



Department
of Health &
Social Care



England

HIV prescribing & generics

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Topics

- Prescribing in HIV
 - Policies
 - Best prescribing guidance
- HIV Medicines Framework
- National Antiretroviral (ARV) prescribing guide
- Upcoming generics and implementation

Prescribing in HIV

- Antiretrovirals (ARVs) are classed as high cost drugs
- Antiretroviral therapy (ART) is made up of 2 or more ARVs
- High number of ART combinations/ regimens (> 60)
- Large volume dispensed via homecare
- NHS England pays for HIV pre-exposure prophylaxis (PrEP) medicines but PrEP services are commissioned by Local Authorities
- Prescribing takes place in line with:
 - *National policies*: Published National NHS England clinical commissioning [policies](#) and NICE Technology Appraisals
 - *Guidelines*: British HIV Association (BHIVA) Clinical [Guidelines](#) (220 pages)
 - NHS England “[Best Practice in HIV Prescribing and Multidisciplinary Teams](#)” Guidance
- Prior approval (Blueteq®) forms must be submitted to NHS England

Policies

Published NHSE commissioning policies	Published NICE TAs
Dolutegravir/lamivudine (Dovato®) Dolutegravir/rilpivirine (Juluca®) Elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil (Stribild®) Fostemsavir Cobicistat Dolutegravir Doravirine Tenofovir Alafenamide (multiple products) Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy®) Lenacapavir	Cabotegravir/rilpivirine

NHS England “*Best Practice in HIV Prescribing and Multidisciplinary Teams*” Guidance

6. The CRG support the principle that, where clinical effectiveness is equivalent, the lowest cost treatment option should be used first. It is the responsibility of all in the NHS to promote the cost-effective and efficient use of resources at all times.

7. With generic formulations, new drugs and new fixed dose combinations, the CRG anticipate that changing or switching treatments based on cost will be routine practice. Switching treatment requires input from patients, HIV clinical teams and commissioners. The HIV CRG will work collaboratively to support effective drug switches, including assessment of how switches will be undertaken, costs and potential savings. Factors considered when making recommendations will include supply, patient information, impact on uptake of VAT-free dispensing, changes in monitoring and safety issues.

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2019/10/Best-Practice-in-HIV-Prescribing.pdf>

HIV Medicines Framework

- National ARV Medicines framework first implemented in 2022
- Framework re-procured in Nov 2024 for 2 yrs, extended by 12 months to Nov 2027
- 75 preparations currently on the framework: 50 branded, 25 generic
- To ensure security of supply we award to multiple suppliers where possible/feasible with suppliers offering buffer stock levels of up to 8 months

National ARV Prescribing Guide

- Prescribing Guide developed with input from the HIV Clinical Reference Group (CRG)
- Purpose: to support cost-effective, clinically appropriate prescribing, via the prescribing guide based on NHSE clinical commissioning policies, NHSE [Best Practice in HIV Prescribing and Multidisciplinary Teams](#), NICE Technology Appraisals, and BHIVA guidance
- Includes 40 most commonly used regimens
- Classified in 7 bands according to monthly cost of regimens, with cheapest regimens in Band 1 and most expensive in Band 7
- Supported by the ARV Toolkit, which includes two treatment algorithms for those initiating treatment and those continuing treatment.

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HIV National Prescribing Guide December 2025 v2.2 (supersedes version November 2024 v2.1)

Frequently used regimens are ranked by cost (based on 1 November 2024 national contract prices)
This tool has been designed with clinicians to highlight the most cost-effective and clinically appropriate regimens.
It should be used in conjunction with the National Anti-retroviral Treatment Prescribing Toolkit.

Regimens not listed can be used if agreed by local MDT's.

Colour Legend

Band 1

Band 2

Band 3

Band 4

Band 5

Band 6

Band 7

NOTES: (see relevant symbols in chart below)

* Tool does not take administration costs associated with injectable treatments into account, please assess locally.

** In the absence of clinical reasons to use cobicistat, ritonavir is preferred due to lower cost.

*** Currently doravirine requires an MDT discussion. However, this requirement is being reviewed.

† It is significantly more expensive to prescribe 1 x etravirine 200mg tablet than 2 x 100mg etravirine tablets

The pill burden adjustment applied in the previous version has been removed following CRG advice.
This allows clinicians to review actual regimen costs, while still considering pill burden in clinical decision-making.

As generic medicine prices can vary regionally, the table uses average costs; Trusts may therefore wish to take local generic medicine prices into account.

