How to Improve Access to Therapy?

Russia

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Disclosures

- **Received funding** from Gilead, Merck, BMS, Roche, Novartis, AstraZeneca, R-pharm, Abbvie
- **Advisory committees** for Gilead, R-pharm, Merck, Abbvie, Janssen
- **Consultant/Speaker** for Gilead, Merck, BMS, AstraZeneca, R-pharm, Abbvie and Janssen Inc.

Background

- ≈ 5 000 000 patients with HCV
- The most prevalent genotypes are
  - 1b (>50% of all infected population, mainly in patients over 40 yrs old)
  - 3a (≈35-40%, mainly in younger patients 20-35 yrs)
- Lack of HCV-infection in the national mortality registry, therefore its role in mortality is not evident for decision makers.
- State insurance covers HCV treatment only in disabled or HIV-coinfected patients.

Drugs approved for the treatment

- PegIFN + RBV or PegIFN + RBV + PI are approved as a SOC
- 3D (Abbvie) – approved in mid 2015
- DCV + ASV (BMS) – approved 2nd half 2015
- Waiting for approval
  - SOF + RBV
  - Narlaprevir (R-pharm)
  - SOF/LDV
  - DCV/ASV/BCV

Changes in access to the treatment in 2015

- Approximately 15 000 patients were treated in 2015
  - IFN substitution rate was 12-15% in 4Q 2015
- Access to the treatment with DAA begins to be covered from regional budgets
  - Only for F4 patients
  - Only in regions with good registries (5/87)
- Increased access to counterfeited copies of original drugs through the countries with poor controlled markets
  - 5-10 times price cut

How to improve access to the treatment?

- Develop regional registries (it really helps to assure local decision makers to provide effective treatment at least for the patients with F4)
- Localization of the production of the most effective drugs
  - The only way to decrease the price tag and make them available to all patients, in whom treatment is badly needed.
- Increase the public and health professionals awareness about the “real” cost of the disease for the society from the medical, social and economical points of view
- Patients’ organizations should be more active in promoting the information about the disease and treatment at the public level.