



CCSC Inhibitor Case Study

Patient Information

Patient: 32-year-old male (110 kg)
Diagnosis: mild hemophilia A with a high titer inhibitor



TWO-PART COST ANALYSIS: PART 1

Background

- Patient was being treated outside the HTC and received his factor from a specialty pharmacy prior to transitioning to an HTC
- Patient requested to receive his factor from HTC pharmacy after transitioning his care
- Cost comparison was made between dispensation from specialty pharmacy vs HTC integrated pharmacy

Physician prescribed:

- Infuse factor VIII 125u/kg (+/-10%) daily and PRN for breakthrough bleeds
Dispensation (+/-10%) ranges
 - Low - 12,375 u
 - Target - 13,750 u
 - High - 15,125 u
- Infuse NovoSeven (VIIa) 8,000 mcg daily and PRN for breakthrough bleeds

Assay Management Factor VIII



Specialty pharmacy dispensed 5%-10% above target per month

HTC integrated pharmacy dispensed 1%-4% below target per month

Cost Management Factor VIII and Factor VIIa

- HTC dispensed factor VIII at \$0.26 per unit below specialty pharmacy*
- HTC dispensed factor VIIa at \$0.60 per unit below specialty pharmacy*

TWO-PART COST ANALYSIS: PART 1 RESULTS

Background

- HTC dispensation **saved the plan \$143,935 per month** for factor VIII through more aggressive assay management and shared savings from the 340B in-house pharmacy*
- HTC dispensation **saved the plan \$144,000 per month** for factor VIIa using shared savings from the 340B in-house pharmacy*

* Pricing varies across HTCs. Each HTC negotiates own contracts.

COST ANALYSIS PART 2: MEDICAL MANAGEMENT

Within months of transitioning the patient care to the HTC, through testing and education, the physician was able to alleviate the patient's concerns regarding appropriate dosing that would prevent complications with managing his inhibitor.



Prescriptions were changed to:

- Infuse Factor VIII 75u/kg daily and PRN for bleeding episodes
- Infuse Factor VIIa 8,000 mcg PRN as needed for bleeding episodes



Expert medical management and recommended testing accounted for **saving the plan an additional \$460,000*** via the following:

1. lowering daily factor VIII units by 75%
2. eliminating high cost daily factor VIIa infusions previously 240,000 mcg per month to an average of 32,000 mcg per month

Notes

- This case study is intended to show the importance of medical management for inhibitor patients; CDC data suggest that most inhibitor patients are medically managed at an HTC.
- The case study and the pricing illustrated herein may not be representative of all inhibitor cases.
- HTC integrated pharmacy factor pricing is contracted individually per location; therefore, this illustration represents only one HTC's pricing.
- Not all HTCs have access to 340B discounted drug pricing and associated savings.
- Savings shown in Part 2 for HTC medical management were significant; this may not be representative of all patients/medical management scenarios.
- Identified savings were likely greater due to the payer's single-source arrangement with a specialty pharmacy prior to contracting with the HTC for pharmacy dispensation.
- NHF strongly believes every plan should, at a minimum, include 1 specialty pharmacy and 1 HTC 340B pharmacy option.

* Pricing varies across HTCs. Each HTC negotiates its own contracts.

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