



The Impact in Time and Productivity of Available Treatments in Brazil for Patients With Paroxysmal Nocturnal Hemoglobinuria

L. Branco; F. Cordeiro, V. Mata

F.Hoffmann-La Roche, São Paulo, SP, Brazil

OBJECTIVES

To analyze the loss of productivity due to the number of infusions and time to treat a patient with PNH weighing between 60 and 100 kg over a period of 52 weeks, considering maintenance doses.

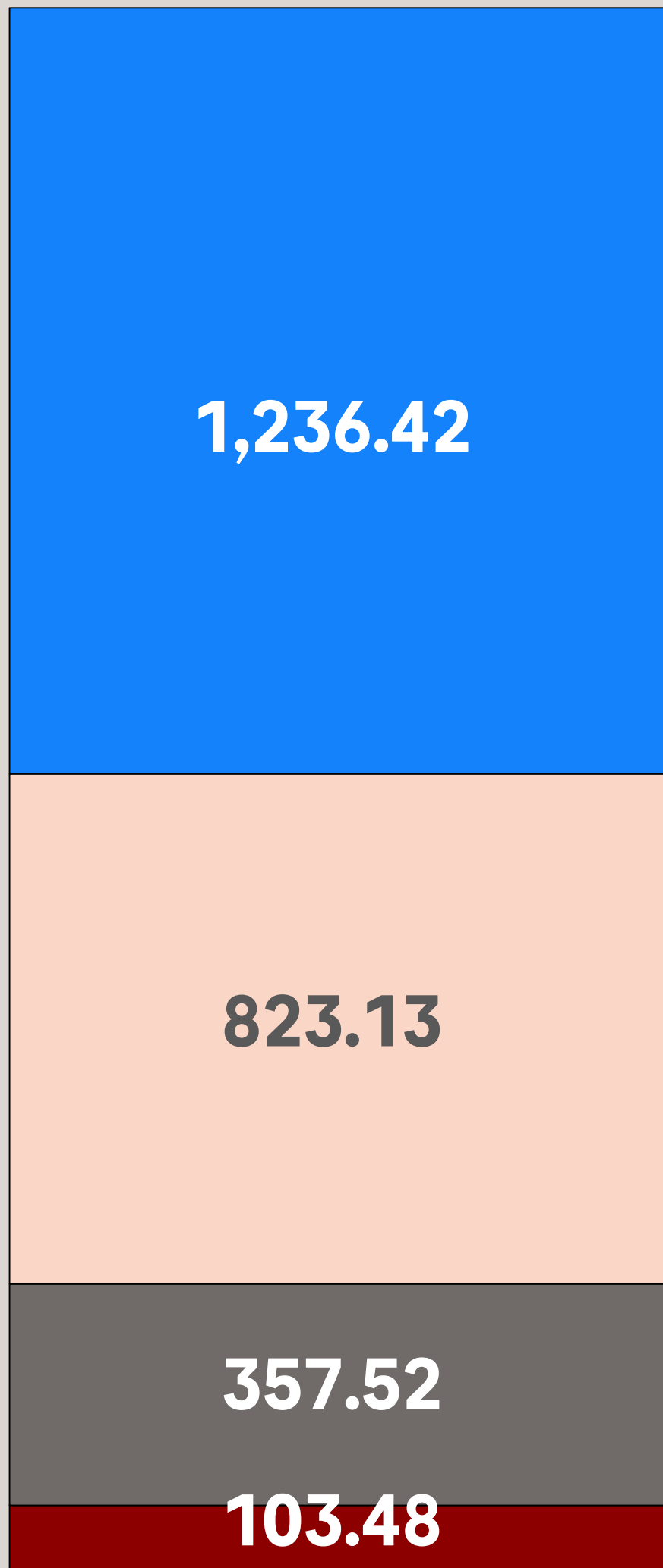
METHODS

Quantitative and descriptive analysis based on the number of infusions in 52 weeks of treatment, average time for infusion based on the package leaflet for eculizumab, ravulizumab, pegcetacoplan and crovalimab, average travel time to the hospital, the time into the hospitals to received the infusions and the real average salary in 2,023 for the Brazilian population and exchange rate R\$5.36/US\$.

