

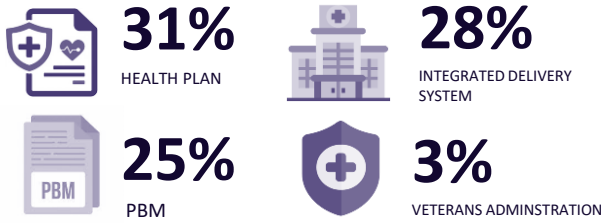
CCSC 2024 Payer Survey Highlights



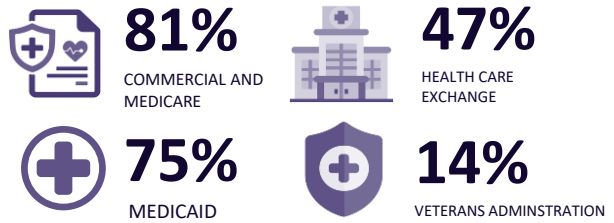
An electronic survey containing both multiple-choice and Likert scale-rating questions was fielded in March 2024 to Impact Education, LLC managed care network consisting of health care executives, medical and pharmacy directors, and other experienced individuals in managed care.

Respondent Demographics (N=36)

ORGANIZATION



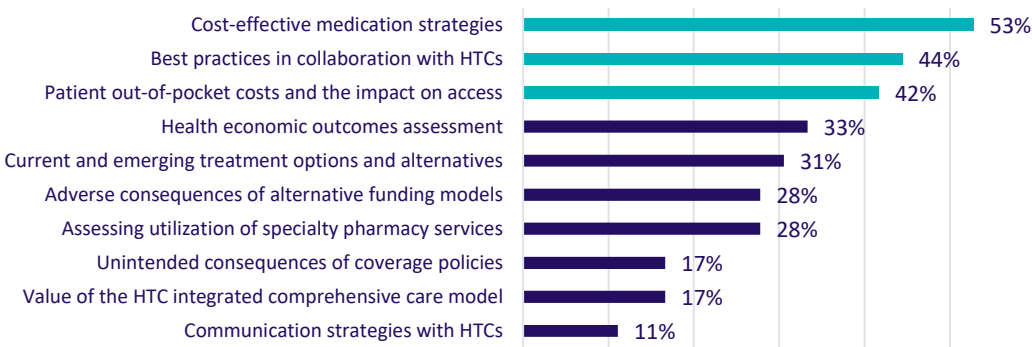
LINES OF BUSINESS



Respondents estimate their organizations represent over **52 million** covered lives



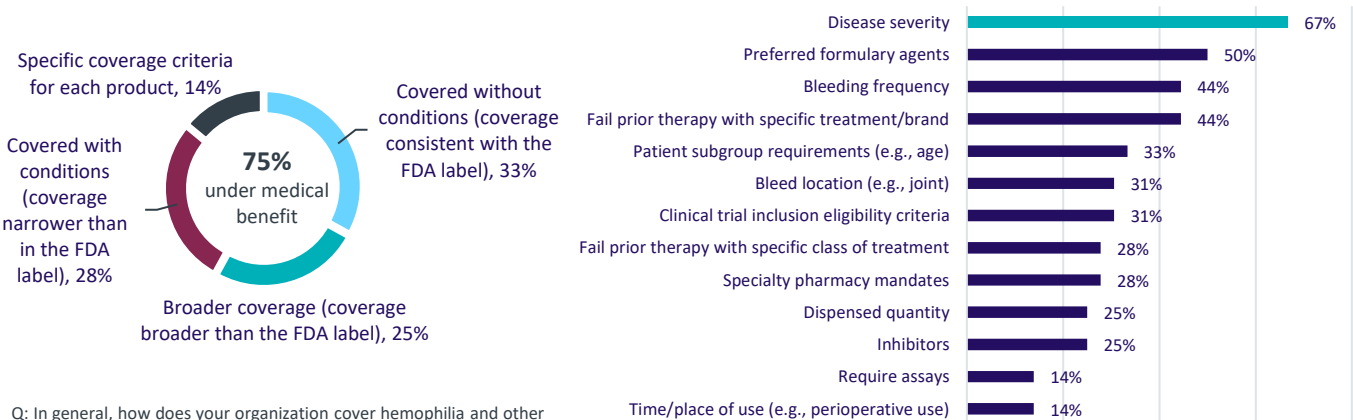
Key knowledge gaps in payer strategies for managing high cost of bleeding disorders are driven by a need for cost-effective management strategies and best practices in collaboration with HTCs



- ### Education Opportunities
- How to allocate resources efficiently
 - Value of multidisciplinary approaches, personalized patient management plans, and preventive care measures
 - Financial hardship to patients

Q: What areas do you believe are the top 3 payer knowledge gaps crucial for effectively managing the high costs associated with hemophilia and other bleeding disorders? (choose 3)

Coverage policies are highly variable with disease severity as the most common coverage criteria



Q: In general, how does your organization cover hemophilia and other bleeding disorder treatments?

