

# Preventing bleeds in pediatric patients with hemophilia A: which factor replacement therapy offers the best protection and on what cost?

I Lunk<sup>1</sup>, D Arzoumanidou<sup>1</sup>, S Eastwood<sup>1</sup>

<sup>1</sup>Bayer Consumer Care, Basel, Switzerland

## CONCLUSIONS

- In both the US and Germany, treatment with Damoctocog alfa pegol (Jivi®) resulted in the lowest costs of managing breakthrough bleeds.
- The lowest number of bleeds per year are estimated for patients treated with damoctocog alfa pegol (Jivi®) and Efanescocog alfa (Altuviiro®/Altuvoc®).

## OBJECTIVES

- To estimate the number of bleeding episodes over a 5-year period in patients aged 7-11 years, who receive prophylactic treatment for hemophilia A.
- To estimate the economic burden associated with bleeds in the US and in Germany

## INTRODUCTION

- Hemophilia A is a rare hereditary condition characterized by the absence or insufficiency of coagulation factor VIII (FVIII)<sup>1</sup>, leading to frequent or spontaneous bleeding into joints and muscles, and in severe cases, life-threatening internal hemorrhages, if left untreated.<sup>2</sup>
- The current standard of care is prophylaxis, including FVIII-replacement, focusing on bleed prevention<sup>20</sup> – which is particularly crucial in the pediatric population, to protect developing joints of children from irreversible damage and chronic pain
- Breakthrough spontaneous bleeds may happen despite regular prophylaxis, and pediatric patients can be particularly prone to bleeds due to trauma as consequence of active lifestyle. Any bleed might be putting children's long-term health at risk.
- Selecting a treatment option associated with lowest possible bleeding rates can support the physical development of these high-risk patients.

## METHODS

### Efficacy and factor consumption

- The model applied a 5-year time horizon, with patients entering at age 7
- Nine factor replacement therapy options were compared (Table 1).
- Annualized bleeding rate (ABR) for each therapy was derived from their respective clinical trials (Table 1)
- Bleeding episodes were assumed to occur while patients received prophylaxis therapy (prophylaxis costs not modelled)
- Factor consumption used for the treatment of a bleed (IU/kg) was derived from clinical trials where available, and from the recommendations in the Summary of Product Characteristics when trial data was not available
- For the two newly available treatment options, Jivi® and Altuviiro®/Altuvoc®, most recent data from their extension studies (Alfa PROTECT Extension and XTEND-ed, respectively) were used to derive ABRs and consumption data
- Annual factor consumption to treat bleeds was calculated with the following formula:

$$\text{Annual consumption} = \text{ABR} \times \text{IU consumption per bodyweight per bleed} \times \text{weight in kg}$$

Table 1: CHARACTERISTICS OF FVIII THERAPIES IN COMPARISON

	Brand name	Active substance	Total ABR	IU/kg per dose per bleed
Extended half-life products	Jivi®	Damoctocog alfa pegol	0.74 <sup>1</sup>	56.31 <sup>1</sup>
	Altuviiro®/Altuvoc®	Efanescocog alfa	0.66 <sup>2</sup> / 0.78**	59.9 <sup>4</sup>
	Elocta®	Elmorococog alfa	1.96 <sup>3</sup>	63 <sup>14</sup>
	Esperoct®	Turoctocog alfa pegol	1.97 <sup>5</sup>	99 <sup>9</sup>
	Advate®	Octocog alfa	3.75 <sup>10</sup>	62.31 <sup>10</sup>
	NovoEight®	Turoctocog alfa	1.97 <sup>9</sup>	40.4 <sup>15</sup>
Short half-life products	Nuwiq®	Simoctocog alfa	2.2 <sup>11</sup>	43.9 <sup>16</sup>
	Afstyla®	Lonoctocog alfa	3.69 <sup>12</sup>	37 <sup>12</sup>
	Kovaltry®	Octocog alfa	3.37 <sup>13</sup>	32 <sup>17</sup>

<sup>1</sup>Mean dose per bleed as reported in Alfa-PROTECT Extension, age 7 to <12

<sup>2</sup>ABR in the United States is 0.66, reflecting ABR reported for the overall population, age 6 to <12<sup>2</sup>

<sup>3</sup>ABR in Germany is 0.78, reflecting ABR reported for the European population, age 6 to <12<sup>2</sup>

