

Challenges Facing Hemophilia Management at MENA Region Policy Analysis Report

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Abstract

Background: From clinical prospective Hemophilia considered one of Homology disorders to be distinguished due to many elements like (Clinical features, Lack of Experts, Different approaches etc). Plus changing the land scape for management due to entrance of new innovative medicines and impact for those medicines on treatment strategies.

Objective: The Objective for that research is analyzing different management policies for hemophilia management at MENA region for the following countries (Egypt, Saudi Arabia, Bahrain, Turkey, Iran, Iraq, Algeria, Morocco, Tunisia, Jordan) and how to enhance that polices.

Method: Integration analysis between international guidelines and local survives with local health care professionals like (Hematologists, Pediatrics, Pharmacists, Nurses and patients) at previous countries plus quality-of-life questionnaires for the patients were conducted. Cost analysis from health systems for all hemophilia plus hemophilia related expenditures. 100 payers and payers consultants where interviewed at the study one way sensitivity analysis was conducted for all parameters affecting on practice adaptation to ensure validity and accuracy.

Results: The following results were founded.

Conclusion: Innovative medicines might have A significant positive impact on enhancements of health systems for Hemophilia (Quality of life Enhancement, Economic Burden reduction). Prophylaxis and protective policies should be widely implemented plus enhancement for Treatment Policies including (Referring Policies, Guidelines and Sufficient medical staff).

Keywords: Policy Analysis; Hemophilia

Background

From clinical prospective Hemophilia considered one of Homology disorders to be distinguished due to many elements like (Clinical features, Lack of Experts, Different approaches etc). Plus changing the land scape for management due to entrance of new innovative medicines and impact for those medicines on treatment strategies.

The objective for that research is analyzing different management policies for hemophilia management at MENA region for the following Countries (Egypt, Saudi Arabia, Bahrain, Turkey, Iran, Iraq, Algeria, Morocco, Tunisia, Jordan) and how to enhance that polices.

What is the impact and how can innovative medicines enhance management policies and resources?

How can health systems get benefits from policy analysis reports [1-16].

Methods

Integration analysis between international guidelines and local survives with local health care professionals like (Hematologists, Pediatrics, Pharmacists, Nurses and patients) at previous countries plus quality-of-life questionnaires for the patients were conducted. Cost analysis from health systems for all hemophilia plus hemophilia related expenditures. 100 payers and payers consultants where interviewed at the study one way sensitivity analysis was conducted for all parameters affecting on practice adaptation to ensure validity and accuracy.

Management Practice	Response, n (%)
Level of engagement the health plan had in managing the hemophilia A prophylaxis treatment category:	
Moderate (eg, products on different formulary tiers, prior authorization required)	11 (10%)
Open (eg, all products available with minimal requirements, no prior authorization)	8 (8%)
Hemophilia treatment dispensing network and ITC pharmacies:	
Limited to a subset group of specialty pharmacies/ITCs	10 (10%)
Only allow dispensing from 1 or 2 specialty pharmacies/ITCs	4 (4%)
Open to a broad set of specialty pharmacies/ITCs wherever met bill	9 (9%)
Currently covered products on health plan's formulary (regardless of possible restrictions such as step therapy or prior approval) for the prevention of bleeding events in patients with hemophilia A (Please check all that apply):	18 (18%)
Advanta (antihemophilic factor VIII [recombinant], plasma/albumin-free method)	10 (10%)
Aflyta (antihemophilic factor VIII [recombinant], PEGylated)	10 (10%)
Ashimada (antihemophilic factor [human])	12 (12%)
Elctate (antihemophilic factor [recombinant])	18 (18%)
Emprow (antihemophilic factor)	14 (14%)
Hemilate (antihemophilic factor [recombinant])	15 (15%)
Hemlibra (recombinant factor)	10 (10%)
Hemofil (antihemophilic factor [human])	18 (18%)
Idi (antihemophilic factor [recombinant])	10 (10%)
Kogenate (antihemophilic factor [recombinant])	12 (12%)
Konovity (antihemophilic factor [recombinant])	12 (12%)
Recombinate (antihemophilic factor [recombinant])	18 (18%)
Revolon (antihemophilic factor [recombinant])	12 (12%)
Synthra (antihemophilic factor [recombinant])	18 (18%)
Management factors currently employed in pharmacy or medical benefits by health plan in managing hemophilia A prophylaxis therapeutic area (Please check all that apply):	
Pricing products on different tiers	2 (2%)
Step therapy	2 (2%)
Prior authorization	10 (10%)
Quantity limits	12 (12%)
Exclusions	4 (4%)
Medical policy	14 (14%)
Agency management	10 (10%)
Requires use of ITC	2 (2%)
Requires billing through pharmacy benefit	9 (9%)
Requires billing through medical benefit	2 (2%)
Other	1 (1%)

