Use of Generic Medication: Commissioning Perspective

UK-CAB Presentation
April 2017
NHS England Specialised Commissioning

• NHS England is responsible for commissioning £15.6 billion of specialised services to meet a wide range of health and care needs.
• Grouped into six National Programmes of Care (NPoC), which coordinates and prioritises work across the services in that programme of care.
• Services commissioned through regional teams against national service specifications and clinical policies.
HIV Clinical Reference Group

- Blood and Infection Programme of Care
- Provide clinical advice and leadership
- Clinical Chair – Ian Williams, Senior lecturer and Hon Consultant Physician, Central and North West London NHS Foundation Trust
- Regional and affiliate organisation representation
- Patient and Public Voice representation
Five Year Forward View

- Published October 2014/ Next Steps April 2017
- £30 billion gap in funding between resources and patient needs by 2020/21
- Ongoing programme of efficiency required:
  - Releases resources to be able to invest in new treatments
  - Maintenance of financial balance against a backdrop of increasing demand
5YFV Next Steps:  
– 10 Point Efficiency Plan

• Point 4 – Getting Best Value out of Medicines and Pharmacy
• Drugs bill grew by over 7% last year, especially in hospital-driven prescribing
• Identification of medicines savings across primary, secondary and specialised services
Medicines Optimisation CRG

Key role in supporting:

- Procurement of medicines
- Selection and use of medicines
- Supporting patients to take their medicines
- Reducing harm from medicines
- Ensuring best value in the use of the £3.5 billion medicines within specialised services
- Optimising the use of medicines included in the specialised commissioning ‘high cost drugs list’
Improving Value Anti-Retroviral Switching Project (IV ART Switching Project)
Improving Value Programme

• National programme across Specialised Commissioning
• Supports identification and delivery of value improving projects
• Seeking improved value in relation to quality as well as financial
• Development of regional and national projects
IV ART Switching Project

• Designed 2015/16 via the HIV CRG
  ➢ Availability of generic anti-retroviral medication
  ➢ Therapeutically equivalent, more cost effective regimens
  ➢ Efficiency achieved through regional procurements
  ➢ Aim to deliver £21m savings over 2 years
IV ART Switching Project

• Patient and Public Voice involvement in the design of the scheme
• Menu of options for switching
• Phased approach over 2 years
  ➢ Enable switching in line with routine outpatient review
  ➢ Discussion with patient over most clinically appropriate, cost effective regimen
• Year 1 phased roll out across regions
## IV ART Switching Project

<table>
<thead>
<tr>
<th>Current regimen</th>
<th>Switch to</th>
<th>Start Date</th>
<th>Minimum Proposed % Switch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atripla</td>
<td>Truvada + generic Efavirenz</td>
<td>December 2016</td>
<td>60%</td>
</tr>
<tr>
<td>Darunavir 800 + Ritonavir</td>
<td>Rezolsta</td>
<td>July 2016</td>
<td>50%</td>
</tr>
<tr>
<td>Atazanavir 300 + Ritonavir</td>
<td>Evotaz</td>
<td>July 2016</td>
<td>60%</td>
</tr>
<tr>
<td>Kivexa</td>
<td>Generic Abacavir / Lamivudine FDC</td>
<td>December 2016</td>
<td>95%</td>
</tr>
<tr>
<td>Branded Nevirapine Modified Release 400mg</td>
<td>Branded Generic Nevirapine Modified Release 400mg</td>
<td>London – Sept 2016</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outside London – May 2017</td>
<td></td>
</tr>
<tr>
<td>Dolutegravir</td>
<td>Raltegravir</td>
<td>July ’16</td>
<td>No % switch, but consideration should be given to switching patients where twice daily treatment is appropriate and acceptable to patients. (NB: Currently on hold until availability of 600mg tablets in mid to late 2017 for single daily dose)</td>
</tr>
<tr>
<td>Triumeq</td>
<td>Raltegravir + Generic Abacavir / Lamivudine FDC</td>
<td>December 2016</td>
<td></td>
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</tbody>
</table>
IV ART Switching Project

• Year 1 forecast savings of £10m from switching, and a further £5m from contract price negotiations
• Year 2 forecast savings of £32m from switching, and a further £6m from contract price negotiations
  • Abacavir/Lamivudine FDC (generic substitution) c£15m savings forecast
• Supporting regional implementation
  • Governance process for identification of additional switching options
• Building on learning from year 1
  • Patient Communications
Frequently Asked Questions

- Developed to support continued roll out of the scheme.
- Seeking feedback on these from UK-CAB
  - Why am I being asked to switch my anti-retroviral drugs?
  - Is there any difference between how well branded and generic drugs work?
  - Could I be asked to change to a different combination of drugs as part of the switching programme?
Frequently Asked Questions

- Will I have to take more tablets?
- Is switching compulsory for all patients?
- What do groups representing people living with HIV feel about the switching programme?
- Will the savings be reinvested in HIV services?
- How soon will the changes take place?
- Is this happening in other areas of health care?

- Does this capture the main issues people are receiving queries about?
Further Information

• Local provider and commissioning teams.
• HIV CRG Information:
  https://www.england.nhs.uk/commissioning/spec-services/npc-crg/blood-and-infection-group-f/f03/
• Register as a stakeholder:
Questions

Janette Harper
Lead Commissioner HIV Clinical Reference Group