

Assessing Costs and Healthcare Resource Utilization in Non-Inhibitor Hemophilia A and B Patients in the United States

Elnara Fazio-Eynullayeva¹, Moshe Fridman², Morgan Shy², Vlady Ostrow¹, Emily Waters¹

¹Novo Nordisk Inc., Plainsboro, NJ, USA; ²AMF Consulting Inc., Los Angeles, CA, USA

Aim

- To assess hemophilia-related costs and healthcare resource utilization in people with hemophilia A or B without inhibitors in the US.

Introduction

- Hemophilia is a rare bleeding disorder with complex manifestations and potentially expensive treatment options for patients with hemophilia A or B without inhibitors (HAwoI or HBwoI).
- Patients with hemophilia experience significant economic burden associated with their disease and its management.

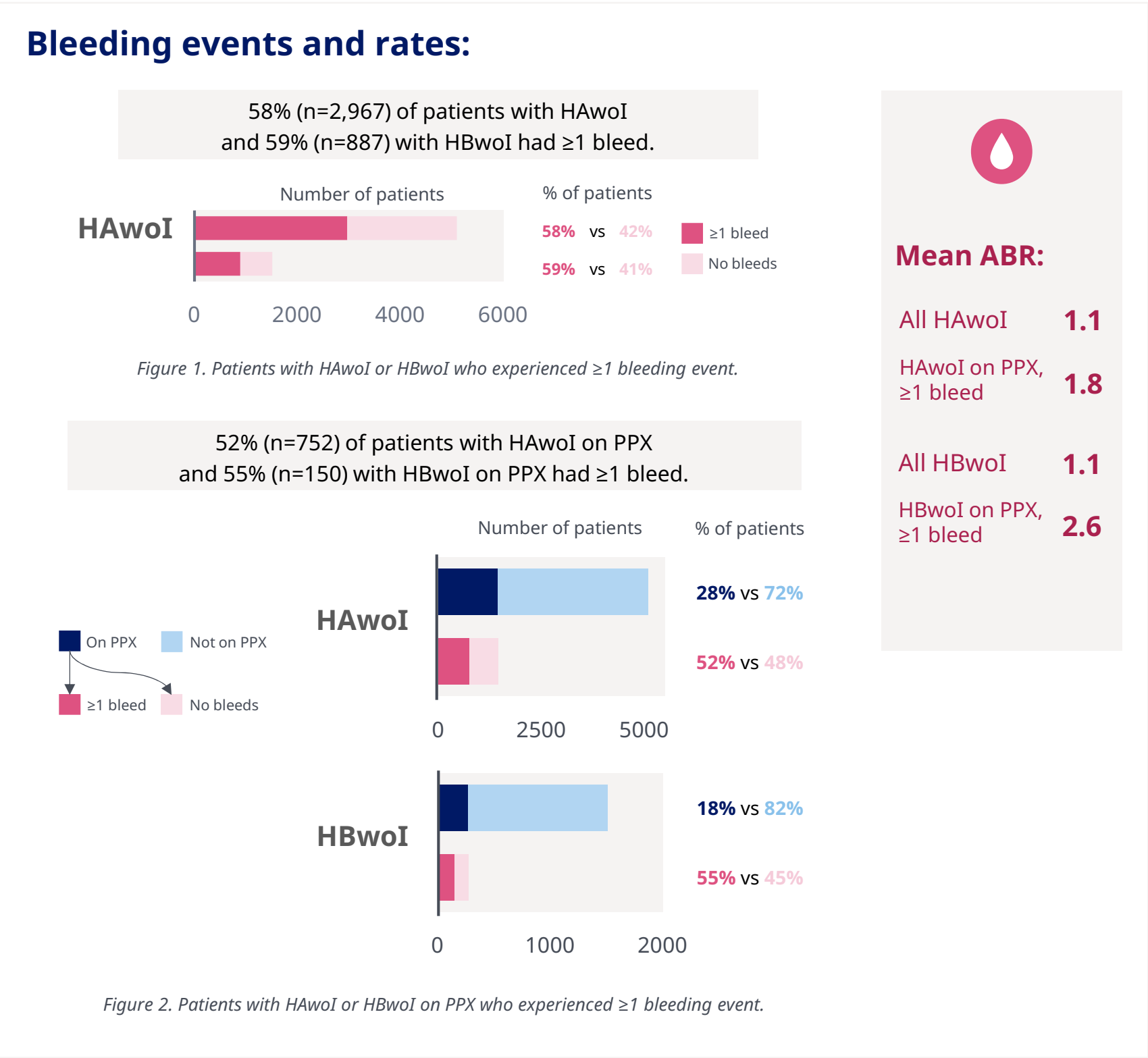
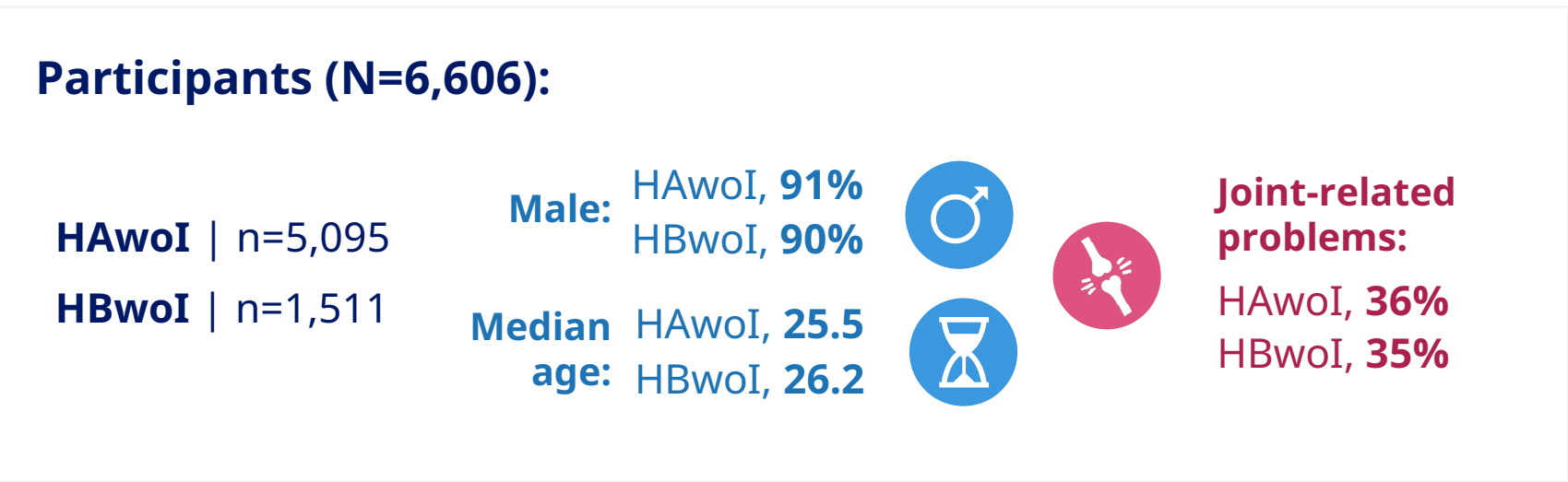
Methods

