NATIONAL HEMOPHILIA FOUNDATION
for all bleeding disorders

URGENT UPDATES REGARDING INSURANCE PLAN CHANGES
YOU SHOULD KNOW

With the plethora of new therapies that have recently come to market (total of 29 products), and the impending release of several more in the pipeline, payers are increasing utilization cost containment strategies that have historically not been applied to the hemophilia class of therapies.

Most recently, in both the public and private sector, we have witnessed increased efforts to manage the cost of this growing pipeline through amended drug utilization policies, development of more stringent prior authorization processes and preferred drug lists; potentially requiring patients to pay higher out of pocket costs for those drugs listed as "non-preferred".

NHF's position is that ALL FDA approved therapies should be included in every plan's drug formulary. However, **IF** plans choose to categorize products by "preferred vs non-preferred", NHF recommends that payers create clearly identified pathways that providers can access to request approval for medications they believe are most appropriate for an individual's care plan; with the expectation that responses will be timely. Furthermore, NHF strongly feels that patients should in no way be subject to "fail first" language.

It has become clear that many health plans recognize NHF and its Medical and Scientific Advisory Council (MASAC) as the trusted resource. As a result, in 2016, several health plans reached out to NHF to seek input on how plan changes may impact our community, BEFORE implementation. This is GREAT news, as it provides NHF the opportunity to proactively raise concerns and suggest changes. While some plans may not approve all requests, NHF is committed to ensuring that the lines of communication remain open in an effort to ensure that any extra steps required are reasonable and the approval process timely.

2017 FORMULARY CHANGES

UNITED HEALTHCARE (UHC)

UHC notified NHF that on November 1, 2016, they will begin sending notices to their members of their decision to issue a new drug formulary on January 1, 2017 (copies of the various patient notices are attached to this document, as well as a guide to help consumers better understand the information contained therein). In the process of developing the new formulary, UHC decided to review the class of therapies utilized to treat Hemophilia A, and in doing so have designated certain products as preferred, non-preferred and non-formulary. Below is a list of approved therapies and the tier in which they fall:

Tier 2-PREFERRED THERAPIES (these drugs will NOT require a prior authorization and **typically** have co-pays between $20 - $40)

Tier 3-NON-PREFERRED (these drugs WILL require a prior authorization and typically have co-pays between $40-$75.) **Please note** those patients currently utilizing Advate and Recombinate will not be required to obtain a prior authorization (they will be grandfathered), however they WILL have a higher co-pay than in 2016, due to the change in tier placement. Patients currently utilizing Xyntha are NOT grandfathered, and will have to go through a prior authorization process.

Tier 4–SPECIALTY TIER (these drugs also require prior authorization and require the patient to pay a percentage of the actual drug cost/co-insurance rather than flat co-pays). However, many plans have a maximum fee that can be charged (for example: 20% up to $150 per prescription).

PRODUCT	CURRENT PDL TIER	1/1/2017 PDL TIER
ADVATE	TIER 2	**TIER ¾**
ADYNOVATE	EAL*	**EXCLUDED****
ELOCTATE	TIER 3	**TIER 3**
HELIXATE FS	TIER 2	**Excluded****
KOGENATE FS	TIER 2	**TIER 2**
KOVALTRY	EAL*	**TIER 2**
NOVOEIGHT	EXCLUDED	**TIER 2**
NUWIG	EAL*	**TIER 2**
RECOMBINATE	TIER 2	**TIER ¾**
XYNTHA	TIER 2	**TIER ¾**

***EAL – EXCLUDED AT LAUNCH**

****EXCLUDED - NON-FORMULARY AS OF 1/1/17**

As stated previously, NHF is committed to ensuring that patients have access to the therapy most appropriate to their needs as decided by their physician. NHF will continue to communicate the importance of access to all FDA approved therapies to public and private payers.

CVS/CAREMARK

NHF has been notified of a recent announcement by CVS/Caremark regarding Helixate FS and Kogenate FS. Effective January 1, 2017, patients who participate in certain or select Advanced Control Formulary plans will no longer have access to Helixate FS as part of their prescription benefit; however, Kogenate FS WILL still be available to individuals in these plans.

This change does not affect Helixate FS patients covered by other Caremark PBM (pharmacy benefit manager) plans, and does not affect access to Helixate FS in the CVS Specialty Pharmacy. For questions, patients should be encouraged to contact their health plan and/or the manufacturers.

As always, NHF is committed to the timely sharing of information received (relative to coverage changes) with providers and chapter leaders, in order to ensure they have the most up-to-date information available to assist patients/consumers with open enrollment.