# National procurement for antiretrovirals for HIV treatment

28th July 2022 – Version 1.3

## Frequently Asked Questions (FAQ) for clinicians

**What is the process for Blueteq approval after 01/02/2022?**

Any prescriptions of 'Blueteq drugs' generated after 01/02/2022, but before a service has Blueteq in place, will need to go through Blueteq approval at the next prescription. A Blueteq form is only required once during this procurement period, not at every prescription.

**Where can I find the Blueteq form for cabotegravir/rilpivirine?**

The Blueteq form for cabotegravir/rilpivirine can be found under "cabotegravir with rilpivirine". The start date for oral lead in should be date used on the form. A Blueteq form should be completed after the patient has been reviewed at the MDT meeting to confirm that the appropriate prescribing criteria for oral then injectable cabotegravir/rilpivirine.

**Does Blueteq allow a start date > 2 years ago?**

At present the Blueteq forms do not allow a start date more than > 2 years ago. Clinicians should enter the date from the decision to continue prescribing the treatment.

**Does the Blueteq form require the patients' GP information?**

No, the GP data is not necessary. The required code is Y99999, or you can type "no registered GP."

**Is there sufficient cobicistat supply to enable switching?**

Production of cobicistat has been increased to take account of the switches, so is now the **preferred option** for people splitting cobicistat-boosted fixed dose combinations. An MDT discussion is not required when switching to the separate components.

**Why is there a limited supply of nevirapine 200mg?**

There is limited supply of nevirapine 200mg because it was secured for patients either starting treatment on nevirapine or for patients who cannot tolerate the 400mg modified release tablet. For the majority of patients, the 400mg modified release tablet should be prescribed.

**Can patients start treatment on Eviplera, Evotaz, Rezolsta and Symtuza?**

Patients can only start treatment on Symtuza if it is deemed as the most clinically appropriate option for the patient. Clinicians will need to complete an initial Blueteq form prior to prescribing. Initiation of Eviplera, Evotaz or Rezolsta is not commissioned.

**What is the timescale for discussing switching to an alternative treatment before a Blueteq form is required?**

Within three months of a clinic commencing to use Blueteq, all patients should have a Blueteq form filled out, even if you are continuing to prescribe the treatment up until the next face-to-face consultation to discuss switching.

**How do I record when a patient has stopped a 'not routinely' commissioned treatment that was previously approved through the Blueteq process?**

For those patients that were recorded via the Blueteq approval system and then stop the treatment, clinicians will need to complete the stop date, which can be accessed by going back to the original form in Blueteq form.

**How do I report switches to and from Blueteq treatments?**

If people switch away from Blueteq drugs but later switch back, clinicians will need to ensure they have completed the original form with the stopping date and then complete a new Blueteq form with the new start date.

**Please can you confirm the reimbursement mechanisms for Blueteq drugs?**

Reimbursement for Blueteq drugs is dependent on including a Blueteq approval number on the minimum data set submission.

**If a patient switches from Eviplera to another single tablet regimen, would the clinic still receive the second payment from the "invest to save" programme?**

Where clinically appropriate, a switch to generic components is preferred; if this is not possible, then a switch to the less expensive clinically appropriate treatment in line with the prescribing toolkit is required to receive the second payment.