Guidance for cost-sensitive HIV therapy prescribing in NHS Scotland 2025 update

SHPN HIV Clinical Leads

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Endorsed by	

1. Aim

To support optimal HIV therapy prescribing by Scottish NHS HIV services in a cost-sensitive healthcare setting while ensuring optimal clinical outcomes for people living with HIV.

2. Development process

The SHPN HIV Clinical Leads recognises the need to minimise the budget impact of prescribing and dispensing of HIV treatment, whilst simultaneously maintaining excellent clinical outcomes.

The British HIV Association (BHIVA) produces evidence-based guidelines on antiretroviral therapy (ART) for the treatment of adult HIV-1 infection [1]. This document is aimed at experienced HIV prescribers who are familiar with the content of the BHIVA guidelines and the wider issues relating to HIV prescribing. The BHIVA guidelines note that *'there are limited cost-effectiveness data in the UK comparing different antiretroviral drugs and for this reason we did not include cost-effectiveness as an outcome in ART comparisons'.*

Therefore, whilst based on the considerations of drug regimen efficacy, tolerability and safety, this guidance also takes into account the current cost of various ART drugs to NHS Scotland. These may differ from other parts of the UK. It is also recognised that the budget impact of HIV care can be reduced in a number of ways, of which drug costs are a single factor. This guidance shares wider best practice on cost-sensitive prescribing from NHS Boards, in order to deliver consistency of approach and minimise duplication of effort.

The original version of this guidance was developed by HIV Clinical Leads, with input from HIV pharmacists, procurement colleagues from National Services Scotland (NSS), and representatives from the HIV third sector and implemented in June 2017. It was updated in 2018 and 2019 with patient and third sector input, which was maintained for update in 2025.