- This was a descriptive, non-interventional, retrospective cohort study of medical and pharmacy claims data (Komodo Health claims database).
- The study period was January 1, 2016 – December 31, 2023, and was defined as a period of ≥12 months with continuous closed medical and pharmacy claims from a commercial insurer.
- Participants were well distributed across the US (between 17–37% in Northeast, Midwest, South and West census regions).
- The cohort included patients with HAwoI or HBwoI on non-prophylactic and prophylactic treatment regimens, identified from medication claims and defined as having 6 consecutive prescriptions with >7 days' supply and no gaps of >60 days.

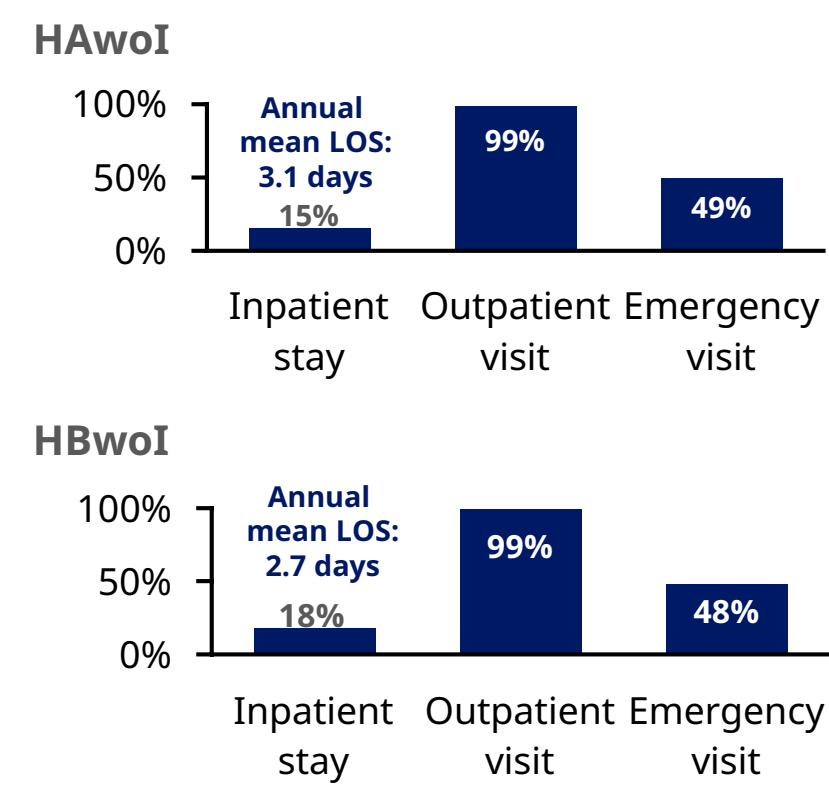
Limitation

- This is a population-based sample that by definition includes patients with mild hemophilia, not only those with moderate or severe disease. Patients with mild hemophilia may incur lower costs than those with more severe disease, but this is not captured in this analysis.

