

Improving access to antiviral treatment: experience and prospects



ITPCru

International Treatment Preparedness Coalition
Eastern Europe and Central Asia

Role and experience of
patient community in
EECA

Role of community in improving access to treatment in general

1. Continuous in-depth **monitoring and analysis** of treatment access landscape
2. **Dialogue** with stakeholders based on the monitoring results
3. **Support** provided to patients in case there are access problems
4. **Awareness-raising activities** – disseminating the latest information about treatment options
5. **Direct IP interventions** – patent oppositions
6. ...



OUR GOAL

- Access to the most efficient and safe hepatitis treatment for all in need
- As of now, the most efficient and safe HCV therapy is combination of direct-acting antiviral drugs, DAAs (preferably pan-genotypic)
- Hence, our current goal is **access to all-oral pan-genotypic DAA combinations for all in need**



Progress in EECA

- Most of the EECA countries have national HCV treatment programmes based on DAAs (mostly sofosbuvir and daclatasvir)
- Number and percentage of people treated varies in each country
- Several countries already have elimination programmes or plans (at least Georgia, Kazakhstan, Ukraine – to be updated)

Specific examples – EEU

■ Belarus (data provided by People + NGO)

- 600 people in 2017
- Key regimen: **SOF + DCV**
- Approximate price: around 270 USD per patient

■ Kazakhstan (data provided by AGEP’C Foundation)

- Plans to treat more than 18 000 people (data as of 2018)
- Key regimen: **SOF + DCV**
- Price: 96 USD (plus UNDP and SK Pharmatsia mark-up)

■ Kyrgyzstan (data provided by Partnership Network NGO)

- 200 people in 2017
- Key regimen: **SOF + DCV**
- Price: 900 USD (*600 for DCV*, due to monopoly on the market)

■ Russia (Treatment Preparedness Coalition monitoring data)

- DAA-based therapy procured for 6330* people so far in 2018 (both all-oral and with inclusion of PEG-IFN+RBV) – OMB/DAS/PAR/r, SMV, narlaprevir, SOF, DCV, ASV, GLE/PIB
- Key regimen: OMB/DAS/PAR/r (around 50%)
- Current average price: around 9 000* USD (12 wk)
- Current average SOF + DCV price – around 13 500* USD

*preliminary data, to be updated in the final report



Community involvement: monitoring and analysis

- Detailed HCV drug procurement reports since 2011:
 - Available epidemiological data
 - Registration landscape
 - Treatment guidelines review and comparison with WHO and EASL
 - Drug choice, volumes, prices
 - Recommendations for improvement
 - Regional reviews – cross-country comparisons
- Available at itpcru.org/monitoring website



Dialogue with stakeholders

- **Letters to and Meetings** with stakeholders based on the monitoring results:
 - Manufacturers (*Eurasian Community for Access to Treatment*)
 - 2 meetings so far (2016 and 2017, generic manufacturers of HIV, HCV, cancer drugs); meeting minutes available
 - Next meeting planned for December 2018
 - Gvt authorities (patient communities represented at various committees, such as committee on EML, procurement etc)
 - International organizations (WHO etc)
 - Clinical societies



Support and awareness-raising

- Translating and disseminating up-to-date information about:
 - new treatment options,
 - policy briefs,
 - implementation practices,
 - initiatives to improve access to treatment
- Counseling for patients to get access to drugs



Patent oppositions

- Based on experience in HIV
- Sofosbuvir patents – Russia, Moldova, Ukraine
- Patent oppositions (SOF, DCV) in other countries (including, but not limited to): Argentina, Brazil, China, EU, India etc.

Example: SOF in Russia

- **Registration** (letters to and meetings with the manufacturer)
- **Disseminating information** on safety, efficacy, pricing, implementation (website publications)
- **Price reduction** (comparison with other countries, Andrew Hill et al. data, **patent opposition** to enable generic entry)
- Inclusion in the **Essential Medicines List** (dialogue with stakeholders)
- Inclusion in **guidelines for procurement** (dialogue with stakeholders):
 - Current preferred regimen for HIV+ G1: SMV+PEG-IFN+RBV
 - Proposal: include SOF as an option
 - Benefits: clinical advantages (pan-genotypic regimens, possibility for all-oral therapy, fewer DDIs with ART, potentially cheaper – 126 000 RUB per pack (proposed EML price) vs 165 000 RUB per pack for SMV (2018 average procurement price))