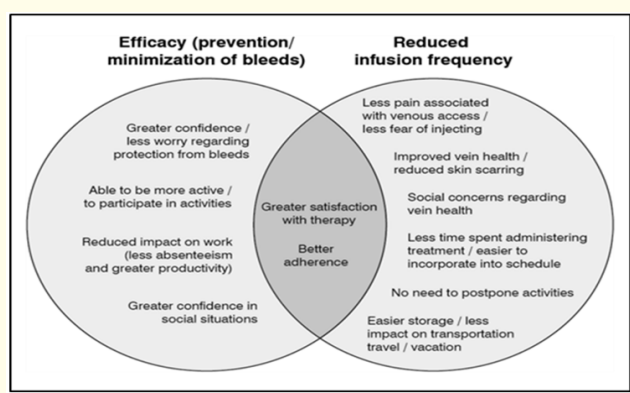
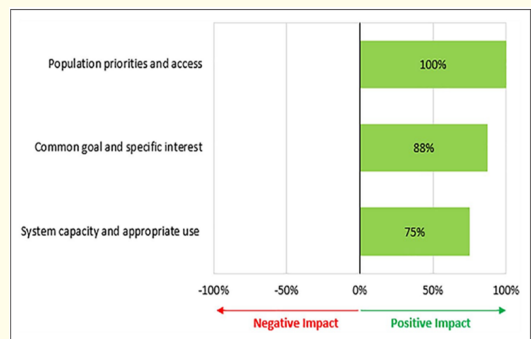
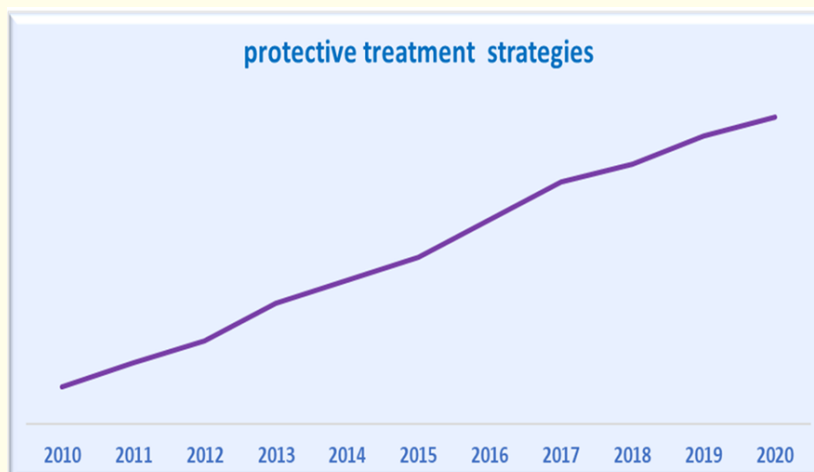
