

Antiretroviral Therapy (ART)

Prescribing Implementation Toolkit

for adults and adolescents starting
and switching treatment

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HIV medication options

This leaflet was written for people living with HIV. It explains how decisions about prescribing HIV medications (antiretrovirals or ARVs) are made. There are contact details for further information on HIV treatment, your local clinic and support services.

Remember, you are not alone!

What is HIV treatment?

- HIV treatment is usually a combination of three (sometimes two, sometimes 4 or more) different drugs – called a 'regimen'.
- Most medication comes in the form of a small number of pills or even a single pill.
- Injectable medication is available but will be limited to people with specific needs
- The drugs have long names, but it is worth trying to remember their name and the doses you take.
- These drugs allow people with HIV to lead a normal life like other people with a long-term health condition.
- These drugs reduce the virus to 'undetectable' levels, meaning people cannot pass on the virus to sexual partners.
- There are several HIV treatment options; some may suit you better than others.

How does my HIV team decide on my treatment?

HIV treatment is funded by NHS England and there is a process to help you and your HIV team (doctor, pharmacist and nurse) to decide on treatment options.

- Your team has access to a range of HIV medications.
- The costs of ARVs vary significantly, however, any that are recommended to you will work equally well in managing your HIV.
- The best regimen for you will be based on your test results, your health and other medications you may be taking. Your doctor will also consider other factors that may affect the choice of which is the best regimen for you. For example, your occupation, as some medicines may cause drowsiness and affect your work. If you do shift work, we may need to think about what times you can most easily take your tablets.
- Your doctor will usually choose a first line (preferred) regimen from the ARV guidance but may decide that an alternative regimen suits you better, in terms of possible side effects or effectiveness.
- Your doctor may need to discuss some regimens with their colleagues before prescribing them. The process ensures the best treatment for you is chosen as well as making the best use of limited NHS funds. Sometimes medication may need to be changed; for example switching off single tablet regimen if a generic (unbranded) version of a drug becomes available or if you are having side effects and need an alternative treatment. Your prescriber must discuss this with you.

What is a 'generic' drug?

When a drug company makes a new medicine, it is controlled under a patent. It has an approved, or generic name, as well as its own brand name, chosen by the company. For example, ibuprofen is a generic name and Nurofen is a brand name. Once the patent runs out, other drug companies can make the drug at a lower cost. These are called 'generic' drugs.

In the UK there are strict quality controls for both branded and generic versions of medicines. If your medication changes to a generic form it is nothing to worry about – the drug is the same and of the same quality, even if the pill and the packaging look different.

The NHS always tries to use generic drugs. This is routine for all health conditions. If you are on medications prescribed by your GP for another condition, you may have switched to generic drugs in the past, as it is standard NHS procedure.

What are side effects?

Most people have no problems taking HIV medication, but occasionally when you start taking any medication, including HIV medication, your body may take a while to adjust. Some changes may not seem important, but always report anything unusual to your HIV team (doctor, nurse and pharmacist).

Most side effects will be mild and will resolve within the first few days or weeks of starting a new medicine. Talk to your doctor, nurse or pharmacist about switching to another regimen if the side effects do not go away or interfere in your day-to-day life. Do not suffer in silence.

What are Single Tablet Regimens (STRs)?

STRs are where the different antiretroviral drug components in a regimen have been formulated into a single tablet, to be taken once a day (e.g. Triumeq®). This is more convenient for many patients and for this reason STRs are commonly prescribed.

Previously, there was no real cost difference in prescribing an STR versus prescribing the different individual antiretroviral drugs. However, generic versions of some common HIV drugs are now available, and it may cost a lot more to prescribe an STR, in comparison to prescribing the medicines separately as two or three tablets daily.

For this reason, patients on STRs may be asked to switch to the same medicines prescribed as separate pills. If there are important reasons for you to be on an STR you will not be forced to switch.

Talking with your HIV team

Make sure you talk to your team about:

- **Your mental health:** An HIV diagnosis can trigger mental health issues. Some HIV drugs can make mental health worse. How you are feeling now and, in the past, can help your doctor decide what medication option is best for you. If you suffer with mood swings, anxiety or depression, tell your HIV team.
- **Shift work or irregular working times:** These may affect your treatment options – some drugs can make you feel dizzy, some you must take with a meal.
- **Your family life:** Make sure your doctor knows what is going on in your life.
- **Other medications and health conditions:** Your doctor will ask what other medications and herbals or supplements you are taking. Think about menopause, pain management, anti-depressants, statins, hormone treatments, etc., including non-oral medicines such as inhalers.
- **Recreational drugs:** You should also tell your doctor if you take any recreational drugs.
- **Sharing health information:** Your healthcare will be easier and safer to manage if your

GP knows your HIV status. Your GP is best placed to manage non-HIV related conditions or make referrals to other specialists as well as ensuring you are part of any national health programmes such as flu vaccination or cancer screening. They need to know all of the medicines you take (including ARVs) to safely prescribe any drugs. Your clinic will check you are happy for them to write to your GP – you should tell them if you are not.

Where can I get advice and support?

- You can get free online advice through community forums like myHIV or helplines (see contacts below). All these services are confidential, and helplines are anonymous.
- They can also help put you in touch with a local support group where you can meet with other people living with HIV. It is comforting to meet or speak to someone who knows what you're going through, can reassure you, listen to you and share their experiences.
- Speak to your HIV team – they can also refer you to your local services.

Further information

HIV i-base

Information on HIV treatment, online questions and answers, news and updates, helpline, free patient guides (ask your clinic or local support group to order them).

www.ibase.info

questions@i-base.org.uk

Confidential free helpline for treatment advice: 0808 800 6013

myHIV Terrence Higgins Trust

Online counselling and advice, live chat with online community forum, peer support.

www.tht.org.uk/myhiv

Confidential free helpline: 0808 802 1221

NAM Aidsmap

HIV-related information, including patient guides – *Taking your HIV treatment* and *Your Next Steps* are especially useful.

www.aidsmap.com

Positively UK

Peer support, advice, advocacy and training, by and for people living with HIV, including the national peer mentor training programme, Project 100.

www.positivelyuk.org

Tel: 020 7713 0444

UK-CAB

HIV treatment advocacy network, free to join, online community forum, training and meetings on HIV topics.

www.ukcab.net

In my area

My clinic:

Who I can contact at the clinic:

Tel:

Local support service:

This leaflet was produced by healthcare professionals and patient representatives on the London HIV ARV prescribing guidelines group 2016/7 and is based on that written by community representatives on the Midlands and East HIV ARV Prescribing Implementation Group 2016, in consultation with UK-CAB (Community Advisory Board). It was last updated in February 2022.