

# Drug Costs Responsible for Nearly Entire Price Tag of Hereditary Angioedema Care

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Specialty drug costs were responsible for more than 97% of the total cost of care for hereditary angioedema (HAE), according to a recent study by pharmacy benefit manager Prime Therapeutics.

The study, presented at the Academy of Managed Care Pharmacy's Managed Care and Specialty Pharmacy 30th Annual Meeting, suggests a high need for effective case management by pharmacists to optimize care for HAE, according to the authors. The use of specialty drugs to treat HAE occurred in 15 per 1 million commercially insured individuals who had \$400,000 in average annual specialty drug costs, Prime reported.

The study evaluated pharmacy and medical claims data for 15 million commercially insured Prime members, of whom 226 had at least 1 claim for an HAE drug in the first half of 2016. The study authors tracked these 226 patients with HAE for a year following their first HAE drug claim to study medication use patterns, hospital and emergency department visits, and total cost of care.

The study showed an average 12-month total cost of care of \$409,925. Of this total, drug costs were responsible for \$395,507 (97%), while all other medical and pharmacy costs totaled \$14,418 (3%) of the total cost of care.

Among the 226 patients with HAE, 111 (49%) met continuous enrollment criteria. Of the 111 individuals who met the enrollment criteria, 48 (43%) had claims for 2 or more HAE drugs and 10 (9%) individuals had more than \$1 million in HAE drug spend, according to the study. These patients accounted for 30% of the \$43.9 million overall HAE drug spending in Prime's commercial book of business, according to the authors.

Half of all HAE drug expenses were billed through the pharmacy benefit and half through the medical benefit, according to Prime.

“Because HAE drugs are processed on both the medical and pharmacy benefit, it’s essential to have integrated medical and pharmacy claims data to clearly understand patterns of use and comprehensively manage these members,” Catherine Starner, PharmD, BCPS, health outcomes consultant senior principal, Prime Therapeutics, said in a press release. “With drug costs driving 97% of HAE treatment expenses, we do not believe medical costs can be lowered through use of HAE drugs. Rather, diligent pharmacist case management following a patient’s first use of HAE drugs must be provided to help ensure appropriate use and realize cost savings regardless of which benefit (medical or pharmacy) the HAE drug is billed.”