

# Hemophilia Market Insights - Understanding Hemophilia Patient Management and Reimbursement - Proceedings from the 2018 AMCP Market Insights Program

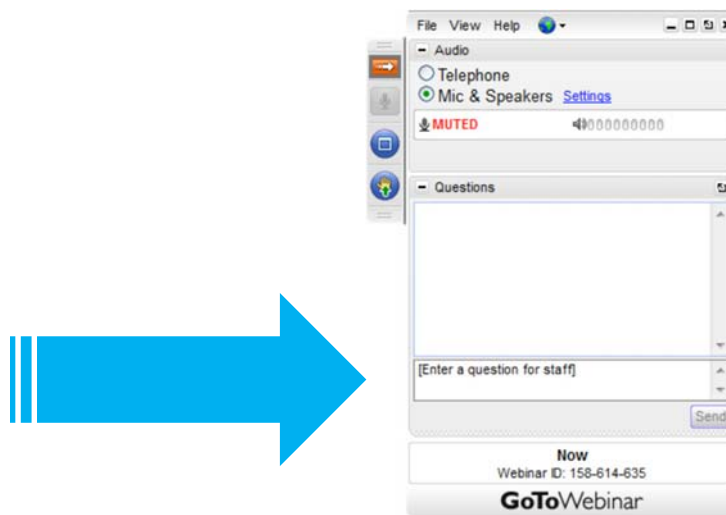
August 14, 2018



## Disclaimer

Organizations may not re-use material presented at this AMCP webinar for commercial purposes without the written consent of the presenter, the person or organization holding copyright to the material (if applicable), and AMCP. Commercial purposes include but are not limited to symposia, educational programs, and other forms of presentation, whether developed or offered by for-profit or not-for-profit entities, and that involve funding from for-profit firms or a registration fee that is other than nominal. In addition, organizations may not widely redistribute or re-use this webinar material without the written consent of the presenter, the person or organization holding copyright to the material (if applicable), and AMCP. This includes large quantity redistribution of the material or storage of the material on electronic systems for other than personal use.

# How to Ask Questions



# Welcome



Dana Regan  
AMCP Market Insight Moderator

# AMCP Market Insights Program

- Unique double-blinded program addressing needs of AMCP members- both corporate and payers
- Multidisciplinary program allowing interaction between key opinion leaders, practicing clinicians and payers to address the needs of AMCP members, such as disease utilization management
- Topics are based upon disease condition and payer challenges and approaches, with a goal to find mutual solutions

## Objectives of Market Insights Programs

- 1 Provide AMCP members relevant information regarding current and future management of hemophilia
- 2 Understand and evaluate current business models supporting hemophilia care
- 3 Determine the evolution and changes to services and stakeholders relating to coverage and reimbursement decision making for hemophilia

# Market Insights: Hemophilia Summit I

**In April 2018, an AMCP  
Market Insights Summit was  
held in Boston, MA**



**Participants across US, with  
111,000 to 25 million covered lives (N=11)**

Health plans/Medical directors  
Pharmacy directors/Specialty Pharmacies and  
PBMs  
Hemophilia Treatment Centers/Patient Advocacy



A roundtable format, with presentations and group discussion on current and future management of hemophilia, including recommendations for industry

[www.amcp.org](http://www.amcp.org)