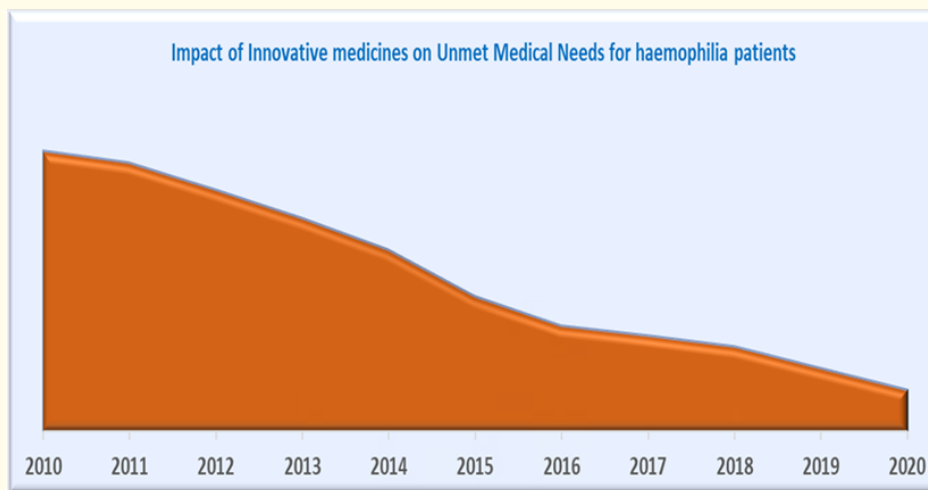
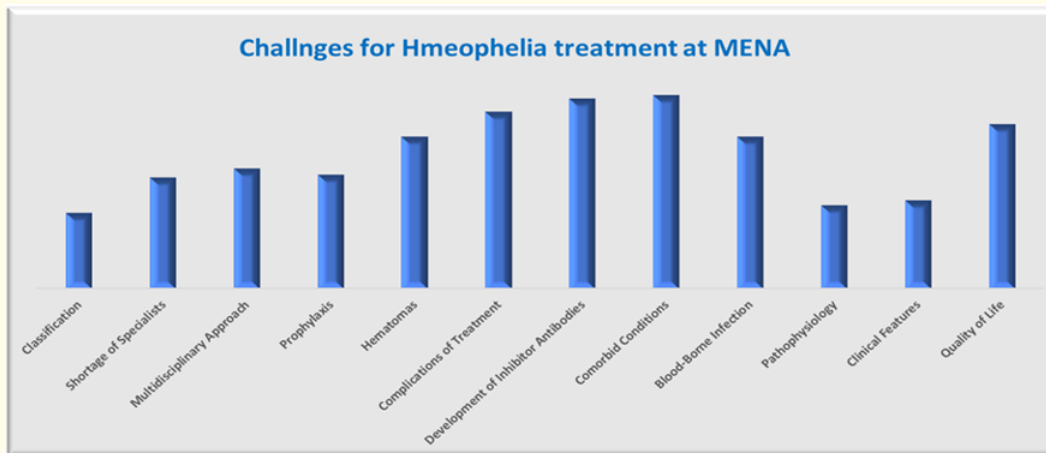


