3/2/14

Charles
For earlier comments taken on board.

via email

Ms D Jeffery PF-OFF

Ref: Jeff1412

From: Dr A Rejman HC(M)1

Date: 14 December 1994

GRO-C

14/12

Copy: Mr Dobson FC1A2
Dr G Rajaratnam HCD
Dr J Purves MCA(A)
Mr Paley FCIA-FLIP2
Mr C Pearson CAD-RG5
Mr T Kelly CA-OPU2
Mr D Burrage "

CMO 46182 - HAEMOPHILIA TREATMENT ROYAL FREE HOSPITAL

1. I enclose a draft letter for CMO to send to Dr Christine Lee at the Royal Free Hospital Haemophilia Unit.

Dr A Rejman
Room 420 Ext GRO-C
EH

DRAFT LETTER

Dr C A Lee MA MD FRCP FRCPath
Director
Haemophilia Centre and Haemostasis Unit
Royal Free Hospital
Pond Street
London
NW3 2QG

[DATE]

Dear Dr Lee

Thank you for your letter of 18 November regarding recombinant Factor VIII.

The advice that I have received suggests that there is no evidence that recombinant Factor VIII is any safer than plasma derived Factor VIII at the present time. You will be aware that recombinant Factor VIII contains plasma derived albumin as a carrier. I also understand that recombinant products themselves are not without side effects.

You will be aware that the Department issued guidance to purchasers to help them in placing contracts for the care of haemophilia patients. Purchasers are guided by expert advice. However they must be assured that the money they spend is determined by efficacy of treatment as well as value for money. This is to ensure that the best health care is obtained for the resources available, and that demonstrable benefit must be achieved if extra costs are to be spent on one group of patients with less available for others.

I understand that Dr Colvin will be meeting with DH officials to discuss concerns about the contracting process in respect of haemophilia care. It may be appropriate to wait for the results of those discussions.

Yours sincerely

CMO

Background

Factor VIII has until now been produced from human plasma. Over the last few years recombinant products have been produced. Unfortunately those currently available contain albumin from human plasma. As a result of this, the manufacturers are prevented from making any claim in their data sheet or in their advertising that recombinant Factor VIII is safer from a viral point of view than plasma derived Factor VIII.

It is suggested that there are some side effects with recombinant Factor VIII. There seems to have been a significant number of patients who have developed inhibitors to Factor VIII, although it is difficult to be certain whether the frequency is greater than with plasma derived products.

The latest figures we have available for use of Factor VIII are for 1993 when 135.5m units were used to treat 2,300 patients with haemophilia A (not the 1,500 in Dr Lee's letter). The average price of Factor VIII is approximately 25p per unit, and so to change from this to 52p a unit (as stated in the Haemophilia Society letter) would amount to an increase in costs of £36.6m, and not the £15m estimate in Dr Lee's letter.

Purchasers will decide on the funding for individual patients. The Department issued HSG(93)30 to help purchasers decide on where to place contracts. Purchasers need to consider whether extra costs incurred are justified on the basis of efficacy and value for money. There is no suggestion that recombinant Factor VIII is any better at treating bleeding in haemophiliac patients.

Dr Colvin, Chairman of the UK Haemophilia Centre Directors Organisation is due to meet with DH officials to discuss contracting and funding for haemophilia care. A date has not yet been set for this meeting but it is likely to be early in the New Year. (Letter at Annex A).