**AMCP** Academy of  
Managed Care  
Pharmacy®

©2015 Academy of Managed Care Pharmacy

## Multi-Sponsored Market Insights

**Bioverativ**  
A SANOFI COMPANY

**Genentech**  
A Member of the Roche Group



**BIOMATRIX** SpRx

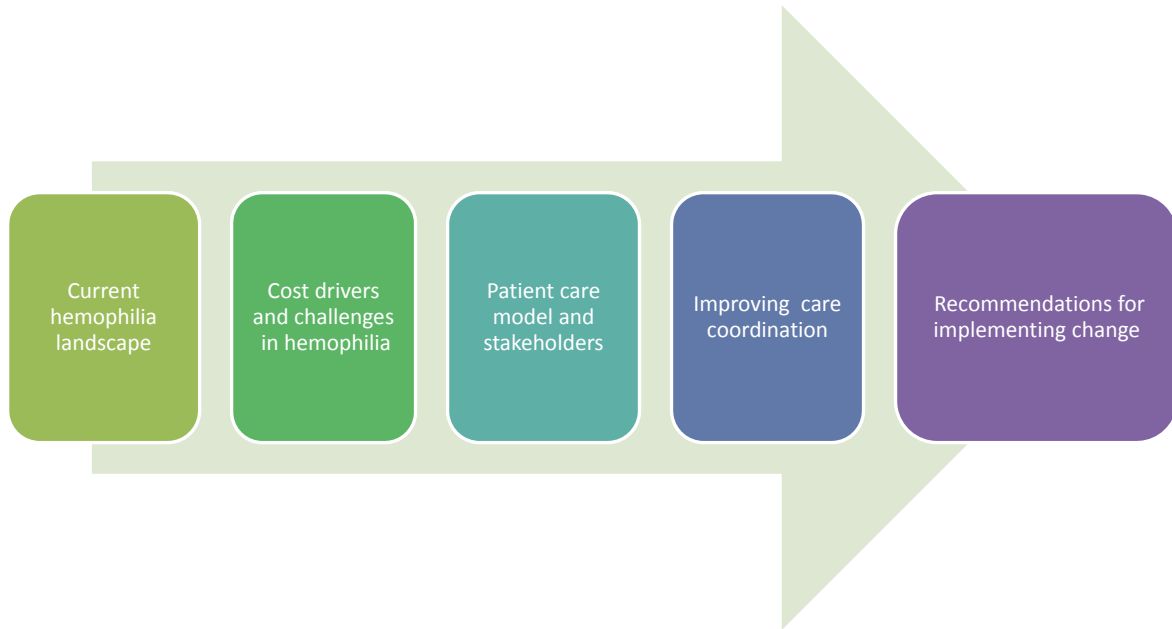
 **COTTRILL'S** SP

[www.amcp.org](http://www.amcp.org)

**AMCP** Academy of  
Managed Care  
Pharmacy®

©2015 Academy of Managed Care Pharmacy

# Insights-Gathering Process



[www.amcp.org](http://www.amcp.org)

**AMCP** Academy of  
Managed Care  
Pharmacy®

©2015 Academy of Managed Care Pharmacy

## MANAGEMENT OF HEMOPHILIA

**AMCP** Academy of  
Managed Care  
Pharmacy®

# Key Learnings

Assessment is likely to evolve from aggregate annual product costs to individual patients with disease severity and inhibitors

Health plans struggle to identify patients treated with prophylaxis or on-demand therapy, impacting overall cost of care

Whereas the primary metric of hemophilia cost management is IU utilization, other individual patient factors, which may contribute significantly to cost, go unnoticed and unaddressed

Assay management may be a key opportunity to manage utilization and reduce waste

Opportunity exists to optimize care through better coordination among SPPs, HTC's and health plans

Standards of practice should be streamlined through validated models of care and clinical guidelines, such as MASAC

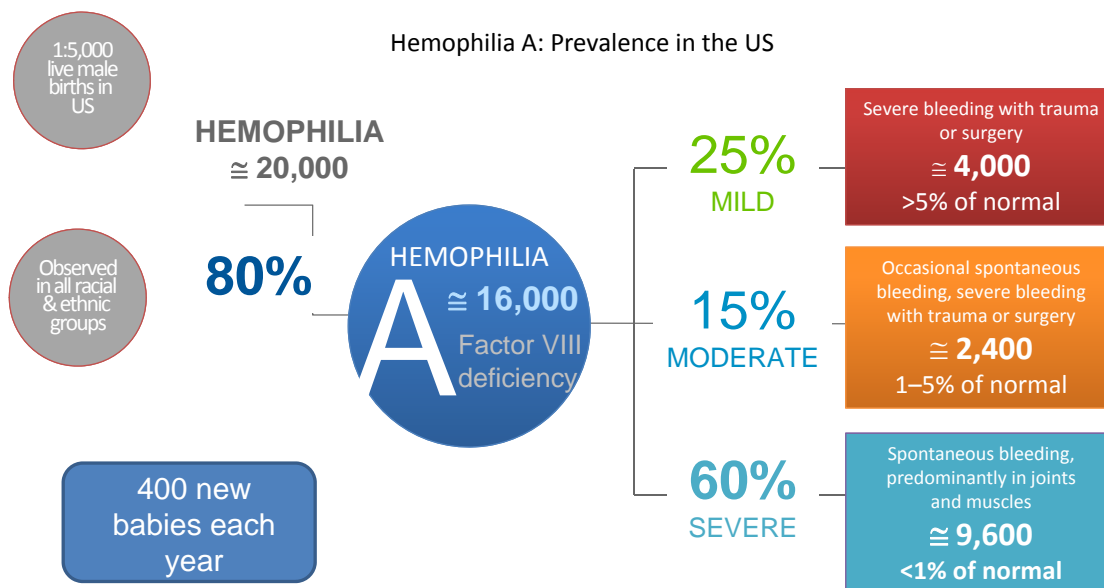
[www.amcp.org](http://www.amcp.org)

