



## **NAT statement on changes to HIV drugs prescribing in London**

Following a tendering process involving both clinicians and people living with HIV, the London HIV Consortium announced at the end of March 2011 new 'prescribing messages' for antiretroviral medication in London, which aim to maintain the highest clinical standards of care whilst reducing costs. Information can be found at <http://www.londonspecialisedcommissioning.nhs.uk/?assetId=16#contentBox368> .

Changes include greater use of a drug combination based on kivexa rather than truvada, where clinically appropriate, for those who are starting treatment for the first time - the dose will remain once daily but more patients newly on treatment will as a result be taking two pills a day rather than one.

Another potentially significant change is the recommendation that patients who are on Protease Inhibitors (PIs) other than atazanavir consider with their doctor switching from that PI to atazanavir.

These decisions raise important issues, especially the recommendation that patients stable on other PIs are considered for switching to atazanavir.

We have heard a lot of reassurance from individual clinicians that the clinical needs of patients will remain paramount, but we are aware that there are continuing concerns amongst people with HIV. Further clarification and reassurance is needed from the London SCG. NAT has therefore written to the London SCG requesting clarification on a number of points - in particular asking the London SCG to:

- Confirm that an audit will take place for the next 24 months of all patients affected by the new prescribing messages, disaggregated also by clinic, ethnicity, gender and sexual orientation, to assess clinical outcomes
- Make clear that no one will be switched from other PIs to atazanavir unwillingly, but whether and when to switch will be a matter to be agreed voluntarily in each case between the patient and their clinician in accordance with BHIVA Treatment Guidelines
- Confirm that the consideration by doctor and patient of switching from other PIs to atazanavir will make clear that the decision is voluntary and include explicit discussion of any clinical benefits for the individual patient, any risks and the cost rationale
- Ensure that the discussion on switching from other PIs to atazanavir is had with all relevant patients, and that no patients will be 'targeted' or prioritised for the relevant discussion on the basis of likely agreement or on any other non-clinical basis
- Confirm that London clinics will not be rewarded or sanctioned for success or failure in switching a certain number or proportion of patients to atazanavir

- Commit over the next 12 months to engage in wider discussions and consultation with people with HIV and with HIV organisations on how to take account of cost in future prescribing policy and practice.

NAT will publish the response of the London SCG once received.

If you are concerned about the changes made to prescribing in London, you can also write directly to your London hospital/clinic to ask for clarification and reassurance.

[Click here.](#)

**Anybody concerned about how these changes will affect them should talk to their clinician in the first instance. Individuals can also call THT Direct on 0808 8021221 if they feel they are being pushed to change treatment when they do not want to.**

**NAT  
May 2011**