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DRAFT

Minutes of the Meeting of the DOH Sub-group
22nd April 2003 @ 2pm
The Library, Department of Haematology, MRI

Attending: Mr Carl Ashworth, Mr Steve Davies, Dr Charles R. M. Hay, Mrs Linda Roberts

Remit: To discuss the contract for the purchase of Recombinant products for the 3 year period; to prioritise haemophilia A and B in the first instance and the remaining funding to be spent on rFVII (NovoSeven).

The companies involved will be Baxter and Aventis, who sell both plasma and recombinant factors and Wyeth and Bayer, who essentially sell recombinant factors.

The average price difference between plasma and recombinant products will be used to work out how many units can be afforded. This will be derived from a recent questionnaire sent last week to all English Centres requesting; patient identifier for UKHCDO database, patient identifier, patient's date of birth, PCT, GP code, factor usage in last financial year and diagnosis (haemophilia A, B, congenital FVII) with factor level for all patients with these diagnoses over the age of 22 and treated currently with plasma-derived products..

The first set of data is expected by the beginning of May. This will cover patients aged between 23 and 35 years old (possibly about 200 patients in total). The complete set of data for patients over the age of 35 has been requested for the beginning of June.

Everyone agreed to the prioritisation of haemophilia A and B patients (including non-severe) in preference to inhibitor patients. The question was raised as to whether recombinant factor seven (rFVII or NovoSeven) be included in the initial tender. It was decided that this would not be tendered for until the third year, when it will be clearer how much money is likely to remain. Since NovoSeven is the only rFVII product available, it could be contracted for in the 3rd year as a single contract and in year 3 there will be more information available about current levels of usage.

This raised the problem of inhibitors since they are so expensive to treat. NovoSeven is the only recombinant product for inhibitors, but this would not necessarily be used for every patient. Inhibitor patients will be extremely difficult to contract for.

8% of patients over the age of 22 are already treating 'off guidelines' with recombinant factor products. DoH has agreed that the funding recently made available will only be used for patients currently treated with plasma-derived products. This funding would be earmarked for the first three years but would then be in PCTs baseline funding and therefore distributed on a capitation basis. The possibility of stringent guidelines was discussed to ensure that changeover targets are achieved. This could replace ring-fencing. It was also suggested that specialist commissioners could monitor these targets for the first year and for year 2 this would be monitored locally.

UKHCDO will construct a a database which will enable us to work out which patients need to change, how much they are using and which PCT should be paid and how much. It is understood that this schema would pay centres treating intensively more than those treating more cautiously, and this principle will need to be discussed more fully by the WP as a whole. Some Centres would be happy with an average amount of treatment per patient, but this would not work for all Centres. Some would require more and some less. The problem arose regarding the fact that one unit of plasma factor IX does not equal one unit of recombinant factor IX (avg 1:2). To combat this a 50% 'fudge factor' has been introduced.

Tendering to Drug Companies

Steve Davies will approach the drug companies for quotes for each of the three years and for all recombinant products (all generations). A volume banding system will be used. Although this might not suit all the companies it seemed the only reasonable option since it is very difficult to predict future market share or the prescribing habits of one's colleagues. The final decision will not necessarily be price sensitive, as second or third generation products may be preferable to first generation products and there may be little difference in price or varying discount structures offerred.

Mr Davies reminded the meeting that, if we ask for a price reduction for volume, companies may require a minimum commitment and we will have to ensure that each of the companies get the share they are promised. This could present a problem, as it is illegal to restrict prescribing rights. It may be helpful to ask Centres to inform us when each patient is changed over and to which product. This will at least give us a rapid picture of the market share.

The question arose about whether national purchasing is the correct way to proceed and it was decided that it was, as it will keep the price competitive. It was also suggested that we could ask the companies for a single price (not banded on volume) to prevent risk, but it was decided that it may be preferable for Steve to ask the drug companies for the banded prices and that Centres could be audited about their usage before committing to any deal.

Batch criteria should be agreed with each individual Centre. Not necessarily a single batch per Centre.

Shelf life also needs to be taken into consideration.

Separate meetings will be arranged with each company before the tender. This will help with the volume banding.

Steve will bring a mock tender presentation. This is aimed to go out at the end of May.

Date of next meeting: The group will meet prior to the next Recombinant Clotting Factors Working Group meeting. At 10 am on 14/5/03.

CRMH 23/4/03