AMCP Academy of Managed Care Pharmacy®

11

©2015 Academy of Managed Care Pharmacy

## Hemophilia A is a rare, inherited, lifelong bleeding disorder, affecting mostly males



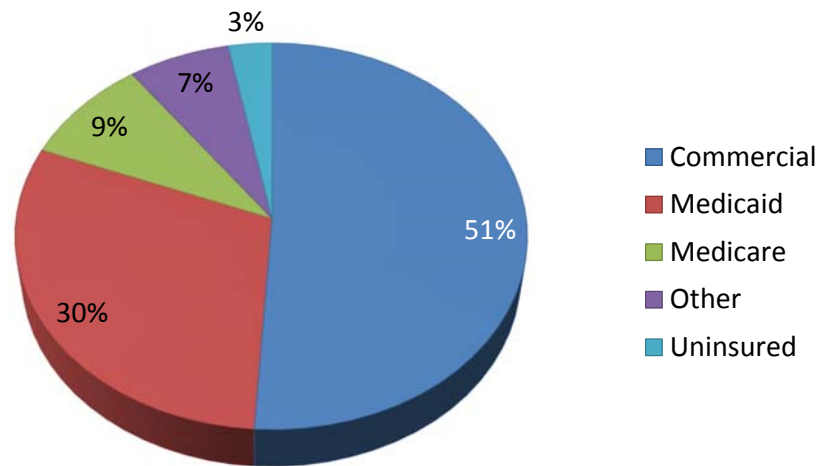
[www.amcp.org](http://www.amcp.org)

AMCP Academy of Managed Care Pharmacy®

©2015 Academy of Managed Care Pharmacy

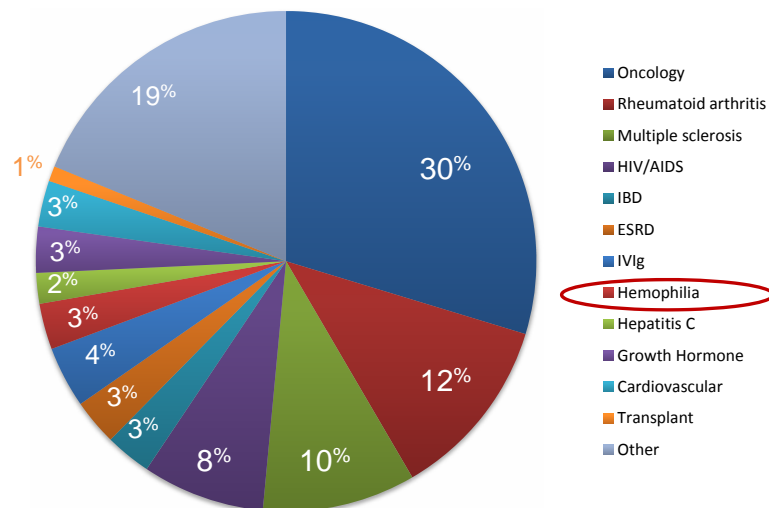
## Majority of Hemophilia Patients Are on Private Insurance or Medicaid

Hemophilia Patients by Insurance Coverage



## Payers' Top Drug Spend

Includes spending under the pharmacy and medical benefit.



# Growing Awareness and Perception of Hemophilia Products Signal Increased Management



## Price increases with innovative hemophilia agents

- New products with extended half-life
- Novel hemophilia pipeline



## Dose, waste and inventory management

- Assay management
- Appropriate dose and frequency
- Reconciling inventory with Rx



## Increased use of hemophilia products

- Expanded use of prophylaxis
- Inhibitor treatments



## Complexity of disease

- Expanded use of prophylaxis
- Inhibitor treatments
- New products with different dosing schedules



## Aging Population

- Co-morbidity
- Complications
- Hospitalizations/ Joint replacements

Level of management over the next year



*"Cost drivers include ER visits, poor care coordination, patient adherence, and a population with growing longevity."*

018.

[www.amcp.org](http://www.amcp.org)

