Commissioning framework for biologic medicines: defining best value

1 Executive summary

In September 2017 NHS England issued the document Commissioning framework for biological medicines (including biosimilar medicines).

The document sets the aim that at least 90% of new patients will be prescribed the best value biological medicine within 3 months of launch of a biosimilar medicine, and at least 80% of existing patients within 12 months, or sooner if possible. It does not, however, define what 'best value' is and how it should be decided when reviewing additional products coming to market.

This paper provides information as agreed by the GMMMG High Cost Drug Group (HCDSG) and approved by the Clinical Standards Board as to the factors that will be considered when defining a 'best value' biologic medicine in Greater Manchester.

2. Introduction and background

2.1 In September 2017 NHS England issued the document Commissioning framework for biological medicines (including biosimilar medicines).

2.2 Many biological medicines are coming off patent and "biosimilars" are becoming available. These medicines are highly similar to other biological medicines already licensed for use but are typically much cheaper than the originator products. This competition provides the NHS with an opportunity to save hundreds of millions of pounds, whilst also increasing access to these important medicines. There is the potential to realise savings of at least £200-300m per year by 2020/21 if the NHS embraces the use of best value biological medicines in a proactive, systematic, and safe way.

2.3 The framework sets the aim is that at least 90% of new patients will be prescribed the best value biological medicine within 3 months of launch of a

biosimilar medicine, and at least 80% of existing patients within 12 months. It does not however, define what 'best value' is. This paper provides information as agreed by the GMMMG High Cost Drug Group (HCDSG) and approved by the Clinical Standards Board as to the factors that will be considered when defining a 'best value' biologic medicine in Greater Manchester.

3. Defining 'best value'

3.1 The commissioning framework for biological medicines makes reference to, but does not define what constitutes 'best value' and whether this is based purely on acquisition cost or whether other factors should be considered.

3.2 At this time the RMOCs have not defined what constitutes 'best value'.

3.3 The national PresQIPP high cost drug group was consulted to see what other areas are doing, but no-one was able to share a definition being used in other areas.

3.4 It is, therefore, proposed that the GMMMG High Cost Drug Group (HCDG) considers the following when evaluating best value biologics;

- Acquisition cost, including when relevant VAT
- Homecare provision
- Patient factors including e.g device, patient support, patient training, waste removal, other product specific considerations
- Complexity of compounding considering factors e.g. production costs, risk and number of manipulations
- Outsourcing costs if relevant
- Product range, including strengths available
- Product licences
- Product stability
- Patient testing e.g. antibody testing
- Biologic registry inclusion
- Robustness of the supply chain
- Any other product specific factors as required