Dr Govan

...cing of District General Managers and
...ust Chief Executives
20th November, 1992

Agenda Item No. 8

TREATMENT OF HAEMOPHILIA

The U.K. Haemophilia Directors have recently made two recommendations about the treatment of Haemophilia A. There is growing evidence that the deterioration of HIV positive haemophiliacs towards AIDS is significantly slower where high purity Factor VIII is used in place of intermediate purity products. There is also some evidence that the immune system in non-infected Haemophiliacs is compromised by repeated exposure to extraneous protein (i.e. non-Factor VIII) in intermediate purity Factor VIII. It has, therefore, been recommended that all HIV positive patients with Haemophilia A should be switched to treatment with high purity material now and a similar change to be made for remaining patients as soon as possible.

The implementation of the recommendation in full or in part has major funding implications. Intermediate purity Factor VIII costs 20-21 pence per international unit. The cost of high purity Factor VIII is uncertain but is likely to be in the region of 34-35 pence per i.u. depending on the volume discount which can be obtained. The impact of this additional cost has been cushioned to some extent during the current financial year by the availability of high purity Factor VIII from BPL at a discounted price for a limited period of which some Districts have taken advantage. The full impact will be felt in 1993/94.

The Regional Medical Officer recently met with the Haematologists responsible for the management of Haemophilia in the Region to see a strategy for addressing the recommendations. He stressed the importance of a consistent approach throughout the Region. Given that the evidence for benefit to the patients is greater in those who are HIV positive, together with the constraints imposed by costs, three options were considered.

1. Offer treatment with high purity Factor VIII to all HIV positive patients immediately and progressively introduce it for other patients as local funding allows;

2. Provide treatment for all HIV positive patients as in Option 1 and additionally recognise that the next highest priority for high purity Factor VIII is for the treatment of HIV negative children whose exposure to irrelevant protein will be greater partly because they will be treated for longer than adults and partly because they tend to be treated more frequently than adults.

3. Provide treatment with high purity Factor VIII for all patients with Haemophilia A.

The meeting considered the available evidence supporting the benefits of high purity Factor VIII to Haemophilia patients and unanimously supported Option 2. Those responsible for the management of Haemophilia in this Region, suggest that this strategy (option 2) should be adopted in all those Districts/Trusts where Haemophiliacs are treated. This will require the provider unit concerned to reach agreement on any funding implication with relevant purchasing authorities.

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