The Financial Impact of a Newly Introduced Thermosetting, Bioadhesive, Antibacterial Hydrogel to U.S. Commercial and Medicaid Insurers in Treating Bacterial Vaginosis (BV)

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Background & Objective

- BV is most prevalent among U.S. women of reproductive age (12-49 years).[1] BV recurrence is >50% within 6 – 12 months of initial treatment.[2,3]
- A single-dose thermosetting, bioadhesive, antibacterial clindamycin phosphate vaginal hydrogel will be available to the U.S. patients. This type of medication requires one dose per a treatment course unlike widely available oral treatments.[4]
- The objective of this study was to assess the financial impact of adding this new BV treatment for U.S. Commerical and Medicaid insurers.

Methods & Assumptions

- We conducted a retrospective cohort study using the Merative™ MarketScan® Commercial and Medicaid Databases.
- Wholesale acquisition costs (WAC) were obtained from Medi-Span® Price Rx® on 12 December 2022.
- Assumptions:
  - Insurance claims patterns in MarketScan® Databases is reflective of the entire U.S. population.
  - Data reflects only the treatment dispensed from pharmacy claims, and not real-world compliance which is variable.
  - New BV treatment would be prescribed as a second treatment course (TC) among women with recurrent BV infection.

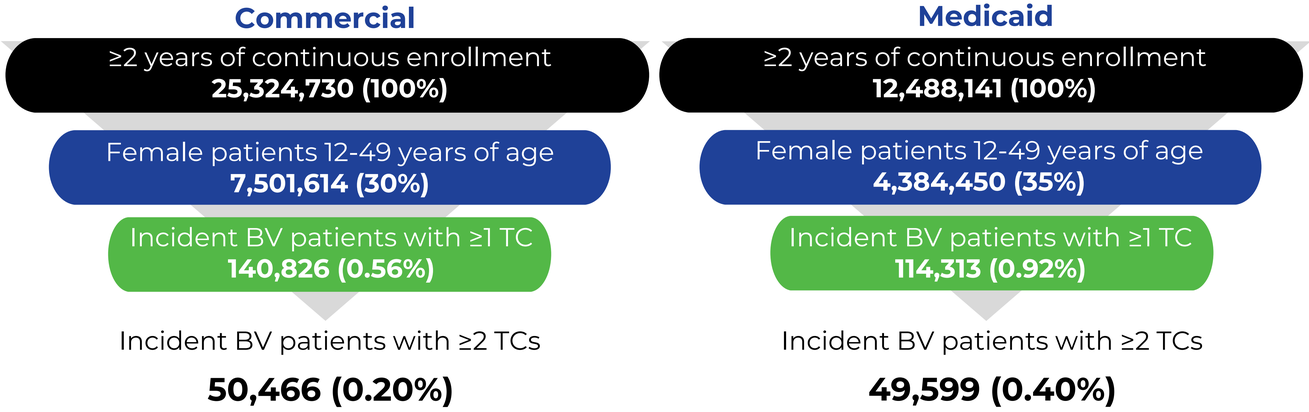
Results

- Across covered patients, 0.2% (Commercial) and 0.4% (Medicaid), develop recurrent BV (≥2 courses of treatment) (Figure 1).
- Oral metronidazole was the most frequently prescribed treatment during the 2nd treatment course (Figure 2).

Conclusion

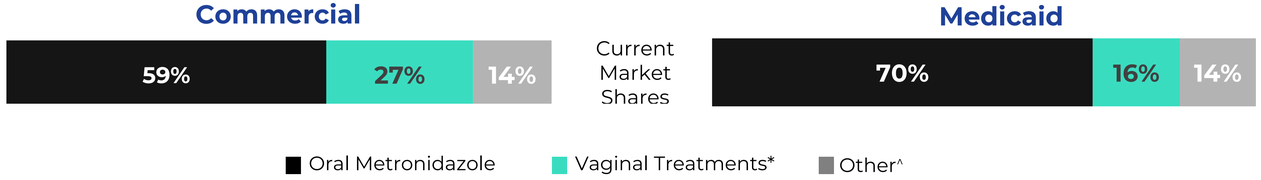
- The estimated proportion of symptomatic BV patients for Commerical and Medicaid insurance plans is small.
- With continued availability of current BV treatments, U.S. insurers are able to manage and minimize financial burden of the new BV treatment.

Figure 1. Patient Population Selection by Insurance Type



Addition of the **new BV treatment will** likely **incur minimal financial burden to insurance programs**.

Figure 2. Current Second Course Treatment Landscape



Additional Analysis

Model-Based Analysis of Financial Impact

- Budget impact of pharmacy costs was also modeled over a three year-period for BV patients aged 12-49 years old with the following key assumptions:
  - Introduction of this new medicine would not impact other drug acquisition costs.
  - New BV patients would only use existing therapies for first-line treatment, and by year-3, 10% of patients who experience their first recurrence would use the new thermosetting bioadhesvie antibacterial clindamycin phosphate vaginal hydrogel.
  - Of commercial and Medicaid patients, 19% and 29%, respectively, were treated in the previous year without resolution and would continue to receive treatment into the subsequent year. In this cohort, 20% of patients will receive the new treatment.
  - Budget implications of potential clinical benefits of current and new BV medications in reducing recurrent infections was not assessed.
- The incremental budget impact of the new BV treatment will be $0.01 per member per month for typical Commercial and Medicaid plans.

Disclosure, References & Notes

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^Other includes oral clindamycin, secnidazole, tinidazole; *Vaginal Treatments, Cleocin® Vaginal Cream, Cleocin® Vaginal Suppository,Clindamycin Phosphate Cream, Clindesse® Vaginal Cream, Metronidazole Vaginal Gel, Nuvessa® Vaginal Gel,Vandazole Vaginal Gel Cleocin® Vaginal Cream, Cleocin® Vaginal Suppository, Clindamycin Phosphate Cream, Clindesse® Vaginal Cream, Metronidazole Vaginal Gel, Nuvessa® Vaginal Gel, Vandazole Vaginal Gel

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