Q: How does your organization typically cover hemophilia treatments?
53% Medical Benefit, 29% Pharmacy Benefit, 18% Under Both

Q: Which conditions on coverage criteria do you employ for any hemophilia and other bleeding disorder medications? (select all that apply)

Half of payers use stricter coverage for some bleeding disorder drug classes and site clinical efficacy and cost-effectiveness as coverage rationale



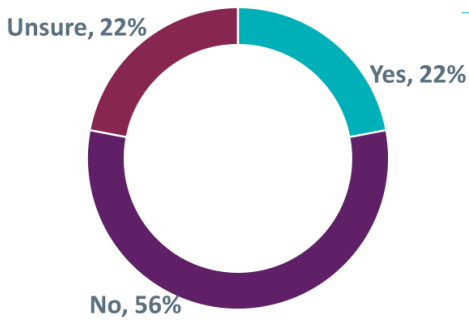
Q: Does your organization cover some hemophilia and other bleeding disorder treatment classes more restrictively than others?

Q: If yes, which of the following classes of hemophilia treatment do you employ more restrictive coverage criteria?

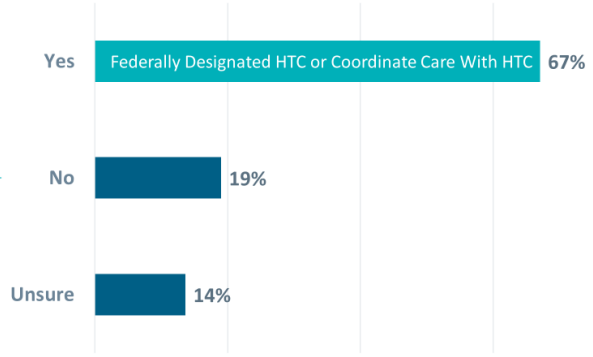
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There is limited payer adoption of care management, but of those with programs most coordinate with an HTC

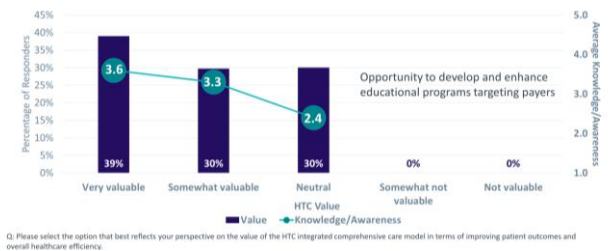
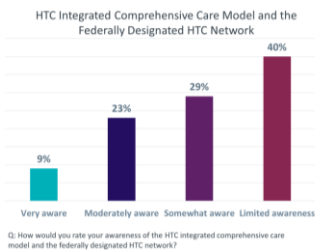


Q: Does your organization have a hemophilia care management program?



Q: If yes, is your program connected to a federally designated HTC and does it coordinate care with the HTC?

Few payers are highly informed in the standards of care, quality and cost management for hemophilia and support among payers for the HTC integrated comprehensive care model is highly correlated with disease knowledge and HTC awareness



Reinforce These Key Messages With Payers

Educate More On These Messages With Payers

Adherence to prescribed therapy is a common challenge for individuals with bleeding disorders

There is value in an integrated care approach to bleeding disorders FOR PAYERS

There is value in an integrated care approach for INDIVIDUALS living with a bleeding disorder

HTCs represent the medical standard of care for INDIVIDUALS living with a bleeding disorder

Optimal outcomes in hemophilia and other bleeding disorders are achieved with a team-based, multidisciplinary, shared decision-making model

HTCs ensure access to highly specialized care to reduce morbidity and enhance wellness, promote a longer lifespan, and improve patient/family functioning

HTCs are specialized, multidisciplinary health-care centers with unique expertise to meet the physical, psychosocial, and emotional needs of people with hemophilia and other bleeding disorders

HTCs help reduce avoidable ER visits, hospitalizations, and overall costs related to other bleeding disorders

The use of cost savings generated from HTC 340B pharmacy programs to fund salaries for critical HTC staff, including nurses, pharmacists, physical therapists, and social workers, is valuable to PAYERS

The comprehensive care provided at HTCs significantly reduces medical complications for people with bleeding disorders