Figure 1

Results and Discussion

The following Results were founded.



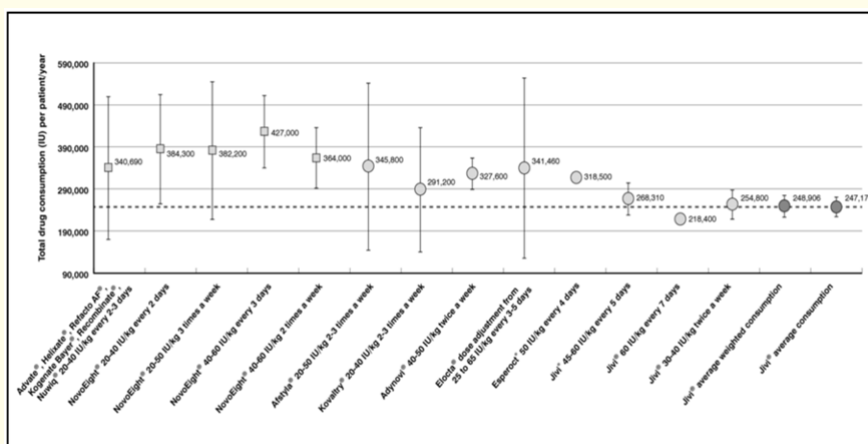
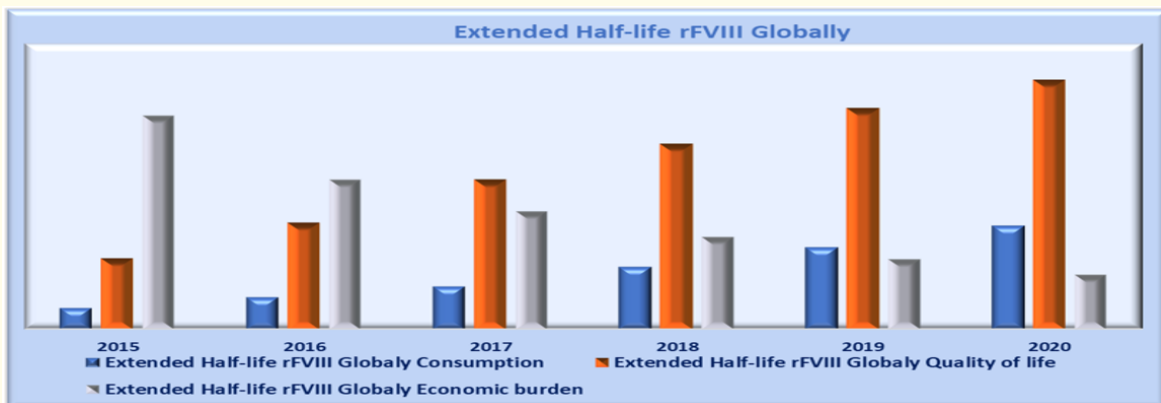
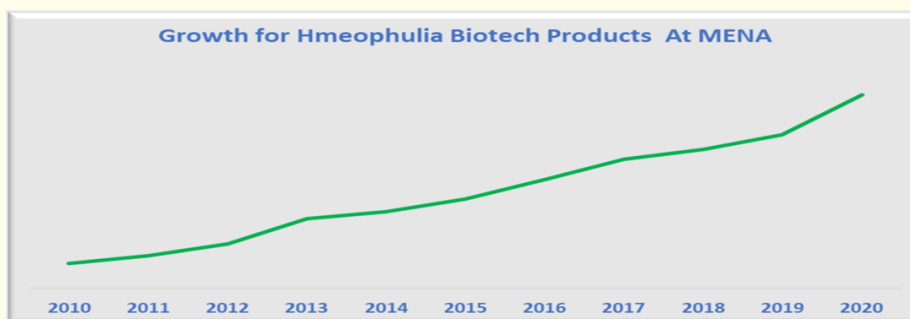
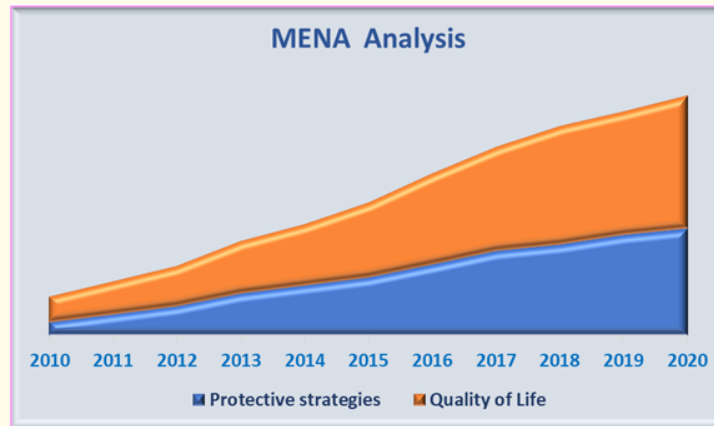


Figure 2: Average annual drug consumption (IU) for a 70 kg patient referring to all available SHL and EHL rFVIII products
 Average weighted consumption is calculated on the basis of patients treated with each approved dosage regimen in clinical trial
 Dashed line represents average drug consumption for JuV® dosage regimens as reported in SmPC
 Squared indicators are for standard rFVIII and round indicators for EHL rFVIII