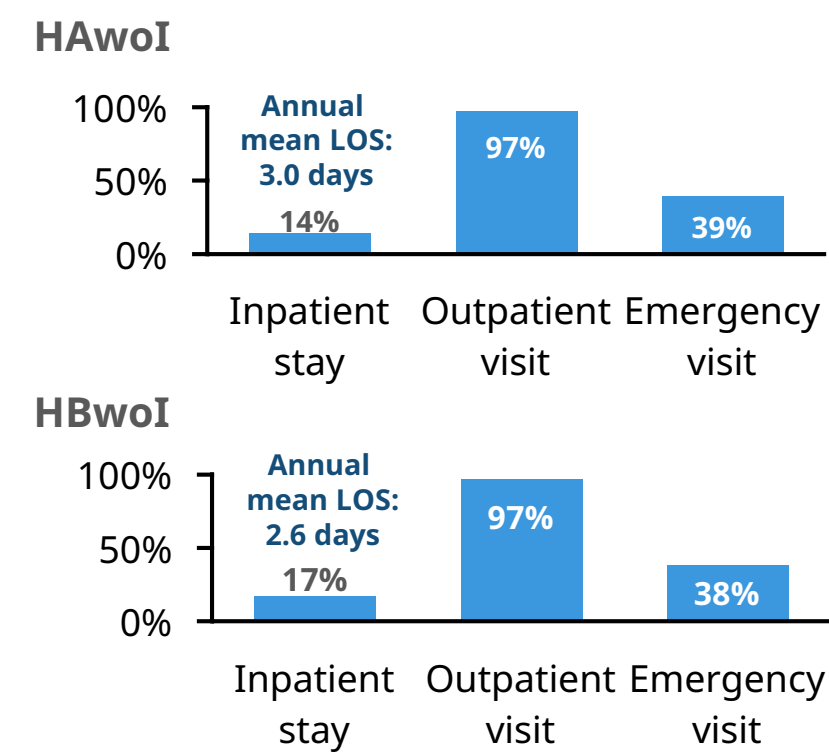
Results



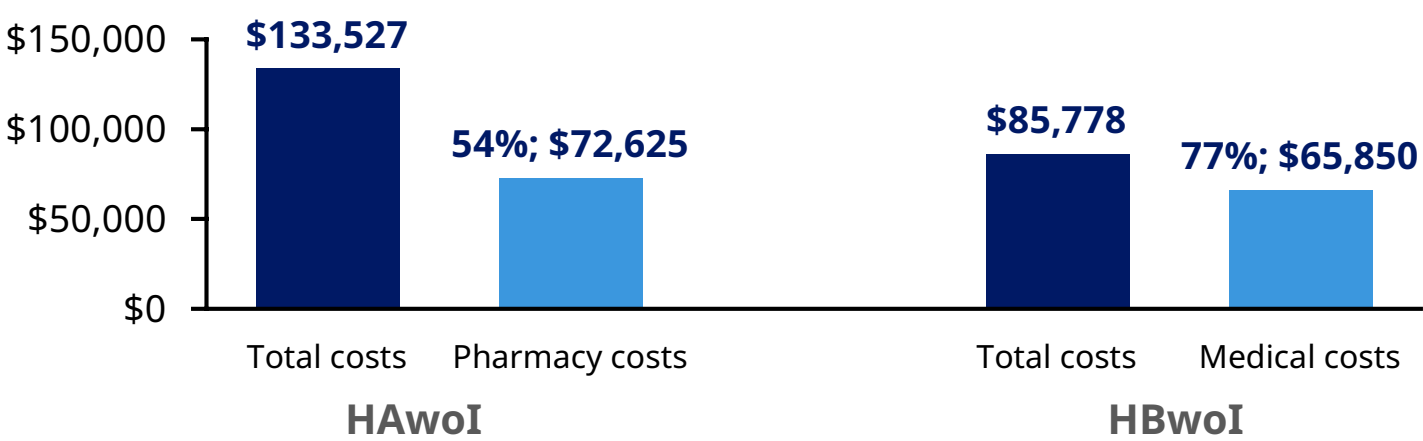
All-cause HCRU:



Hemophilia-related HCRU:



All-cause costs:



Summary

- More than half of all patients with HAwoI or HBwoI experienced at least one bleeding event during the study period (Figure 1). Most patients on prophylaxis still experienced bleeding events despite their preventative treatment regimens (Figure 2).
- Substantial annualized all-cause and hemophilia-related HCRU was reported for both HAwoI and HBwoI patient groups. Hemophilia-related HCRU included emergency room visits (at least 38% of patients) and hospitalizations (at least 14%) (Figure 3).
- All patients incurred substantial annual costs, which were higher for patients with HAwoI than those with HBwoI. Pharmacy and medical costs were the greatest contributors to all-cause costs for each group, respectively (Figure 4).

Conclusions

- Hemophilia without inhibitors is associated with substantial economic burden, including costs and healthcare resource utilization.
- There is an urgent need for improved prophylactic options and targeted interventions to optimize patient care and mitigate costs.