#	Regimen	Total number of pills in regimen (per day)	BHIVA recommended for initial treatment for most people living with HIV	BHIVA recommended for initial treatment in certain clinical situations (Grade 1A)	Acceptable for switch per BHIVA guidance (S) and/or to continue if clinically appropriate: M: maintenance only M††: a more appropriate, modern, less toxic and/or cheaper regimen may be available	NHS commissioning policy / NICE TA	MDT required	Prior approval required
Band 1								
1.1	NEVIRAPINE [400mg] - 1 tablet EMTRICITABINE [200mg] + TENOFOVIR DISOPROXIL [245mg] - 1 tablet	2	No	No	M	No	Not required	No
1.2	EFAVIRENZ [600mg] + EMTRICITABINE [200mg] + TENOFOVIR DISOPROXIL [245mg] - 1 tablet	1	No	Yes	M	No	Not required	No
1.3	NEVIRAPINE [400mg] - 1 tablet ABACAVIR [600mg] + LAMIVUDINE [300mg] - 1 tablet	2	No	No	M††	No	Not required	No
1.4	EFAVIRENZ [600mg] - 1 tablet ABACAVIR [600mg] + LAMIVUDINE [300mg] - 1 tablet	2	No	Yes	M††	No	Not required	No
1.5	DARUNAVIR [800mg] - 1 tablet RITONAVIR [100mg] (Tablet) - 1 tablet or COBICISTAT [150mg] (Tybost) - 1 tablet** (SEE NOTE) LAMIVUDINE [300mg] - 1 tablet	3	No	No	S/M	Use of cobicistat as a booster in treatment of HIV infection (all ages)	Not required	No
1.6	DARUNAVIR [800mg] - 1 tablet RITONAVIR [100mg] (Tablet) - 1 tablet or COBICISTAT [150mg] (Tybost) - 1 tablet** (SEE NOTE) EMTRICITABINE [200mg] + TENOFOVIR DISOPROXIL [245mg] - 1 tablet	3	No	Yes	S/M	Use of cobicistat as a booster in treatment of HIV infection (all ages)	Not required	No
1.7	ATAZANAVIR [300mg] - 1 capsule, RITONAVIR [100mg] (Tablet) - 1 tablet or COBICISTAT [150mg] (Tybost) - 1 tablet** (SEE NOTE) EMTRICITABINE [200mg] + TENOFOVIR DISOPROXIL [245mg] - 1 tablet	3	No	No	M††	Use of cobicistat as a booster in treatment of HIV infection (all ages)	Not required	No
1.8	DARUNAVIR [800mg] - 1 tablet, RITONAVIR [100mg] (Tablet) - 1 tablet or COBICISTAT [150mg] (Tybost) - 1 tablet** (SEE NOTE) ABACAVIR [600mg] + LAMIVUDINE [300mg] - 1 tablet	3	No	No	M††	Use of cobicistat as a booster in treatment of HIV infection (all ages)	Not required	No
1.9	ATAZANAVIR [300mg] - 1 capsule, RITONAVIR [100mg] (Tablet) - 1 tablet or COBICISTAT [150mg] (Tybost) - 1 tablet** (SEE NOTE) ABACAVIR [600mg] + LAMIVUDINE [300mg] - 1 tablet	3	No	No	M††	Use of cobicistat as a booster in treatment of HIV infection (all ages)	Not required	No

Total number of pills in regimen (per day)	BHIVA recommended for initial treatment for most people living with HIV	BHIVA recommended for initial treatment in certain clinical situations (Grade 1A)	Acceptable for switch per BHIVA guidance (\$) and/or to continue if clinically appropriate: M: maintenance only M++: a more appropriate, modern, less toxic and/or cheaper regimen may be available	NHS commissioning policy / NICE TA	MDT required	Prior approval required
Band 1						
2	No	No	M	No	Not required	No
1	No	Yes	M	No	Not required	No
2	No	No	M++	No	Not required	No
2	No	Yes	M++	No	Not required	No
3	No	No	S/M	<u>Use of cobicistat as a booster in treatment of HIV infection (all ages)</u>	Not required	No
3	No	Yes	S/M	<u>Use of cobicistat as a booster in treatment of HIV infection (all ages)</u>	Not required	No
3	No	No	M++	<u>Use of cobicistat as a booster in treatment of HIV infection (all ages)</u>	Not required	No
3	No	No	M++	<u>Use of cobicistat as a booster in treatment of HIV infection (all ages)</u>	Not required	No
3	No	No	M++	<u>Use of cobicistat as a booster in treatment of HIV infection (all ages)</u>	Not required	No

Upcoming generics and implementation

Tenofovir alafenamide / emtricitabine (Descovy®)

- Used for HIV treatment and PrEP
- Generic expected March 2027
- Current spend of Descovy® is ~£25m. Introduction of generic tenofovir alafenamide / emtricitabine could result in discounts up to 80%
- Aiming for simple switch from Descovy® to generic tenofovir alafenamide / emtricitabine
- Update to ARV Prescribing Guide to reflect new costs for associated regimens
- Generic savings will also apply to tenofovir alafenamide / emtricitabine PrEP

Thank you

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