3. Choice of HIV regimen

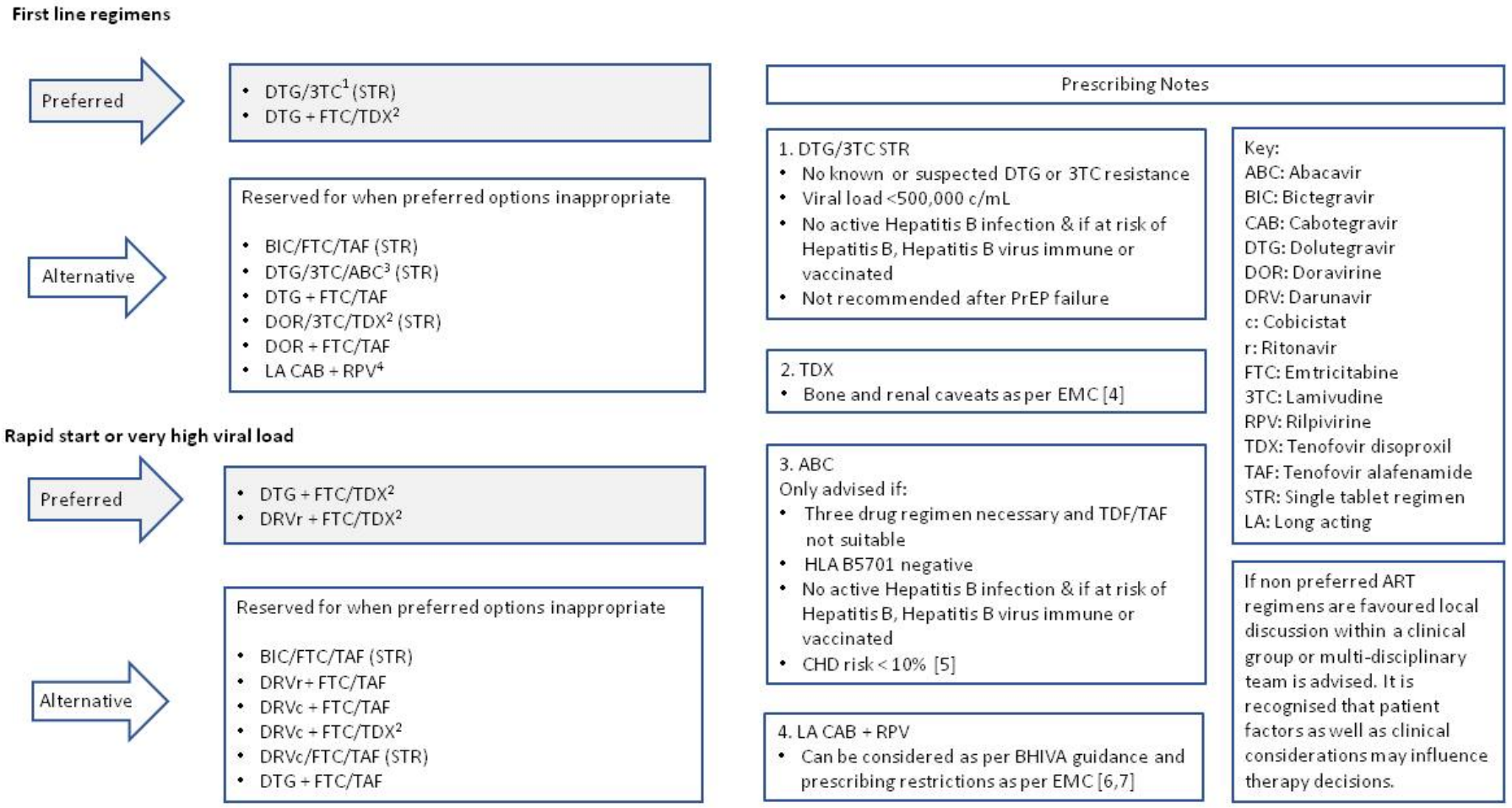
The following recommendations for choice of ART have been proposed by the HIV Clinical Leads taking account of changes in cost of available ART medicines and newly licensed antiretrovirals including two-drug regimens and injectable treatment options. It is recognised that regimen prices will continue to change, but also that there are resource costs including staff/patient time associated with switching HIV treatment. It is also recognised that new drugs and combinations will become available and more data on existing ART will become known. In the context of pregnancy or planning to conceive, the BHIVA pregnancy guidelines should be followed [2]. The aim is to provide guidance rather than comprehensive instruction. This document will continue to be reviewed at the discretion of the HIV Clinical Leads.

As highlighted in the BHIVA treatment guidelines and BHIVA Standards of Care for people living with HIV [3], it is expected that decisions on choice of HIV regimen will include discussion and consideration of the circumstances and wishes of the person living with HIV. A discussion should take place with individuals initiating therapy that they may be asked in the future to consider a change to their medicines to allow a lower cost regimen to be prescribed, which may increase tablet burden.

There are significant cost differences between options listed and recommendations are based on secondary care dispensing. Where disaggregated regimens with generic components are more cost effective this is recommended instead of single tablet regimens (STR), however drug costs can vary between secondary care, home delivery and community pharmacy dispensing. Services may also decide to opt for alternative rather than first line regimens where there are significant cost differences with agreement from MDT. It is recommended that prescribers consult with local/regional pharmacy team for up to date costs. The remainder of this guidance highlights other cost containment interventions that have been successfully used in NHS Scotland to minimise the budget impact of HIV treatment.

Figure 1: Prescribing guidance

NB: where more than one option listed regimens are presented in alphabetical order



4. **Clinician awareness of drug costs**

Increased awareness of the actual cost of HIV treatments and how local prescribing impacts on cost will support clinicians and teams reflect on treatment decisions. Contract prices for individual agents are commercially sensitive, and are also subject to change owing to tendering and negotiation. Therefore this information needs to be shared respecting commercial confidence and updated regularly.

The following information should be available to prescribers:

- ART regimens prescribed on a regular basis.
- Cost of individual combinations including cost differences for acute and community prescribing.
- Reflection on the impact of treatment decisions on patients including: adherence, engagement in care, virological control and side effects.
- Regular reporting from NSS procurement to the HIV Clinical Leads and HIV Pharmacists on changes in ART pricing detailed by methods of dispensing.

