

Dear Mr Feinmann

On behalf of NHSBT we would like once again to state that we are impressed with the thoroughness of the review.

We are a little concerned that the cost effectiveness analysis has not made any consideration of the fact that approximately 60% of women will also need anti-D at delivery. Delivery is probably the most important time for sensitisation and this aspect of the cost should not be separated from RAADP

Using the prices quoted in the document (BNF 2007)

D-Gam costs £27 per 500-IU vial

Rhophylac costs £46.50 per 1500-IU prefilled syringe

If you take 100 women

1. To give 100 of them two doses of D-Gam 500iu at 28 and 34 weeks costs $100 \times 2 \times 27 = £5400$ To also give the 60 who deliver a D+ fetus D-Gam 500iu costs $60 \times 27 = £1620$. Total $5400 + 1620 = £6820$. By sticking to one preparation the donor exposure will be limited.

2. Give 100 women one dose of Rhophylac 1500iu at 28 weeks costs $=£4650$ and to give 60 of them a further vial at delivery costs $60 \times 46.5 = £2790$ Therefore the total cost of using this preparation is $£7440$. Once again donor exposure would be limited by using the same preparation.

3. To be as cheap as possible you could give Rhophylac 1500iu at 28 weeks and D-Gam 500iu at delivery. This would cost $(100 \times 46.5) + (60 \times 27)$ ie $£6270$ but this would mean guaranteeing the mother is exposed to donors from two different sources (CSL-Behring donor plasma and BPL donor plasma) and quite possibly different countries plus the added complexity of stocking two preparations.

We thought it would be worth the health economics team considering this and perhaps making some reference to it in the document rather than presenting the costs of RAADP without reference to the delivery dose

We have not included figures on the 86.5% compliance with the 2 dose regime - this would reduce its effectiveness (and cost). Receiving 1500iu at delivery in option 2 which may reduce the number of sensitisations compared with 500iu at delivery .

Thank you for considering this



On behalf of NHSBT

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NHS Blood and Transplant

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