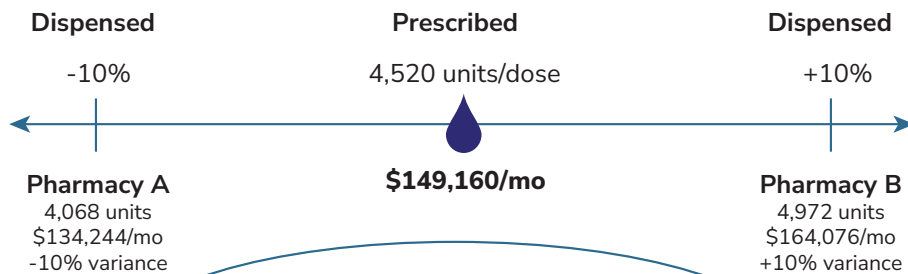


COST SAVINGS WORKSHEET

John Doe



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



\$29,832 monthly savings and
\$357,984 annual savings
realized through assay management
alone at Pharmacy A

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 **Bleeding Disorders** Foundation

For questions or inquires contact:
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For more information, visit
www.CCSCHemo.com

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 Bleeding Disorders Foundation (NBDF) 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

Provided by



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