Hemophilia A is a hereditary bleeding disorder linked to a deficiency in FVIII, treated by intravenous administration of FVIII. Emicizumab represents an alternative to FVIII concentrates, without anti-FVIII inhibitor, administered in a single subcutaneous dose [1].

The aim of the study is to evaluate the use of emicizumab compared to the three biosimilars used for prophylaxis in hemophiliacs A, in order to ensure good care with a good quality of life.

The analysis of the cost of using emicizumab compared to the three biosimilars we have in the hospital, namely plasma and recombinant FVIII (Morocctocog-alfa & Octocog), by calculating the direct, indirect and intangible costs, to assess the advantages and consequences of emicizumab use.

According to the cost minimization analysis, we found a total annual cost for FVIII 125,293.7 €, Octocog 252,183.7 €, Morocctocog-alfa 2,753,70.6 € with a significant intangible cost because the frequent trip to the hospital makes the patient tired and increases the non-medical cost and the indirect cost, with the possibility in 30% of patients of developing Anti-FVIII inhibitors and therefore the administration of high dose plasma FVIII of 6000-9000 IU three times a week with an annual cost of 366,565.8 €.

On the other hand, emicizumab is indicated even for patients with an anti-FVIII inhibitor whose annual cost is 233,402.9 €, with a gain of 136,484.23 €, in addition to a good quality of life. We deduce that plasma FVIII is useful for patients without an inhibitor and emicizumab should be reserved for hemophiliacs with an anti-FVIII inhibitor.

Our cost evaluation study is a tool for decision support and reduction of uncertainty between four drugs, which makes it possible to adapt purchases according to the needs expressed for an optimal allocation of resources following the evolution of health expenditure.

REFERENCE