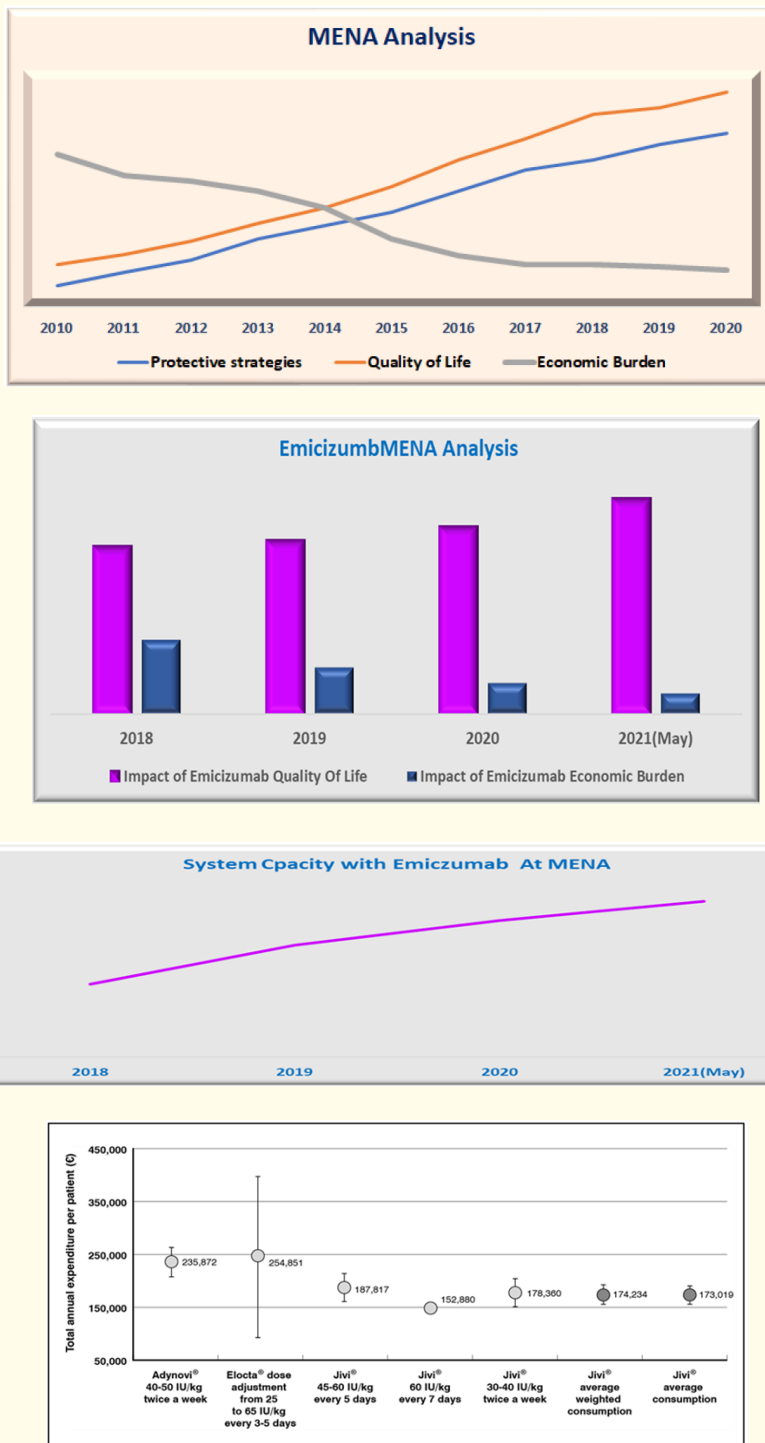


Figure 2

Conclusion

Innovative medicines might have a significant positive impact on enhancements of health systems for hemophilia (Quality of life Enhancement, Economic Burden reduction) [1-16].

Prophylaxis and protective policies should be widely implemented plus enhancement for treatment policies including (Referring Policies, Guidelines and Sufficient medical staff).

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