

Comparing cost of intravenous infusion and subcutaneous biologics in COVID-19 pandemic care pathways – A brief UK stakeholder survey

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Abstract

Objectives One important group of people at higher risk from the COVID-19 pandemic are those with autoimmune conditions including rheumatoid arthritis/inflammatory bowel disease. To minimise infection risk, many people are now being switched from intravenous to subcutaneous biologics including biosimilars. A key question is how transition costs are viewed by clinicians. **Design** The survey was designed to understand the comparative economic issues related to the intravenous infusion vs subcutaneous biologic administration routes for infliximab. The survey focused on direct cost drivers/indirect cost drivers. Wider policy implications linked to the pandemic were also explored. **Setting/Participants** Semi structured telephone interviews were carried out with twenty key stakeholders across the NHS from clinical/pharmacy/commissioning roles. The interviews were undertaken virtually 5thApril-27thApril 2020 and included a semi-structured interview framework with questions across the two administration routes. **Results** From interview results a simple cost analysis was developed plus a qualitative analysis of reports on wider policy/patient impacts. Key findings included evidence of significant variation in infusion tariffs UK wide, with interviewees reporting that not all actual costs incurred are captured in published tariff costs. A cost analysis showed administration costs 50% that of infusion, with a most patients administering subcutaneous medicines themselves. Other indirect benefits to this route included less pressure on infusion unit waiting times and reduced risk of COVID-19 infection plus reduced patient costs. However, this was to some extent offset by increased pressure on home-care and community/primary care services. **Conclusions** Switching from infusion to subcutaneous routes is currently being driven by the COVID-19 pandemic in many services. A case for biologics (infusion vs subcutaneous) must be made on accurate real-world economic analysis. In an analysis of direct/indirect costs, excluding medicine acquisition costs, subcutaneous administration appears to be the more cost saving option for many patients even without the benefit of industry funded home-care.

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