### Calculation of costs

- In the US, WAC prices per IU were used from Data.Medical.gov (Pricing Comparison for Blood Disorder Treatments) (Table 2).<sup>18</sup>
- In Germany, list prices were available for several dosage strengths for each treatment. The model used the mean cost per IU (Table 2).<sup>19</sup>
- Weight of patients was based on National Center for Health Statistics<sup>4</sup> in the US, and the German weight data were derived from the nationwide German Health Interview and Examination Survey for Children and Adolescents (KIGGS)<sup>6</sup>

Table 2: DRUG PRICE PER IU

Treatment	US	Germany
Jivi®	\$ 3.02	€ 0.62
Altuviiro®/Altuvoc®	\$ 5.47	€ 0.92
Elocta®	\$ 2.68	€ 0.51
Esperoct®	\$ 2.67	€ 0.51
Advate®	\$ 1.96	€ 0.57
NovoEight®	\$ 2.26	€ 0.43
Nuwiq®	\$ 1.90	€ 0.52
Afstyla®	\$ 1.96	€ 0.51
Kovaltry®	\$ 2.41	€ 0.58

## RESULTS

- Damoctocog alfa pegol (Jivi®) was associated with the lowest number of bleeds, over a 5-year horizon, in Germany, where the total number of bleeds was from 3.70 (Table 3).
- In the US, efanescocog alfa (Altuviiro® /Altuvoc®) was associated with the lowest total number of bleeds, with damoctocog alfa pegol (Jivi®) yielding the next lowest value (Table 3).
- Higher frequency of bleeds was estimated with shorter half-life products, such as Advate® (18.75) Afstyla® (18.45) and Kovaltry® (16.85) over 5 years (Table 3).
- The lowest FVIII consumption in Germany was estimated with Jivi®. In the US, Altuviiro®/Altuvoc® showed the lowest consumption, followed by Jivi® (Figure 2).
- Advate® shows the highest level of consumption in both countries – US and Germany (Figure 2).
- Cost of treating bleeds was estimated to be ranging from €4,479 (Jivi®) to €23,243 (Advate®) in Germany (Figure 3).
- In the US, Jivi® represented the least costly option, whereas Esperoct® was associated with the highest costs (Figure 1).

Figure 1: TOTAL COST OF TREATMENT OF BLEEDS – US, USD

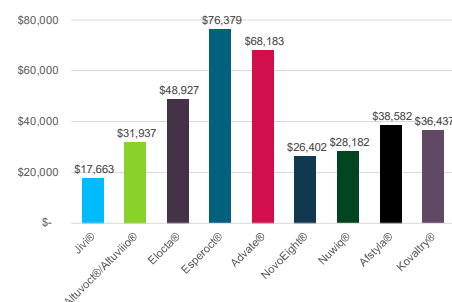


Table 3: TOTAL NUMBER OF BLEEDS OVER 5 YEARS

Drug	US	Germany
Jivi®	3.7	
Altuviiro®/Altuvoc®	3.3	3.9
Elocta®		9.8
Esperoct®		9.85
Advate®		18.75
NovoEight®		9.85
Nuwiq®		11.00
Afstyla®		18.45
Kovaltry®		16.85

Figure 2: TOTAL FVIII CONSUMPTION FOR THE TREATMENT OF BLEEDS, OVER 5 YEARS, IN IU

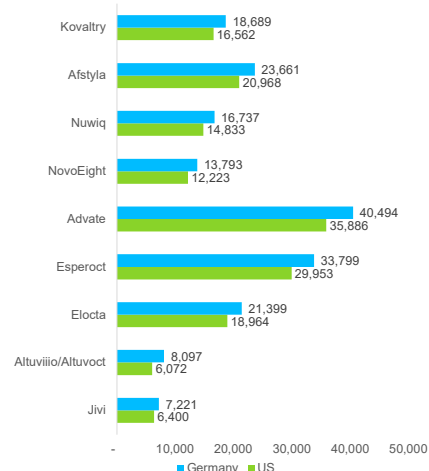
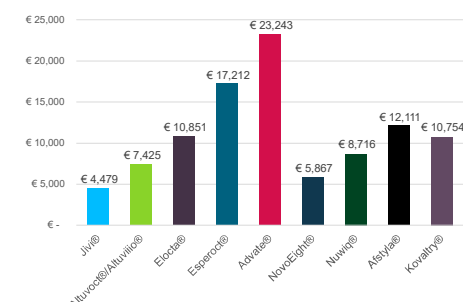


Figure 3: TOTAL COST OF TREATMENT OF BLEEDS – GERMANY, EUR



## Disclosures

The study was funded by Bayer.

