Dr Laura Waters
Mortimer Market Centre, London
Was the pain worth the gain?
Antiretroviral (ARV) savings from the Improving Value project & generics use in England

Disclosures

• Conference support, speaker/advisory fees from Gilead, ViiV, Janssen & MSD
• Investigator on Gilead & Janssen trials
• Disorganised, sorry
Case for Change

• 89,400 People Living with HIV (PLHIV) in England
• £429m spend on antiretrovirals in England 2015/6
• Generics widely use in other disease areas
  – Approximately 70% of prescribing in England
Case for change

• Changing population
  – Long-term condition & lifetime treatment

• Earlier ART
  – Treatment as prevention (transmission & morbidity)
  – Immediate ART – 97% all diagnosed PLHIV on ART
  – NHSE Immediate ART pilocy April 2018

• HIV pre-exposure prophylaxis
Background & methods

• HIV Clinical Reference Group (CRG) = multi-disciplinary group including representatives from:
  – 4 England regions (North, Midlands & East, South & London)
  – Community
  – Specialty societies HIV (CRG)

• CRG & drugs sub-group worked with NHSE to identify a ‘menu’ of clinically appropriate & acceptable ART switches
  – Aim to yield a 2.5% annual spending reduction over 2 years.

• Clinician and patient driven programme
Background & methods

• Pharmacy submissions analysed to estimate impact on national/regional drug spend of:
  1. The Improving Value (IV) switch project
  2. Like-for-like branded to generic switches
• Dedicated pharmaceutical advisor role funded
• Lead HIV commissioner, CRG & Improving Value Team with regional/hub working groups
• Engagement with national societies (e.g. HIVPA)
Methods

• 2016/7 drug savings collected by NHSE for 5 key switches:
  – Two branded to generic like-for-like
  – Three involving change in pill burden

• Caveat: not fully rolled out in all regions
  – London & South started IV switches ahead of the other regions
Results: 2016/7 vs 2015/6 spend

• 2016/7 total ARV spend for England = £413.7m
  – 3.56% saving compared to 2015/6

• Breakdown of savings
  – 33% = regional contract savings (1.19%)
  – 50% = NVP-PR & ABC/3TC generics substitutions (1.78%)
  – 17% = the 3 analysed IV switches (0.59%)
## Results: savings by switch

<table>
<thead>
<tr>
<th>Switch</th>
<th>2016/17 saving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branded to generic abacavir/lamivudine</td>
<td>£6,946,811</td>
</tr>
<tr>
<td>Branded to generic nevirapine-PR</td>
<td>£722,022</td>
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<tr>
<td>Branded to branded tenofovir-DF/emtricitabine/efavirenz FDC to branded tenofovir-DF/emtricitabine FDC + generic efavirenz (1 to 2 pills)</td>
<td>£1,131,212</td>
</tr>
<tr>
<td>Darunavir + ritonavir to darunavir/cobicistat FDC</td>
<td>£752,172</td>
</tr>
<tr>
<td>Atazanavir + ritonavir to atazanavir/cobicistat FDC</td>
<td>£240,404</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>£9,792,621</strong></td>
</tr>
</tbody>
</table>
Results: IV switch savings by region

• Combined savings secondary to IV switches:
  – £416,163 in the North
  – £247,929 in the South
  – £349,097 in Midlands & East
  – £1,110,599 in London

• **TOTAL = £2,123,788**
Limitations

• Additional costs:
  – Visit frequency
  – Switch back
  – Suspension of VAT-free prescribing
• Partial roll-out
• No figures yet for uptake of each switch
• Switch was a CQUIN for some Trusts
Challenges

• Adverse event reporting
• Communication with patients
  – Support of Community organisation & National Specialist societies
• Better CRG website & support?!
Conclusions

• Targeted cost-based switches can yield significant drug savings over and above contract negotiations & generics use

• Community engagement in the CRG & sub-groups is crucial to success

• Other disease areas can learn from HIV
  – NHSE planning to roll out similar programmes
Thank you

• All the participating clinics
• CRG, drug sub-group
• Ian Williams
• **ALL THE PATIENTS WHO SWITCHED**
Thank you!

lwaters@nhs.net
@drlaurajwaters