

June 21, 2007

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VIA FACSIMILE & FIRST CLASS MAIL

Ms. Suzette Bridges
Administrator, Prescription Drugs
Arkansas Medicaid Pharmacy Program
Division of Medical Services
Department of Health and Human Services
Donaghey Plaza South
P. O. Box 1437, Slot S-415
Little Rock, Arkansas 72203-1437

RE: Arkansas Hemophilia Management Program

Dear Ms. Bridges:

On behalf of the Plasma Protein Therapeutics Association (PPTA), I am writing to you to provide our association's views on the Arkansas Medicaid request for information on its proposed hemophilia management program ("request for information"). PPTA is the primary advocate for the world's leading producers of plasma-derived and recombinant analog therapies, including blood clotting factor therapies. These therapies are used by more than a million people worldwide to treat a variety of diseases and serious medical conditions, including hemophilia.

PPTA shares the goal of Arkansas Medicaid to enhance patient care and access, while doing so in a manner that fits within the limited resources of the Arkansas state budget. Comprehensive disease management for individuals with bleeding disorders should result in fewer medical emergencies that lead to expensive care events such as hospitalization. Accordingly, PPTA commends Arkansas Medicaid for including the elements contained in Section 5.1 of the request for information. Each of these components is essential to ensuring quality care for patients with bleeding disorders.

PPTA supports Arkansas Medicaid's decision to implement a hemophilia management program and would like to see a program that provides flexibility and choice to Medicaid recipients. Of particular concern to PPTA however, is the possibility of a single source provider to manage the program once it is created. PPTA believes that single source provider arrangements adversely affect access to care.

The provider that would enter into a single source provider contract with the state would also be required to enter into contracts of its own with the manufacturers, wholesalers, and distributors to purchase the needed therapies and medications. While Arkansas Medicaid may require by contract that all therapies be available, the provider may steer a patient toward certain therapies. In addition, when a physician does not write a

specific brand prescription, the provider may dispense a specific therapy at their discretion without always accounting for what is most appropriate for the patient.

Specifically, the single provider may choose to furnish a limited selection of therapies. According to the Medical and Scientific Advisory Committee of the National Hemophilia Foundation, access to the full range of licensed hemophilia therapies is essential for optimal treatment. Delayed access to the appropriate clotting factor for the patients' unique condition can cause painful and crippling injury to a hemophilia patient's joints and organs. Such complications also often lead to increased costs for medical assistance programs for hospital, skilled nursing and other specialty services.

PPTA believes what is most appropriate for the patient is the specific therapy that works best for that individual. Therapies are not interchangeable. There are no two brands of clotting factor that are pharmaceutically or therapeutically equivalent. Each branded therapy has been approved by the federal Food and Drug Administration (FDA) for distinct clinical indications. There are currently no generic substitutes. As you know, different therapies are appropriate only for specific populations, and may require different dosages and regimens. The effectiveness of specific therapies may vary with different populations or with specific individuals.

Furthermore, the implementation of a single source provider arrangement would likely require many patients to switch providers. Some Medicaid beneficiaries may have been utilizing the services of their current provider for many years. Families often invite providers into their homes to teach appropriate therapeutic preparation and infusion techniques for their small children. When the children are old enough, home health care providers may teach them how to self-infuse. These personal relationships contribute greatly to the overall quality of care. Requiring that Medicaid beneficiaries utilize the services of a single provider can disrupt these relationships and negatively impact the overall quality of care.

PPTA and its member companies recognize the need for the state of Arkansas' Medicaid agency to control its prescription drug expenditures. However, we urge the agency to seek a fair and reasonable approach that ensures all distribution providers servicing the hemophilia community are able to continue doing so without any disruption to their patient's healthcare needs.

PPTA greatly appreciates the opportunity to comment on Arkansas Medicaid's proposed hemophilia management program. Should you have any questions, or if you require additional information, please do not hesitate to contact me at (202) 789-3100 or by email at rfaden@pptaglobal.org.

Very truly yours,



Ryan M. Faden, JD, MPH
Assistant Director, State Affairs