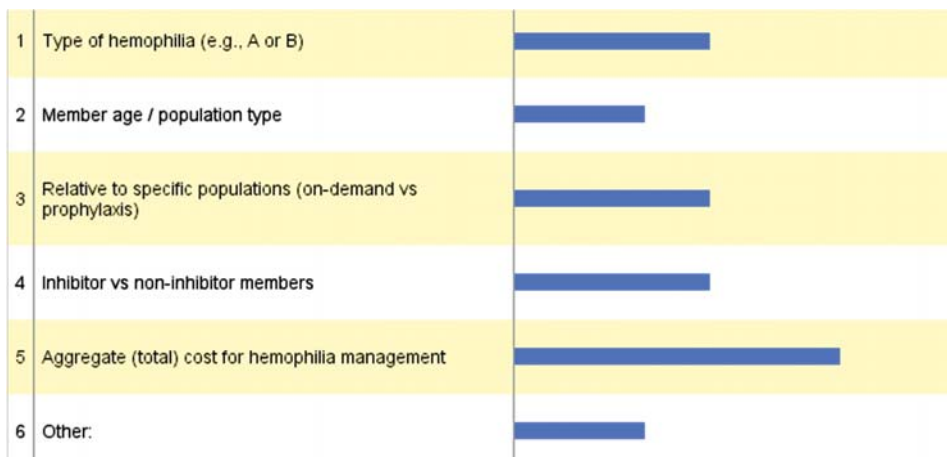
15

AMCP Academy of Managed Care Pharmacy®

©2015 Academy of Managed Care Pharmacy

# Representative Profiles and Decision-Making Attributes

## Participants cite a range of factors in managing hemophilia



*"Health plans currently view costs in aggregates of factor units, and not by individual attributes such as age, on-demand versus prophylaxis use, inhibitor treatment, type of patient, or adherence."*

[www.amcp.org](http://www.amcp.org)

AMCP Academy of Managed Care Pharmacy®

©2015 Academy of Managed Care Pharmacy



# Challenges in Patient Management

- Significant patient variation in Factor utilization
  - Age
  - Activity
  - Body Weight
  - Annual Bleed Rate
  - Severity of Disease
- Lack of awareness of treatment guidelines

## MASAC Guidance

The risk of inhibitors vs pathogenic safety should be discussed with all patients.

- For PTPs: patients already receiving rFVIII may stay on treatment

*"There is a lack of awareness among health plans of national guidelines, despite endorsement by clinical organizations such as American Society of Hematology."*

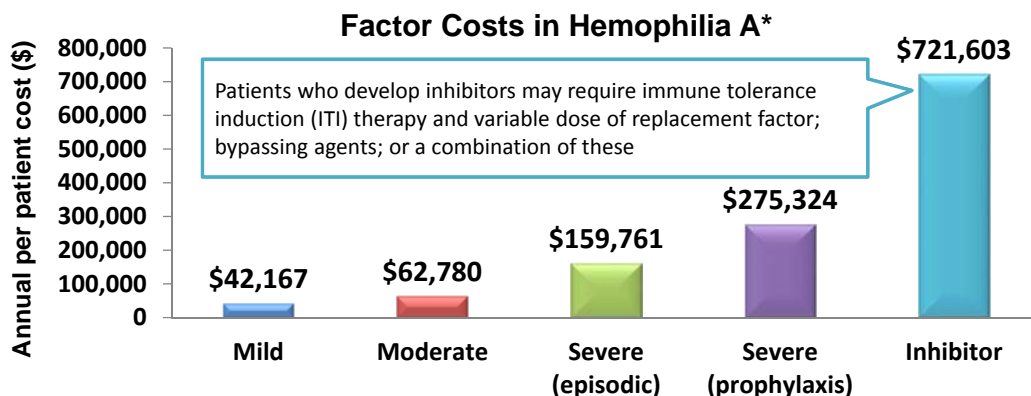
[www.amcp.org](http://www.amcp.org)

AMCP  
Academy of  
Managed Care  
Pharmacy®

©2015 Academy of Managed Care Pharmacy

## Factor and Inhibitors Contribute Significantly to Annualized Factor Costs Across Hemophilia Members

Recognizing the differences in usage among populations can serve as an opportunity to optimize individual patient care and manage overall costs



*"Unit price...and use alone are not the sole attributes in considering cost of patient care."*

\*Factor costs in hemophilia B are similar  
Reference prices: Medicare Average Sales Price.

[www.amcp.org](http://www.amcp.org)

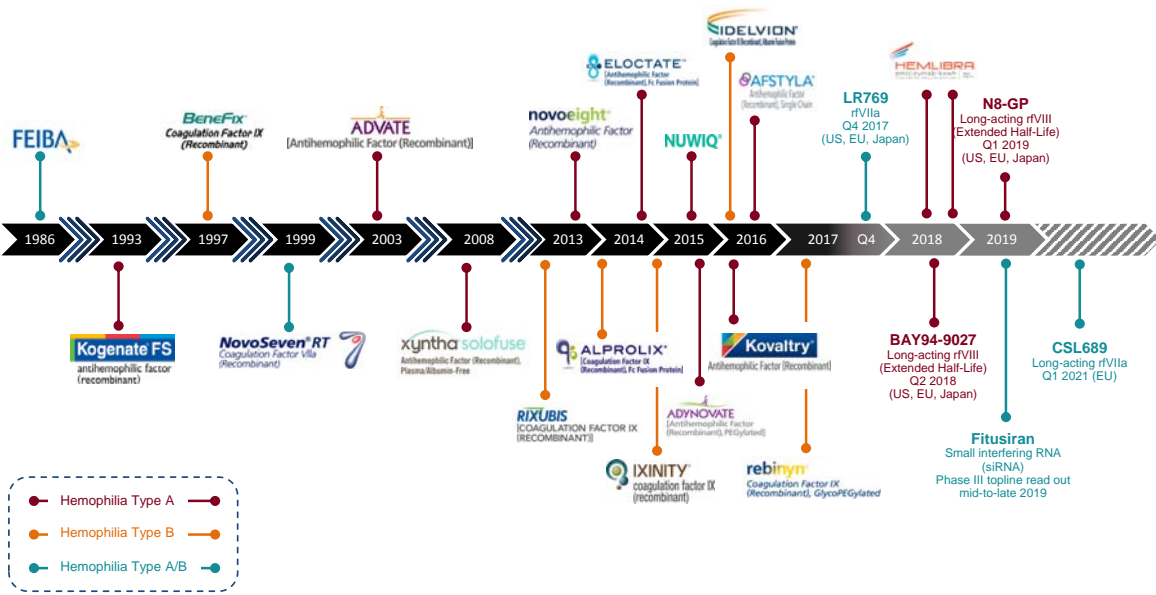
Source: Valentino LA et al. *Haemophilia*. 2015;21:559-567; Sherman A, et al. *Front Immunol*. 2017;8:1-12. Hemophilia Utilization Group Study (HUGS). 2011; Zhou Z-Y, et al. *J Med Econ*. 2015;18:457-465;