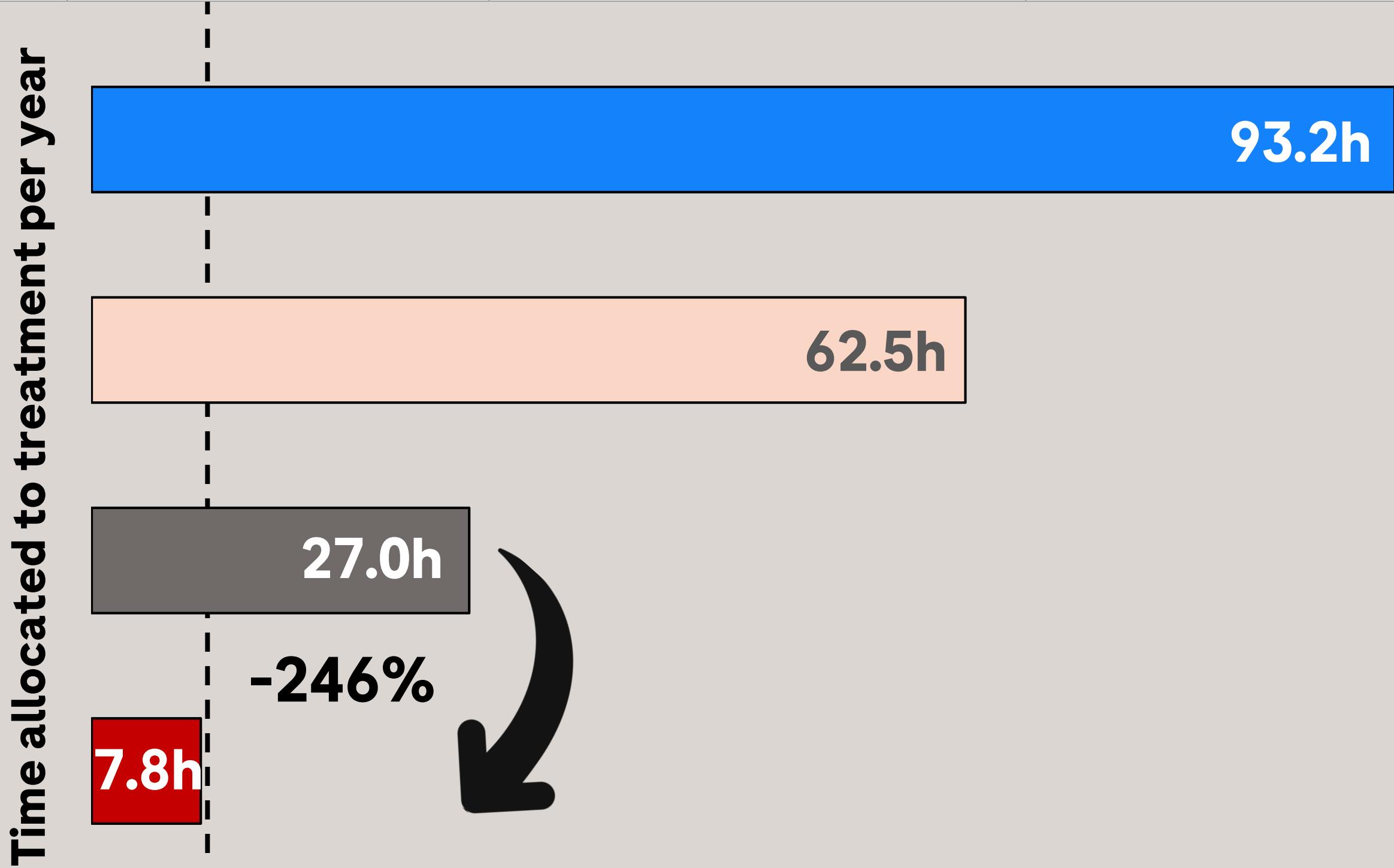
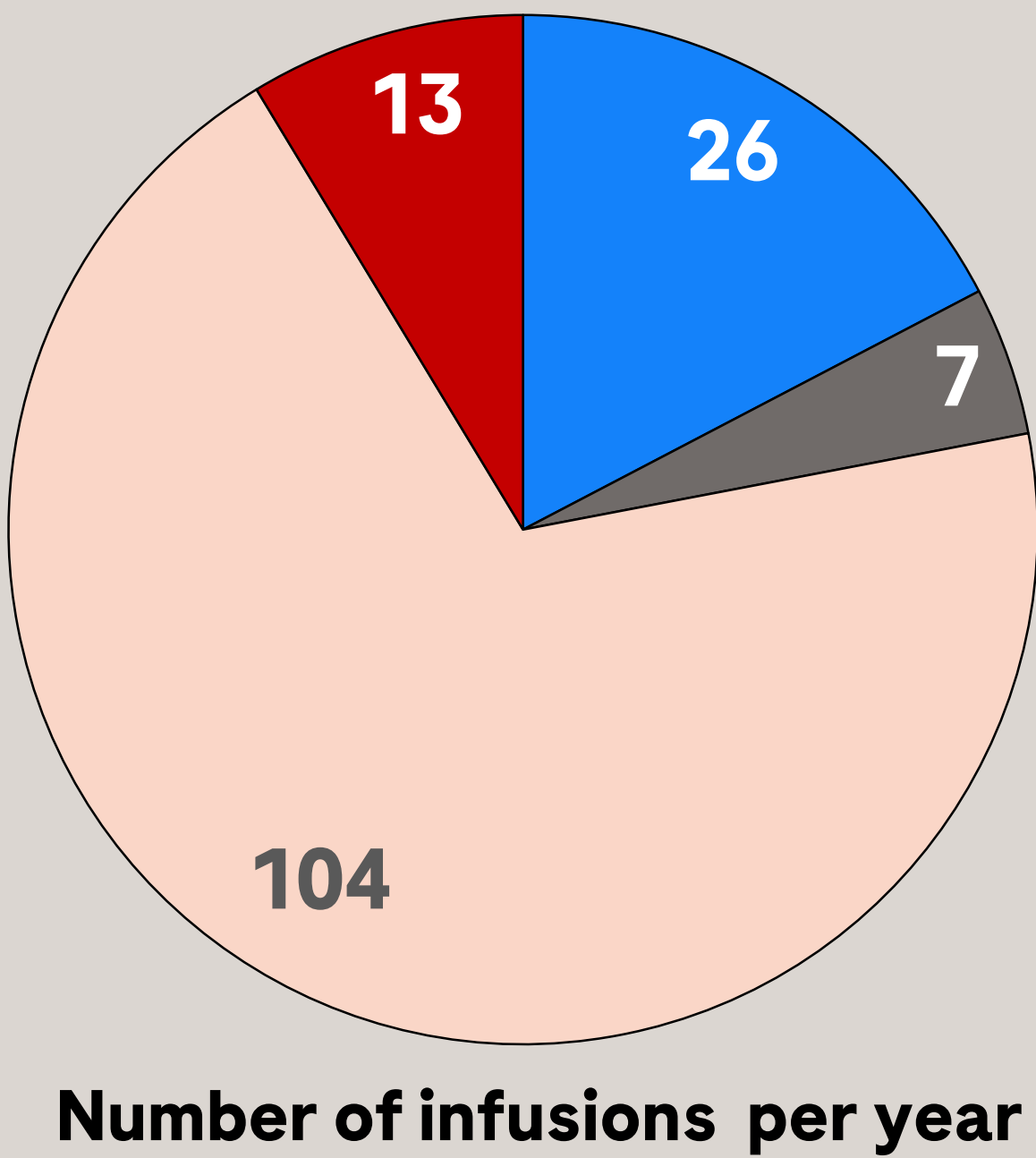
RESULTS

