#### Around the world: 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.

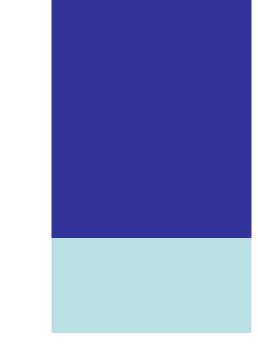
### Background

- $\approx 5\ 000\ 000$  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.

### DAAs approved for the treatment

- Semiprevir (Janssen)
- 3D (Abbvie)
- DCV + ASV (BMS)
- SOF (Gilead)
- Narlaprevir (R-pharm) only in PEG/RBV combination
- Approval expected 2017:
  - SOF/LDV
  - GZR/EBR

## IFN substitution rate and total expenses for antivirals in regional reimbursement programs







# Changes in access to the treatment in 2016

- Approximately 20-25 000 patients were treated in 2016
- Reimbursement programs are covered from regional budgets
  - Only for F4 patients
  - Only in regions with good registries (20/87)
- Increased access to counterfeited copies of original drugs through the countries with poor controlled markets
  - 5 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.