

Reconciling the cost, accessibility and equity of novel treatments from the perspectives of the patients, payors, and providers

SCAPN

August 11th 2020

	Hydroxyurea	Voxelator	Crizanlizumab 350 mgms (5 mgms/Kgms, INTRAVENOUS)	Jadenu 1040 mgms/day ORAL	Endari 15 Gms BID ORAL
How dispensed	ORAL	ORAL	INTRAVENOUS	ORAL	ORAL
Typical adult dose	1500 mgms/day (15-35 mgm/Kg/day adjusted to MTD)	1500 mgms/day	350 mgms/month (5mgms/Kg)	1040 mgms/day (7- 14 mgms/Kgm)	15 Gms BID
What happens next?		Prior Authorization to commercial/medicaid we supply clinical information to the insurance companies, hours to 3 days			
What kind of coverage do our patients have	At UNC: 10% Commercial Insurance 50% Medicaid 40% Uninsured (or NC sickle cell program)				

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10% Commercial Insurance		Co-Pay 500-2,000\$	Co-Pay 500-2,000\$ Also need to cover facility fee., e.g. \$555/hour, + \$369 each additional hour at UNC, plus co-pay.	Co-Pay 500-2,000\$	
50% Medicaid	Co-Pay 0-3\$		Drug Co-Pay 0-3\$ Medicaid may not cover facility fee.	Not covered (Exjade is covered)	Not covered
40% Uninsured (or NC sickle cell program)	Covers a limited number of medications	Drug: Not covered	Drug: Not covered Facility: The sickle cell plan in NC does not pay for this, but 'charity care' at UNC will handle this.	Drug: Not covered	

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Final Cost to patient	\$3/month	Co-Pay 500-2,000\$ GBT may mitigate this. Access for uninsured in evolution.	Co-Pay 500-2,000\$ Novartis may mitigate this. Access for uninsured in evolution.	Co-Pay 500-2,000\$ Novartis has mitigated this. Access for uninsured has been very good.	Co-Pay 500-2,000\$ Emmaus supports co-pay reimbursement but does not cover uninsured.
Charge	\$127/month	AWP \$10,000/mos wholesale	AWP \$7-9,500/mos wholesale	AWP \$3,900/mos wholesale	AWP \$1,200/mos wholesale

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Remaining Questions	Long-term impacts on fertility and bone marrow health	<p>ICER– <i>Three new treatments use different mechanisms to improve patient outcomes, offering important options for patients; even under favorable modeling assumptions, however, and benefitting from new data from patients and a curated real-world evidence database, the list prices set for crizanlizumab and voxelator appear too high to align fairly with clinical benefits –</i></p> <p>– <i>Policymakers will need to consider the broader clinical and social context when translating evidence into pricing and coverage, a task of special importance given that these interventions are the first in several decades to advance care for patients in a community that has been historically disadvantaged in many ways –</i></p>		
<p>Role of 340B? In which, margin could be reinvested in patient care from discount 30-50% of mark-up n.b. insurance reimbursement is based on AWP plus a pre-defined mark-up (each insurance, medicaid or medicare has their own mark-up)</p>				