Specialised Services Circular

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Circulation

For action	**For information**
Local Team Assistant Directors of Specialised Commissioning Regional Team IFR Leads Finance Leads Local Team Pharmacists Local Teams to circulate to: Acute Trust Chief Executives; Acute Trust Medical Directors Acute Trust Chief Pharmacists Clinical Reference Group Chairs: onward circulation relevant CRG members	Regional Directors of Specialised Commissioning Regional Medical Directors Regional Clinical Directors of Specialised Commissioning Director of Nursing Regional Directors of Nursing

Background

This circular for commissioning Teams and the associated letter and appendices for distribution to Trusts provide an update on current commissioning arrangements in relation to a number of current HIV treatment developments:

1) Two new fixed dose combinations which have been offered at a commercial in confidence price which will reduce drug acquisition costs but uptake must be

planned, including preparing for a later switch when generics are available. The CRG has produced two documents (appendix 1 and 2) which can assist with HIV prescribing arrangements (MDT guidance) and discussions with patients (HIV best practice prescribing.

2) Commissioning position on pre exposure prophylaxis and response to the BHIVA treatment guidelines.

The HIV CRG is working on further commissioning for value proposals which will be shared with commissioning teams and Trusts in due course.

Summary

1) New fixed dose combinations and paediatric formulations

Two new fixed dose combinations for the treatment of HIV are available and planned use of these products offers an opportunity to reduce drug acquisition costs without a negative impact on patient outcomes. These drugs are:

- Atazanavir with Cobicistat (Evotaz®)
- Darunavir with Cobicistat (Rezolsta®)

Atazanavir and darunavir are protease inhibitors widely used in the treatment of HIV. Both drugs must be 'boosted' to be effective. Ritonavir was until recently the only booster available and has been widely used for a number of years. In July 2015, NHS England published a policy on the use of cobicistat as a booster in treatment of HIV following a review of the evidence https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/f03pb-cobicistat-oct15.pdf

Two new combinations are now licensed and available on the market. Atazanavir with cobicistat is manufactured by BMS and darunavir with cobicistat is manufactured by Janssen. Evidence shows these treatments to be equivalent to the use of the component products.

Both companies have offered NHS England a commercial in confidence agreement that makes use of the fixed dose combinations financially beneficial. Prices have been shared with Trust HIV pharmacy leads on a confidential basis.

Consideration of patients for these and other treatments are required by local MDTs. Guidance on the role and responsibilities of the MDT have been developed by the CRG (appendix 1). Involvement of local commissioning teams, local prescribing guidelines coupled with the MDT arrangements can secure policy compliance, consistent decision making at the appropriate level and maximum benefits from regional framework agreements.

2) Commissioning of Pre exposure prophylaxis for the prevention of HIV infection in high risk groups and earlier initiation of ARVs for people

with diagnosed HIV

NHS England does not commission this intervention. This was notified in SSC1516 issued in April 2015. A policy working group is in existence and involves local authority representatives given that the intervention is via GU services which are commissioned by local authorities. Local commissioning hubs will be validating ARV spend and require Trust assurance that processes are in place to evidence that ARVs are not being provided for PREP, including that PEPSE is not to be used for this purpose.

The British HIV Association (BHIVA) guidelines for the treatment of HIV-1 positive adults with antiretroviral therapy were revised in October 2015. These include clinical recommendations in relation to starting treatment based on data from the START trial which demonstrated benefits of starting HIV treatment at diagnosis rather than waiting until a clinical threshold measured by CD4 count is reached (START trial). The CRG has identified this as an important work program item for consideration to enable an assessment of cost effectiveness alongside the evidence of clinical efficacy in order to revise the current published specification which sets out the basis for commissioned treatments.

Action

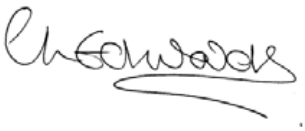
Commissioning Teams are requested to

- Note the draft Trust letter and appendices which sets out the detail of the prescribing updates provided in this circular
- Ensure all Trusts providing HIV care and treatment services receive this letter and appendices
- Ensure commissioner and Trust pharmacy leads receive the information
- Work with Trusts to ensure continued focus on use of the lowest cost, clinically effective treatment options and avoid switches which increase costs without demonstrated improvements in outcomes.
- Ensure where regional drug frameworks and guidelines are in place these continue to guide drug usage.

Further Information

Please contact

Kate Turner, Accountable Commissioner for HIV CRG kate.turner12@nhs.net

	
James D Palmer National Clinical Director Specialised Services	**Cathy Edwards** Operational Delivery Director Specialised Commissioning