NATIONAL HEMOPHILIA FOUNDATION
for all bleeding disorders

April 4, 2018

Tracey Archibald, PharmD; Ohio Department of Medicaid
Michelle Barger, PharmD; Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, OH 43215

Re: Medicaid Preferred Drug Lists in Ohio

Dear Ms. Archibald and Barger,

I am writing today on behalf of the National Hemophilia Foundation (NHF) to inquire about the upcoming April 11th Pharmacy and Therapeutics Committee (P&T) recommendations regarding clotting factor products. NHF is the nation's leading advocacy organization for individuals with bleeding disorders. Our mission is to ensure that individuals affected by hemophilia and other inherited bleeding disorders have timely access to quality medical care, therapies and services, regardless of financial circumstances or place of residence.

We understand that the class of therapies to treat hemophilia and related bleeding disorders will be re-visited again after recent review in October 2017.

We recognize that the complexities involved in treating hemophilia and related bleeding disorders can result in high medical expenses for patients and their health insurance plans. While the need to identify cost containment strategies is necessary, it is critical that such strategies not compromise continuity of care for those with complex medical conditions. Hemophilia and related bleeding disorders are rare, complex genetic conditions for which there are no known cures. Individuals often experience spontaneous and prolonged internal bleeding into the joints and soft tissues. To effectively manage these disorders, patients often require life-long infusions of clotting factor therapies that replace the missing or deficient blood proteins, thus preventing debilitating and life-threatening internal bleeding. While today's therapies are safer and more effective than ever, they are also more costly than other types of medication. For example, cost of treatment for a person with severe hemophilia can reach $250,000 per year or more.

Developing an inhibitor (i.e., an immune response to treatment) or other complications such as HIV/AIDS, hepatitis, chronic joint disease, or bleeding as a result of trauma or surgery can increase those costs to over $1 million.

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Clotting factor and non-factor replacement therapies are biological products derived from human blood plasma or by using recombinant technology for which there are no generic equivalents. Moreover, because of the nature of bleeding disorders, an individual's response and tolerability for a specific product is unique. For these reasons, NHF's Medical and Scientific Advisory Council (MASAC) recommends that individuals retain access to the full range of FDA-approved clotting factor products.[1] Limiting access through the use of restrictive drug formularies such as those requiring prior authorization, preferred drug lists, and fail first/step therapy, could have a negative impact on patient care and ultimately result in higher drug spends. Therefore, drug benefit designs employing these methods should be avoided, and the choice of product used by an individual should remain a decision between patient and physician.[2]

We are thankful that after your October 2017 review of clotting factors products, the guidelines indicate that a patient must "fail" on one (over the proposed two) preferred products before accessing the non-preferred products. While this change was welcome, we still respectfully ask that you to re-consider this approach. It is difficult for a patient to "fail" on a prescribed bleeding disorders medication. Typically, if a patient experiences break through bleeding, the protocol would be to increase the quantity and frequency of dosing to overcome an accelerated half-life response. This may result in unintended consequences such as increased cost, and decreased quality of life and adherence due to more frequent infusions. In this scenario, a longer half-life product could result in a better outcome for the patient and decreased costs. Alternatively, rather than a "fail" requirement, we suggest you consider a physician's attestation as to why the patient should be prescribed a non-preferred product sufficient to ensure access to the necessary medication.

On behalf of individuals in the State of Ohio affected by bleeding disorders, we urge you to prioritize the practice of allowing patient access to all FDA-approved therapies available to treat hemophilia and related bleeding disorders.

Thank you for the opportunity to share our concerns. If you would like additional information or have questions, please feel free to me at 317-517-3032 or mrice@hemophilia.org.

Thank you,

Michelle M. Rice

Michelle Rice
Sr. Vice President, External Affairs
National Hemophilia Foundation

[1] MASAC Document #217 (2013) Recommendation Concerning Products Licensed for the Treatment of Hemophilia and Other Bleeding Disorders. www.hemophilia.org

[2] MASAC Document #166 (2005) MASAC Resolution Regarding Preferred Drug Lists. www.hemophilia.org