## Acknowledgments

The authors thank Clever Access team for their involvement in conducting the analysis and for developing this poster based on the accepted abstract.

## References

1. Bertoni E et al. "Hemophilia." Nature reviews. Disease primers vol. 7,1 45. 24 Jun. 2021. doi:10.1038/s41572-021-00278-x
2. Mehta P, Reddivar AKR. "Hemophilia." [Updated 2023 Jun 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK531607>
3. Fijnvandraat K, et al. "Clinical outcomes over 2 years of efanescocog alfa in children with severe hemophilia A: European results from the second interim analysis of XTEND-ed." Presented at SAKKO, 4 Feb 2025. Milan, Italy.
4. Make L, et al. "Clinical Outcomes Over 2 Years of Once-Weekly Efanescocog Alfa Treatment in Children From North America With Severe Hemophilia A in the Phase 3 XTEND-ed Long-Term Extension Study." Presented at HTS2025, 15-16 March 2025, Colorado, California, USA.
5. CDC Growth Charts [www.cdc.gov/growthcharts/data-files.htm](https://www.cdc.gov/growthcharts/data-files.htm), accessed 18/09/2025
6. Dittusberg H, et al. Bundesgesundheitsbl. 2007; doi:10.1007/s00130-007-0273-5
7. Chan AKC et al. "Damoctocog Alfa Pegol in Patients Aged 7 to <12 Years of Age: An Interim Analysis of the Alfa-PROTECT Extension." Presented at ISTH 2025, June 21-25, Washington DC, USA.
8. Young G et al. "Recombinant factor VIII Fc fusion protein for the prevention and treatment of bleeding in children with severe hemophilia A." Journal of thrombosis and haemostasis. JTH. 2015;13(6):667-77. doi:10.1111/jth.13091
9. Meuter S, et al. "Safety and efficacy of a glycoFcytized rFVIII (turoctocog alfa pegol, NB-GP) in paediatric patients with severe hemophilia A." Thromb Haemost. 2017;117(9):1705-13. doi:10.1177/095467941665911
10. BAX 855 Pediatric Study. Clinicaltrials.gov. NCT0210091. <https://clinicaltrials.gov/study/NCT0210091>. Accessed: 15 April 2025
11. Kulkarni A, et al. "Simoctocog alfa (Nuwiq®) in children: early steps in life's journey for people with severe hemophilia A." Therapeutic Advances in Hematology 2024;15. doi:10.1177/2042072424124511
12. Pharmacokinetic, Efficacy, and Safety Study of Recombinant Factor VIII Single Chain (FVIII-SingleChain) in Children With Severe Hemophilia A. Clinicaltrials.gov. NCT02098987. <https://www.clinicaltrials.gov/study/NCT02098987>. Accessed: 15 April 2025
13. BAX18-897 Pediatric Safety and Efficacy Trial. Clinicaltrials.gov. NCT0311648. <https://clinicaltrials.gov/study/NCT0311648>. Accessed: 15 April 2025
14. Elocta SmPC. 2025. <https://www.ema.europa.eu/en/medicines/human/EPAR/elocta>. Accessed: 1 June 2025
15. NovoEight SmPC. 2025. <https://www.ema.europa.eu/en/medicines/human/EPAR/novo8>. Accessed: 1 June 2025
16. Nuwiq SmPC. 2025. <https://www.ema.europa.eu/en/medicines/human/EPAR/nuwiq>. Accessed: 1 June 2025
17. Kovaltry SmPC. 2025. <https://www.ema.europa.eu/en/medicines/human/EPAR/kovaltry>. Accessed: 1 June 2025
18. Data.Medical.gov. Accessed: 1 June 2025
19. Lauer T, et al. Accessed: 1 June 2025
20. Stravinski A, Santagostino E, Dogliati A, et al. WFH Guidelines for the Management of Hemophilia, 3rd edition. Hemophilia. 2020; 26(Suppl 6): 1-156. <https://doi.org/10.1111/hae.14046>