3rd of December 2015

Statutory Pharmaceutical Pricing Scheme Consultation

Paula Metcalfe
Department of Health
Room 2E23
Quarry Hill
Leeds
LS2 7UE

Sent by email to: Paula.Metcalfe@dh.gsi.gov.uk

Dear Mrs Metcalfe,

Re: Consultation on Changes to the Statutory Scheme to Control the Prices of Branded Health Service Medicines

In response to the above consultation and on behalf of the British Society of Immunology (BSI) I suggest that Immunoglobulin products are exempted from the proposed new scheme.

Immunoglobulin products (human normal immunoglobulin) are human plasma derived medicines with a distinct pathway of production in comparison to conventional chemical medicines. They are the first line, and only available treatment for patients with primary immunodeficiency disorders and first line treatment for several other immune mediated disorders. They are included on the World Health Organisation list of essential medicines¹. In addition, because of the inherent difficulties of production of plasma derived medicines, which often result in interruption of supply of any particular product, it is also imperative for patients and hospitals to have access to a range of immunoglobulin products.

The Department of Health has already implemented a system to ensure the appropriate use of human immunoglobulin via the National Demand Management programme for Immunoglobulin and clinical guidelines² and equity of costing is secured via a national framework agreement. The policy is implemented at a local level via the immunoglobulin advisory panels in each Trust and is monitored through the immunoglobulin national database.

¹WHO Model list of essential medicines, 18th list, April 2013
²http://www.ivig.nhs.uk/documents/dh_129666
It is also noteworthy that in UK the supply of immunoglobulin products relies completely on plasma coming from abroad because of the exclusion of use of UK-sourced plasma due to the theoretical risk of vCJD. This makes the UK particularly vulnerable to the diversion of immunoglobulin suppliers to other more rewarding markets.

For the reasons stated above we therefore think that the application of the proposed new scheme is inappropriate for human immunoglobulin products. We suggest that human immunoglobulin products are exempted from the proposed new scheme as this can potentially jeopardise the only available treatment for patients with immunodeficiency disorders and one of the mainstream treatments for many other immunological disorders.

Yours sincerely

Dr Sofia Grigoriadou
Consultant Immunologist
Clinical Secretary of BSI