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CONTENTS

AFFORDABILITY

Long-term economic impact of HEMLIBRA prophylaxis

Genentech has developed a model to estimate the long-term costs and outcomes of HEMLIBRA prophylaxis as compared with rFVIII prophylaxis in persons with hemophilia A in the US

MODEL OVERVIEW

- The following analyses comes from a Markov model with 4 mutually exclusive health states: no arthropathy, arthropathy, surgery, and death. Patients entered the model at no arthropathy and were modeled in one of the 4 health states in a given cycle, with death as the absorbing state. Events such as serious adverse events, breakthrough bleeds, and inhibitor development were also considered
- The target population for this model consisted of previously untreated, male hemophilia A patients without FVIII inhibitors, aged 12 months
 - Patients with severe hemophilia A were used in the base case
 - Patients with moderate to severe hemophilia A were considered in the scenario analysis
- This model considered a lifetime time horizon, with results for Years 1 and 5 also reported
- The 2 treatments in this model were HEMLIBRA prophylaxis and ADWATE (short-acting recombinant FVIII) prophylaxis
- The model considered both clinical and cost outcomes:
 - Clinical outcomes: cumulative number of all treated bleeds and treated joint bleeds, time to FVIII inhibitor development, time to arthropathy onset
 - Cost outcomes (adjusted to 2018 USD): total direct costs, productivity costs (based on Peterson scores, a measure of joint arthropathy)
- This model was developed in accordance with ISPOR best modeling practices and the second panel on cost-effectiveness in health and medicine

KEY MODEL ASSUMPTIONS¹

- Patients were assumed to receive life-long treatment, with no switching or discontinuation
- Arthropathy and surgery were conditional on the number of joint bleeds, which was measured by Peterson score. The Peterson score started at 0 and increased by 1 with every 12.5 joint bleeds. A score of 0 indicated no arthropathy, while a1 indicated arthropathy. An orthopedic surgery was triggered at a score of 28
- Only patients aged <50 were eligible for surgery. Patients after surgery would move back to the "arthropathy" state with a Peterson score of 1
- All patients were subject to the same risk of developing inhibitors, contingent on the cumulative exposure to FVIII (20 exposure days)
 - Patients who develop inhibitors may receive IT1 treatment with repeated administration of FVIII, aiming to eradicate inhibitors. Patients not receiving or failing IT1 treatment would receive HEMLIBRA or bypassing agents
 - 100% of patients in the HEMLIBRA arm continued receiving HEMLIBRA after developing inhibitors, while 50% of patients in the FVIII arm went on to receive HEMLIBRA and the other 50% received BPA

Select Important Safety Information

Warnings and Precautions: Laboratory Coagulation Test Interference
HEMLIBRA affects intrinsic pathway clotting-based laboratory tests, including activated clotting time (ACT), activated partial thromboplastin time (aPTT), and all assays based on aPTT, such as one-stage, factor VIII (FVIII) activity. Therefore, intrinsic pathway clotting-based coagulation laboratory test results in patients who have been treated with HEMLIBRA prophylaxis should not be used to monitor HEMLIBRA activity, determine dosing for factor replacement or anticoagulation, or measure FVIII inhibitor titers.

BPA: Bypassing agent, FVIII-factor VIII, rFVIII-recombinant factor VIII

Reference: 1. Zhou J, Ramondy K, Patel A, et al. Poster presented at ASH 66th Annual Meeting of the American Society of Hematology December 1-4, 2018, San Diego, CA.

Please see accompanying HEMLIBRA full Prescribing Information and additional Important Safety Information, including **Boxed WARNING**, throughout this document.

Intended for distribution only to payers, formulary committees, or similar entities for healthcare economic analysis to facilitate drug selection, on a population basis, for coverage or reimbursement.

HEMOPHILIA A TREATMENT RECOMMENDATIONS

PATIENT OUTCOMES

MEMBER EXPERIENCE

AFFORDABILITY

SUMMARY



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[Chapter title 1 goes here]



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