor or specialist nurse will be able to answer questions about the HIV treatments available.

NHS England is developing a digital clinical prescribing aid which will support clinicians to prescribe the best treatment for you, based on the British Association for HIV (BHIVA) guidelines and NHS England policy. The clinical prescribing aid will list all HIV regimens suitable for you. You will be able to speak to your HIV clinic pharmacist, doctor or specialist nurse about any of the regimen included in the prescribing aid.

When did these changes take place?

These changes took effect from 1st February 2022, ensuring access to HIV medications will be the same for people living with HIV across the country. Clinicians have started conversations with patients about their medicines.

How will this approach help to end HIV transmissions in England by 2030?

Every eligible person in England who could benefit from preventative treatments, such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), will continue to have access. Making PrEP and PEP equally accessible across England will help prevent new HIV transmissions.

Most importantly, this national procurement ensures that everyone who requires HIV treatment and preventative medicine in England can access it equitably.

It is important for patients to keep taking their HIV medicines to stop new HIV transmissions, as it ensures people living with HIV have an undetectable viral load and prevents them passing the virus on - helping to achieve the goal of ending all new HIV transmissions in England by 2030.

When will the new injectable treatment be available and will I be able to access it?

The injectable HIV treatment (cabotegravir and rilpivirine for treating HIV-1) has now started to become available from HIV clinics as another treatment option for some people living with HIV.

If you are eligible for this treatment, your clinical team will work with you to consider whether this is the most suitable treatment for you.