**Minutes of meeting held between SARAA and Discovery Health (CCE)**
**4 September 2019**

**Attendees:**

- Dr Kavita Makan (President: SARAA)
- Dr Ayesha Wadee (Secretary: SARAA)
- Dr Noluthando Nematswerani (Head, CCE: Discovery Health)
- Mrs Niri Bhimsan (Pharmacoeconomist, CCE: Discovery Health)
- Mrs Jeanine Thom (Clinical Pharmacist, CCE: Discovery Health)
- Ms Margaret Campbell (CCE: Discovery Health)

*[CCE: Centre for Clinical Excellence]*

**Points discussed:**

**2020 biologic funding benefit changes:**

- Introduction of a **reference price – applies to Rheumatoid Arthritis**
  - This will apply only to new patients.
  - Existing members won't be impacted by benefit change
  - Ongoing engagement and price negotiations with pharmaceutical companies as part of the process to drive prices down
  - Reference price will be reviewed annually – set for 2020 at Humira price and calculated as per annum.
- Rationale:
  - Huge increase in utilization over the years, worsening in recent years
  - Higher burden for Discovery compared to the rest of the industry (antiselection) adversely affecting premium increases
  - Costs have not gone down over time even though molecules have been in the market for many years
  - Benefit change intends to stimulate market shift, drive prices down and broaden access in the long term
  - Biosimilars expected soon – uptake internationally, expect similar in South Africa. Nb. By SA law these drugs are not interchangeable.
  - Benefit change creates better positioning for preferentially priced molecules

- **Biologics for non-PMB conditions** e.g. SPA
  Concerns raised about the 20% co-payment currently in force (effective 1 January 2019 for new authorizations).
  This should not be affecting authorizations prior to 2019.
  Discovery requested details of any instances where this is not the case (i.e. where prior authorizations are being subject to 20% co-payment)

- **SARAA registry**
  Costs covered, with assistance from Discovery Health and buy-in from some of the pharmaceutical industry.

- **SARAA biologic review process**
  SARAA working on improving the process in order to avoid delays in medication access (move to automated system).

- **Rituximab (off –label) e.g. SLE patients**

Discovery to review funding policy in accordance with literature (as adopted onto essential medicines list - use in lupus nephritis should not be limited to nephrologists but include rheumatologists as well).

- **Going forward: SARAA & CCE**
  - Regular touch-base sessions (includes regular feedback on review process)
  - Future collaborations – improving access to treatments to include SARAA, CCE, industry, patient advocates.
  - SARAA asked to review the baskets for the various PMBs – follow up at next meeting
  - Government algorithms are outdated and do not coincide with guidelines – need to be reviewed. SARAA to engage DoH.
  - All motivations from SARAA members will be given full consideration.
  - Where there has been deviation from T&Cs for biologics benefits – these deviations can be raised and will be reviewed by CCE.
  - We as a body need to try and fight to get access for patients