

# Dr David Asboe

## Chelsea and Westminster Hospital, London

Speaker Name	Statement
<b>Dr David Asboe</b>	Speaker fees and personal grant to attend conferences Gilead Sciences Consultancy fees from Janssen Consultancy fees from ViiV
Date	April 2016

# Commissioning HIV pre-exposure prophylaxis: Where are we right now?

David Asboe

Chelsea and Westminster Hospital, London



# NHSE statement, 21st March 2016

<https://www.england.nhs.uk/2016/03/prep/>

- “local authorities are the responsible commissioner for HIV prevention services”
- “including PrEP for consideration in competition with specialised commissioning treatments as part of the annual CPAG prioritisation process could present risk of legal challenge from proponents of other ‘candidate’ treatments”
- “while NHS England is not responsible for commissioning HIV prevention services, we are committed to working with local authorities, Public Health England, the Department of Health and other stakeholders as further consideration is given to making PrEP available for HIV prevention”
- “specifically, given the potential benefits in this area, NHS England .. will be making available up to £2m over the next two years to run a number of early implementer test sites”
- “the DH and partners will consider the relevant findings from the test sites to inform respective commissioning responsibilities for HIV care and treatment and HIV prevention”

## Previously agreed policy commissioning process

- PrEP policy working group set up Autumn 2014, reporting to HIV CRG
- Wide range of stakeholders including local authority representatives
- Confirmed April 2015, “NHS England is the responsible commissioner for all antiretroviral drugs (ARVs), including where they are used in HIV prevention either in preventing mother to child transmission or as post exposure prophylaxis following sexual or occupational exposure to HIV infection (PEP / PEPSE)”
- PWG developed policy proposition following evidence review
- Clinical panel assessment
- Further development of cost-effectiveness models (Noel Gill PHE, Andrew Philips UCL)
- Stakeholder testing December 2015
- Stakeholder consultation March 2016
- Clinical Priorities Advisory Group June 2016

# PrEP commissioning proposal

- Eligibility criteria
  1. High risk, HIV negative MSM / transgender women
    - Documented HIV negative test during an earlier episode of care in preceding year
    - Reported condomless intercourse in previous 3 months
    - Likelihood of repeated condomless sex in next 3 months
    - Where clinician recommends and monitors PrEP as part of active risk reduction
  2. HIV negative partner of a diagnosed person with HIV who is not known to be virologically suppressed
  3. HIV negative heterosexual men and women at similar high risk of HIV acquisition as 2
- Starting and stopping criteria
- Event driven (intermittent) schedule

## Cost effectiveness, programme size and impact

- PHE and UCL models using different methodologies and assumptions
- Agree PrEP in most analyses is cost-effective or even cost-saving
- Number of high risk MSM based on criteria 8-12 000
- Estimated uptake of PrEP 4600 to 6700
- PROUD clinics see approx. 40% of high risk attendances
- For equitable access need much larger number of clinics offering PrEP

## Where does that leave us?

- What is the commissioning process? Who is the responsible commissioner?
- Implementation pilots
  - How many people will be treated and where?
  - What additional questions will these answer
  - What criteria will be applied?
- What about drug price/generics?
- What about
  - Scotland (Short Life Working Group set up)
  - Wales (waiting for England)
  - Northern Ireland (“reviewing the evidence and looking at the budget”)

How do we support individuals who have accessed or need to access PrEP?

- PROUD participants
- Signposting to
  - NHS top-up services
  - On-line generic services

New BHIVA / BASHH position statement

## What else can be done?

- Seek overturn of decision through NHSE, DH
  - NAT/THT/community
  - BHIVA/BASHH
  - Local Government Association, London Councils, Association of Directors of Public Health
- **Legal challenge – NAT**
  - **Have issued pre-action letter**
  - **19<sup>th</sup> April received news that NHSE will reconsider at SSC May. Hoped that policy will now go forward as planned to CPAG**
- Advocate for PrEP locally
  - MP
  - Director of Public health
  - Local authority commissioners

HIV infections in MSM at all time high. Current strategy isn't working.

- Doing nothing isn't an option. PrEP works
- Need a national commissioning decision and implementation
- Access needs to be equitable and not based on locale or ability to pay