AMCP  
Academy of  
Managed Care  
Pharmacy®

©2015 Academy of Managed Care Pharmacy

# Hemophilia Market

New products, methods of administration and innovations



www.amcp.org

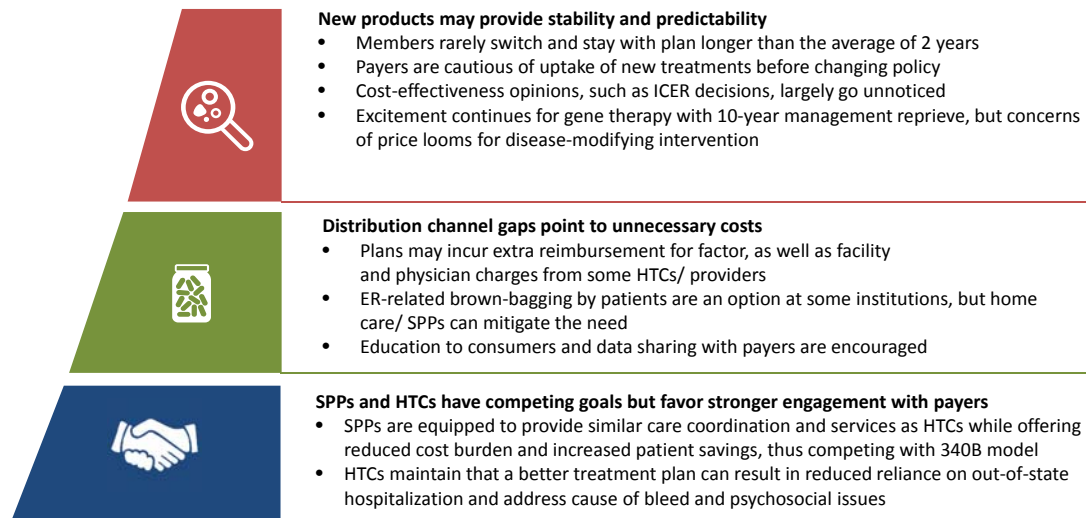
19

AMCP  
Academy of  
Managed Care  
Pharmacy<sup>®</sup>

©2015 Academy of Managed Care Pharmacy

## New and Emergent Agents Are Generating Excitement But More Reliance on Efficient Partnerships

Despite product advances and options, effective management of hemophilia relies on preventing bleeds and encouraging local touchpoints for members