5. **Wastage minimisation**

Surplus medication supply may accumulate for numerous reasons, such as changes in appointment dates or therapy switches. Adherence support and patient feedback on dispensed medication is an integral part of clinical care. Peer support and the third sector can help patients optimise dealing with medication supplies in long term conditions such as HIV. Clinical teams and Pharmacy staff can have an impact on reducing drug wastage by ensuring that only the required amount of medication is dispensed and that the timing of elective therapy switches are carefully planned. In some NHS Boards, electronic prescriptions and utilising homecare company deliveries have assisted this function. Waste minimisation however must be balanced by ensuring treatment access and adherence.

6. **Generic substitution**

Use of generic rather than branded medication is already in place for HIV medicines where patents have expired. Bioequivalence means that this has minimal impact on clinical outcomes, but provides scope for savings. It is important that patients understand the rationale, particularly when switching from a branded to a generic agent and also when an antiretroviral choice is made in anticipation of the availability of a generic version. Information leaflets written by the HIV Pharmacists Association (HIVPA) for patients who are switching to generics are available [7] as well as questions and answers on generic medicines from the European Medicines Agency [8].

7. **Switching ART regimens and use of single tablet regimens (STR)**

Some single tablet regimens (STR) are significantly more expensive than either alternative single tablet regimens or disaggregation from a single tablet regimen to a two or three pill combination. Disaggregation can release savings from STRs using alternative generic and branded versions of their constituent parts or using suitable alternatives, including consideration of dual therapy. Given the regular change to pricing, and the likely availability of further generic drugs in the future, prescribers should have an awareness that some treatment options may offer now and in the future significant cost reductions and that

patients are often willing to consider alternatives based on cost alone. Additional monitoring, healthcare team and patient time may be required in the short term to ensure supported changes are made safely and effectively.

The HIV Clinical Leads supports the review of patients on single tablet regimens and other co-formulated medication to maximise the opportunity to recognise cost savings. However, patient views and outcomes are integral to such decisions.

8. Homecare Company dispensing/delivery and Community Pharmacy dispensing

These methods of dispensing of medicines can offer several advantages:

- increasing patient access especially for remote and rural areas
- where attendance at clinic to collect medicines is challenging, ensures continuity of medicine supply aiding adherence
- releases capacity within the hospital pharmacy service to allow for clinical and patient facing activities such as medication reviews and independent prescribing.

However, it should be noted that costs may vary significantly depending upon the ART being dispensed and model of supply (hospital based, homecare company or community pharmacy). These costs should be reviewed before making decisions on the preferred dispensing route. In addition, for Homecare dispensing, upfront staff resource is required to provide technical and administrative support. NHS Boards should review the advantages and work with pharmacy colleagues, in all sectors, and NSS procurement colleagues to maximise benefit for people living with HIV.

9. Review of high cost drug regimens

Clinicians and patients should consider reviewing historical high cost regimens including first line STRs and complex salvage HIV regimens in light of alternative available medicines and new data (in particular switch data for newly available STRs), to assess if simplified combinations can be used, whilst maintaining optimal viral suppression, adherence and clinical outcomes. Some NHS Boards have supported this by highlighting complex regimens to clinicians responsible for ongoing clinical care or identifying patients on high cost combinations due to changes in ART pricing. Again it is essential that patient views are considered for any discussions regarding potential switching of ART medicines and MDT discussion utilised for complex switches.

10. Engagement with NSS procurement

The HIV Clinical Leads have engaged actively with NSS to support tendering and procurement of HIV medications. This has provided expert clinical input to decision making in relation to generic and branded agents, which in turn continues to assist negotiations to minimise budget impact.

References

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8. HIV Pharmacy Association Patient Information Leaflets (Accessed 17/1/2025). https://hivpa.org/patient-information-leaflets-pils/
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