Introduction

The pressure to provide consistent, high-quality care for ophthalmological conditions, such as neovascular wet age-related macular degeneration (nAMD), across the National Health Service (NHS) is limited by key capacity issues. For nAMD, these include long-lasting challenges in clinical space, staffing (Table 1), equipment, support and quality, and funding exacerbated by the pressure of a growing, aging population.

Objectives

This study aims to calculate savings generated from the switch of the reference ranibizumab molecule to a biosimilar and explore how these savings could be reinvested.

Methods

National budget impact model (BIM)

A national budget impact model was developed to forecast the financial impact of switching from the reference ranibizumab over a period of 12 months for 265,597 units. Three potential discount scenarios (10%, 20% and 30% off list price) and four uptake scenarios were modelled (30%, 60%, 80% and 100% uptake switching to a biosimilar). The patient access scheme price of the reference biologic and cost of switching were not considered.

NHS resources

Secondary research was used to identify nurse salary bands from NHS resources as nurses administer intravitreal injections in the UK.

• Accurate as of January 2023.

Results

Switching

Switching from a reference biologic to a biosimilar would expect to result in cost savings across all discount and uptake scenarios after 12 months (Figure 1).

Salaries

Senior nurses who could be involved in provision of care would be expected to be between the Band 6 and Band 8a level. These salaries can be up to 20% higher (up to a maximum payment of £7,377) for employment in London due to Higher Cost Area Supplements (HCAS) rates.

Utilisation of cost-savings

The annual cost-savings from biosimilar adoption could fund the annual salaries of 40 to 897 additional nurses respectively. The annual cost-savings from biosimilar adoption could fund the annual salaries of up to 897 additional nurses respectively.

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References


2. Operational note: Commissioning recommendations following the national procurement for medical retinal vascular medicines. Aug 2022.

Cost savings generated from biosimilar switching could be reinvested to address local capacity pressures faced across NHS England in the provision of nAMD care. The reinvestment could be focused on addressing staffing issues, particularly the shortage of medical retinal staff that results in delays in patients accessing treatment.

Overcoming these challenges could facilitate meeting NHS commissioning recommendations in the reduction in unwarranted variation, maintenance of clinical choice and making best use of NHS resources.

Ophthalmological centres could measure the real-world impact of a ranibizumab biosimilar through tracking uptake of new patients, switched patients and the degree of cost-savings.