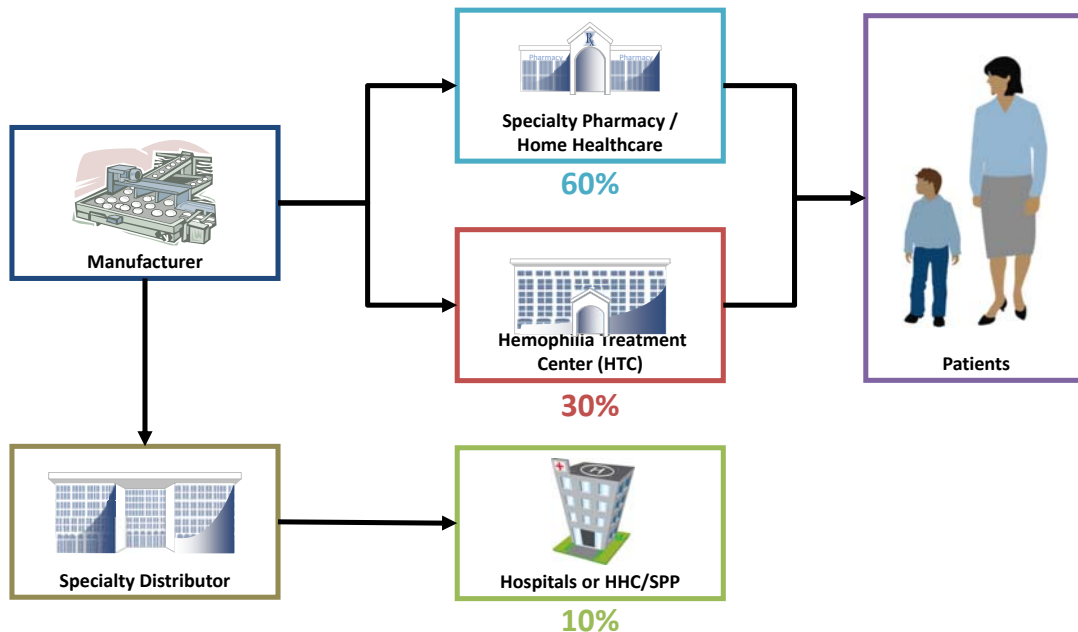
*"The development of inhibitors is one of the most serious complications of hemophilia and carries with it significant cost for treatment. Health plans may be aware of members who have inhibitors, but rarely have a plan in place to manage them."*

www.amcp.org

AMCP  
Managed Care  
Pharmacy<sup>®</sup>

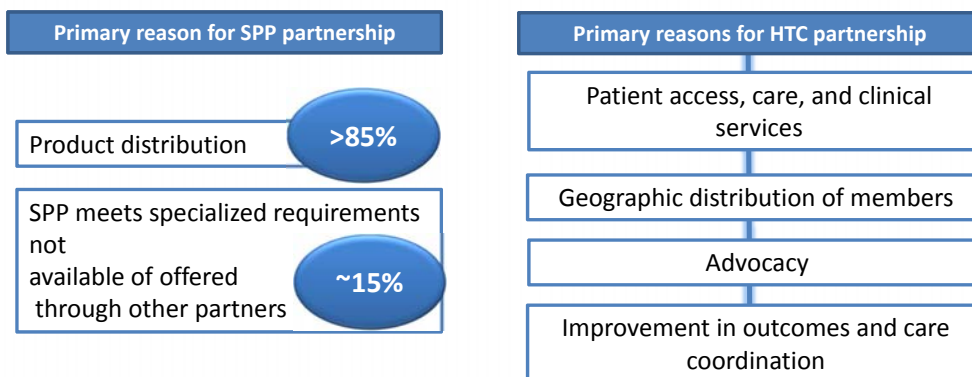
©2015 Academy of Managed Care Pharmacy

## Hemophilia Products Can Be Distributed Through Three Main Channels

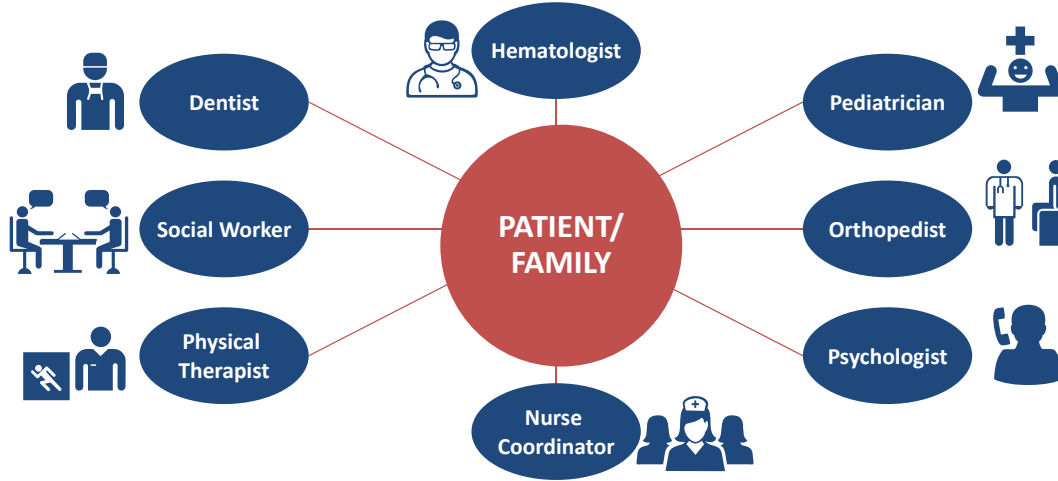


## Stakeholder Relationship and Services Models

The majority of health plans partner with multiple specialty pharmacies and HTCs; some have over 10 contracts



# The HTC Comprehensive Care Model



Most aspects of patient care are addressed:  
physical, emotional, psychological, educational, financial, and vocational needs

Source: Smith PS, Levine PH. The benefits of comprehensive care of hemophilia: a five-year study of outcomes. *Am J Public Health.* 1984;74:616-617.

