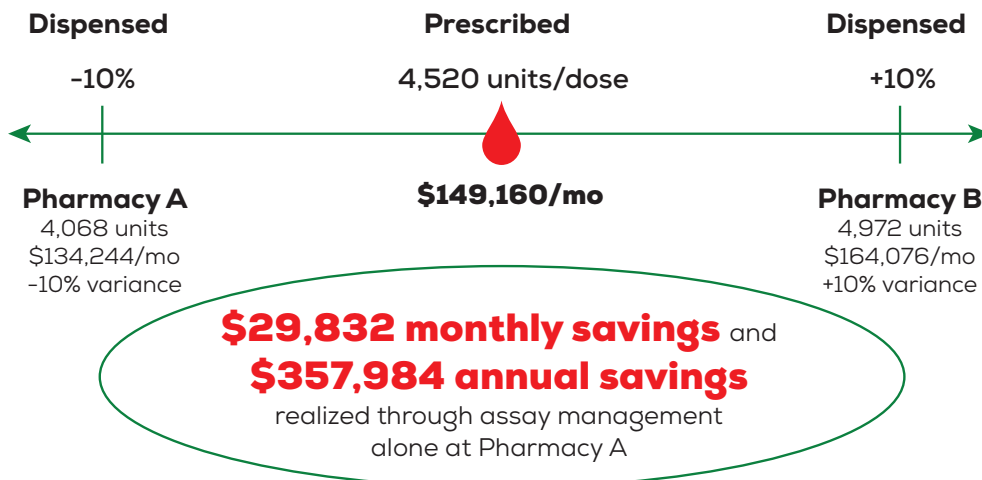


# COST SAVINGS WORKSHEET

John Doe



Weight: 113 kg  
Prescription: 40 units/kg/d  
Doses: 30



## Approximately 90% of the Total Cost of Hemophilia is related to the Specialty Drug Spend

- **Pricing**
  - Factor pricing can vary significantly among dispensing pharmacies for the same product
- **Prescribing and Dispensing**
  - Providers write prescriptions based on units per kilogram (U/kg) of patient weight
  - Factor is manufactured in a range of unit or assay sizes
- **Assay Management**
  - Assay management refers to managing the dispensation of factor as closely as possible to the target dose using one or more available vials



Comprehensive Care Sustainability Collaborative

NATIONAL HEMOPHILIA FOUNDATION

Have Questions or Want to Find Out How to Participate? Contact:

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## Payers can Manage their Hemophilia Spend when Equipped with the Appropriate Information

- **Prescription Data**
  - Payers do not traditionally have access to prescription data; however, they can and should collect this information
  - Having the actual prescription data provides the payer with transparency to verify assay management and per unit pricing
- **Cost per Unit**
  - Per unit prices differ among specialty/dispensing pharmacies
  - Hemophilia Treatment Centers (HTCs) are multidisciplinary, non-profit clinics recognized by the federal government that have access to discounted medications under the 340B Drug Pricing Program and may offer competitive and/or lower average pricing per unit
- **Assay Management**
  - The National Hemophilia Foundation's (NHF) Medical and Scientific Advisory Council (MASAC) Recommendation #188 states that factor should be dispensed within  $\pm 5\%$  to  $\pm 10\%$  of the prescribed target dose
  - Payers can and should require tighter assay management; in most cases,  $\pm 1\%$  to  $\pm 2\%$  of the target dose can be achieved