The number of infusions in 52 weeks was 26 for eculizumab, 104 for pegcetacoplan, 7 for ravulizumab, and 13 for crovalimab. The average time for infusion was 35’ for eculizumabe, 40’ for ravulizumab, plus 3 hours for both treatments, 2 hours to go to and from the hospital and one hour spent at the institution (reception, screening, medication preparation and monitoring). For 45’ for pegcetacoplan and 5’ for crovalimab, plus 30’ to thaw the vials before infusion. In result, to the treatment. The loss productivity was US\$1,236.42 for eculizumab, \$829.13 for pegcetacoplan, US\$357.52 for ravulizumab and US\$103.48 for crovalimab.

Lost productivity (U\$S)



	Eculizumab	Ravulizumab	Pegcetacoplan	Crovalimab
Route of administration	Intravenous		Subcutaneous infusion pump	Subcutaneous
Application site	Hospital		Hospital/self-administration	
Expiry (mouth)	30	18	30	36



CONCLUSIONS

Crovalimab reduced the impact in loss productivity more than 250%, reducing the time allocated by patients to undergo treatment by at least 246%. Moreover, with the possibility of undergoing treatment at home, every four weeks with a simple subcutaneous injection. These characteristics directly impact the treatment burden. Currently, in Brazil with all of these technologies available, the decision makers have the possibility to choose better options to improve the quality of life for patients and the efficiency for the health systems.

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