[www.amcp.org](http://www.amcp.org)

23

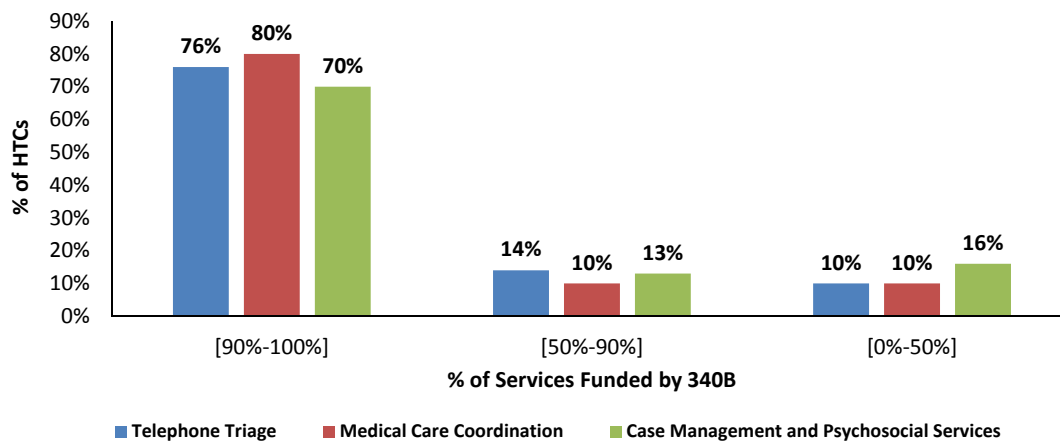
AMCP  
Academy of  
Managed Care  
Pharmacy®

©2015 Academy of Managed Care Pharmacy

## 340B Program Discounts Supports Integrated Care Coordination and Unbilled Ancillary Services



Most HTCs fund unbilled telephone triage, medical care coordination, and case management/psychosocial services almost entirely through 340B



N=31 HTCs with established 340B programs.

Trujillo M, Forsberg AD, Drake J, Cheng D, McLaughlin K, McKernan L. National Survey of the 340B Drug Pricing Program: Quantitative Evaluation of the Services Provided by the U.S. Hemophilia Treatment Centers. Presented at: WFH 2016 World Congress; July 24-28, 2016; Orlando, FL.

[www.amcp.org](http://www.amcp.org)

24

AMCP  
Academy of  
Managed Care  
Pharmacy®

©2015 Academy of Managed Care Pharmacy

# Specialty Pharmacy Patient Care Management



## Primary role:

Dispensing factor products and monitor patient between visits to provider



### CLINICAL

- **Completing assessments by hemophilia experienced clinicians**  
Historical frequency and location of bleeds; Type of IV access; Presence of inhibitors; Weight
- **Prescribed medication**  
Diagnosis; Units/kg; Comparison of dose to MASAC and/or prescribing information
- **Re-assessments**  
Number of bleeds since last contact; Doses on hand; Reconciliation of remaining doses; Reported ER/Hospitalization; Upcoming procedures



### FINANCIAL

- **Assay management**  
Percent variance from the prescribed dose; Broad inventory required for assay selection; Prescribed dose must be appropriate; Variance should be less than 2% from prescribed dose
- **Economic assessment**  
Reconciling inventory in home; Quarterly utilization and claim trends; Identification of outliers and expected utilization changes; Pipeline updates; Collaboration with the third party health plan



### OUTREACH

- **Communications**  
Monitoring of reported bleeds; Adherence to plan; monitoring usage and stockpiling; Identification of barriers to optimal outcomes; demographic needs assessment; tools audit; collaboration with HTC or prescribing HCP
- **Utilization assessment**  
Evaluation of consistency with expectations for factor dispensed

[www.amcp.org](http://www.amcp.org)

AMCP  
Academy of  
Managed Care  
Pharmacy®

©2015 Academy of Managed Care Pharmacy

## Yet, Challenges and Gaps in Efficiencies Remain



- **Clinical data sharing between HTCs and health plans is needed** to better measure outcomes due to variances in EHRs and systems;
- 340B pricing (11-40% of AMP) allows eligible HTC entities to continue care coordination and support services, HTCs risk closures if 340B funding is decreased or reduction in provider reimbursement for services
- **Lack of measurable cost savings passed to health plans creates a potential challenge**
- **A greater proportion of specialty benefit has now moved to pharmacy:** SPP now compete with HTCs and have greater ability to review claims and monitor home utilization, bleeds, and joint health; can recommend changes to assay and use of factor

[www.amcp.org](http://www.amcp.org)




