

Health Service Circular



Executive

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Provision of Recombinant Factor-IX for new patients and children under the age of 16

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Provision of Recombinant Factor IX for new patients and children under the age of 16

Summary

Recombinant factor IX will be licensed in January 1999. This will allow its prescription for children under the age of sixteen and for new patients, in line with policy for recombinant factor VIII set out in HSC 1998/033. The move to using recombinant factor IX in these patients will result in small in-year cost pressures for Health Authorities and NHS Trusts. From April 1999 the cost of recombinant factor IX should be met from general allocations.

Action

Health Authorities and NHS Trusts with Haemophilia Centres should ensure that policy on providing recombinant factor IX, when it becomes available this year, is the same as for recombinant factor VIII.

Background and Other Information

Health Services Circular HSC 1998/003 notified Health Authorities that from the beginning of the financial year 1998/99 all children under the age of 16 with Haemophilia A, and new patients, should receive recombinant factor VIII. The circular also indicated that, as commissioning authorities did not have early warning of this change in policy and because of the significant extra costs, the additional costs would be supported centrally in 1998/9. From April 1999 funding would be included in general allocations.

Children with Haemophilia B ('Christmas Disease') were not included in that policy as they need factor IX, and recombinant factor IX was not licensed at that time. Recombinant factor IX is now expected to receive marketing authorisation from the European Medicines Evaluation Agency this month and is likely to become widely available. The policy for the use of recombinant factor IX for people with Haemophilia B should be the same as that for recombinant factor VIII for people with Haemophilia A.

Like recombinant factor VIII, recombinant factor IX will cost approximately twice as much as plasma derived products and this will have cost implications for the service. However given the low prevalence of haemophilia B, the size of this extra cost is much smaller than that of recombinant factor VIII. In view of this much smaller cost, (between £5,000–12,500 per authority for the remainder of 1998/99) commissioning authorities are asked to find the additional in-year as well as the continuing costs from existing allocations.

This circular has been issued by:

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