AMCP  
Academy of  
Managed Care  
Pharmacy®

# Stakeholders Seek Efficient Partnership in Care Coordination and Services

Participants were asked to break out into channel groups and asked to identify opportunities

<b>HEALTH PLAN</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Risk sharing contracts with HTCs</li> <li><input type="checkbox"/> Centers of excellence</li> <li><input type="checkbox"/> New products with longer duration of action with fewer bleeds</li> <li><input type="checkbox"/> Standards of patient services and touchpoints for SPPs</li> <li><input type="checkbox"/> Revision, awareness and implementation of MASAC guidelines</li> </ul>
<b>SPP</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Open dialogue with plan and HTC care managers</li> <li><input type="checkbox"/> Collaboration with plans about utilization goals and management</li> <li><input type="checkbox"/> Geomapping access to help identify patients for nurses and services</li> </ul>
<b>HTC</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Contract with SPP pharmacists for shared savings with pharmacy services</li> <li><input type="checkbox"/> Reimbursement model for SPP services as well as health care services</li> <li><input type="checkbox"/> Closer and more frequent engagement with health plans</li> <li><input type="checkbox"/> Better integration and fewer duplication of services</li> </ul>

## Opportunities for Improving Care Coordination

	<b>Encourage home use and monitoring of costly members</b> <ul style="list-style-type: none"> <li>Medical claims reveal costs and expenditures with hospitalization, reduced mobility with administration, and increased bleeding</li> <li>Per unit cost dramatically increases in ER; inhibitor patients add to existing cost</li> </ul>
	<b>Implement adherence programs for prophylaxis and to monitor utilization of factor</b> <ul style="list-style-type: none"> <li>Case manager and ancillary services can help mitigate such costs</li> <li>100% self infusion is the goal when the patient is able to self-administer</li> </ul>
	<b>Provider/Hospital education on assay management</b> <ul style="list-style-type: none"> <li>At hospital, lack of factor availability triggers variable dosing and divergence from SPP order, driving potential change of product and higher costs</li> <li>Expense recommended at +/- 10% on average, although some systems require a lower threshold (3%)</li> <li>Inventory is a challenge while there is a perception of patients stockpiling at their house due to excess product from SPP</li> </ul>

# Recommendations for Implementing Change

## Streamlined standards of practice, guidelines, and data sharing

1

**Risk-sharing for preferred products across stakeholders** that provide value with durable outcomes and guidance on assay management

2

**Patient home care and self infusion** encouraged through provider education and nurse services

3

**Removal of “any willing provider”** for efficient distribution and optimal care coordination through trained HTC and SPP

4

**Minimize costs for duplication of care coordination** performed through unbilled SPP and HTC services

*“Participants advocate that stakeholders should meet periodically to review charts of individual patients and understand the specific costs associated with their care.”*

[www.amcp.org](http://www.amcp.org)

AMCP  
Academy of  
Managed Care  
Pharmacy®

©2015 Academy of Managed Care Pharmacy

## Questions for health plan considerations

When evaluating processes and procedures to optimize hemophilia treatment and costs, health plans may want to consider the following:

- How might the roles and services provided by SPPs and HTC alter your partnerships in hemophilia management?
- What opportunities do you envision for contracting with manufacturers?
- How might you alter auditing of distribution and dispensing to ensure appropriate factor and assay utilization?
- How might you implement policies to effectively identify appropriate members who can benefit from prophylaxis treatment to prevent bleeds or switching product?
- How do you envision members with inhibitors impacting your management? What plans do you have in place to manage members who develop inhibitors?
- What mechanisms are needed to share best practices in this space?

[www.amcp.org](http://www.amcp.org)

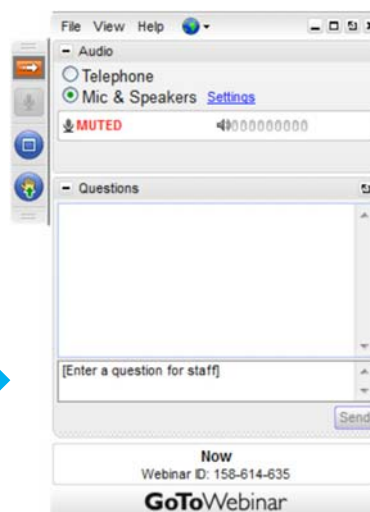
AMCP  
Academy of  
Managed Care  
Pharmacy®

©2015 Academy of Managed Care Pharmacy

# QUESTIONS?

31

## How to Ask Questions





For more information regarding AMCP Market  
Insights contact:

**CHARLIE DRAGOVICH**  
**VICE PRESIDENT, STRATEGIC ALLIANCES AND**  
**BUSINESS DEVELOPMENT**  
**[CDRAGOVICH@AMCP.ORG](mailto:CDRAGOVICH@AMCP.ORG)**

