Outlook

BY AMY EFANTIS, PRESIDENT & CEO, PPTA

Recently, a colleague who is a student of health economics facilitated an exercise with our staff. She put up a slide showing a bottle of water and asked, "What would you pay for this bottle of water right now?" Someone shouted out, "One dollar," while someone else said, "I'm not thirsty." Someone else mumbled something about buying it by the case and saving money. My colleague said, "I'd pay nothing. We have filtered water in the kitchen." Then she showed a photo of a ballgame. "What would you pay for this bottle of water in a hot stadium after eating a salty pretzel?" Except for one colleague who said they'd pay nothing and would buy a beer instead, the rest of us agreed that we'd pay more for a bottle of water in a hot stadium. Then she showed us a photo of a desert setting. "What would you pay for a bottle of water here? What if you had a child with you in the desert?" Suddenly, we were willing to pay anything.

The exercise was intended to make us realize that our perspectives on paying for health care are varied. If you are a payer or an insurance company managing millions of members and their risk, your perspective on the value of a medicine is vastly different than a manufacturer's. Most pharmaceutical manufacturers consider their deep investment in research and development. But manufacturers of plasma protein therapies must also consider the cost of the chief raw material, plasma, which is sourced from individual donors, as well as the cost of the highly complex fractionation process. On average, plasma protein therapy manufacturers attribute 43 percent more of their operating costs to manufacturing and raw materials than those in the small molecule industry. Of course, these perspectives are vastly different from the patient or the parent of a child with a rare disease. Added to these obvious stakeholders are all the other players — the prescriber, the pharmacist, the distributor, and on and on.

For manufacturers, prescribers, and users of plasma protein therapies, the goal is clear — getting the right medicine to the right patient at the right time. For individuals treated with immunoglobulins (Ig), it means remaining stable on an Ig product that works for that patient. The reality is that patients' medications are often

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switched not by a physician or a specialist, but by an administrator who works for a payer. They're switched because another Ig is less expensive during a snapshot in time, without regard to the perspective of the physician or to the disruption to the patient who may experience intolerance of a different product. Patients with immune deficiencies have much greater sensitivities to changing therapies than, for example, patients taking statins or blood pressure medicines.

Research shows that an undiagnosed individual with a primary immunodeficiency (PI) misses 20 days of school or work in a given year.[1] Plasma protein therapies, or PPTs, reduce costs for employers, families, and the health care system overall. In fact, PPTs are shown to lower the number of unproductive days for an individual with PI by 75 percent. Translated, for the average wage-earner in the U.S., this means nearly $3,000 per patient, per year is added to an economy's productivity. Almost 75 percent of individuals with a PI rated their overall well-being as good to excellent when using a PPT.[2] How should the value of that outcome be measured?

Being able to demonstrate the value that a given therapy produces for individuals living with such a serious condition, and the value that treatment yields for their family members and for the society in which they live, is crucial. Measuring the value of plasma-derived therapies means recognizing not just the cost of the therapy to a payer but the myriad of complexities that make PPTs unique.

As health economics and the demonstration of the value of medicines become a more integrated part of the way we evaluate health care, we must never forget the unique nature of PPTs and the conditions they treat. PPTA remains steadfast in our commitment to educate decision-makers about the health economics of these therapies and to keep pace with the changing landscape of health care to ensure access to the right therapies for patients. •

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References:

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2. H. Grabowski and R. Manning, "Key Economic and Value Considerations in the U.S. Market for Plasma Protein Therapies." p.6, https://www.bateswhite.com/media/publication/154_Plasma%20Protein%20Therapies%20paper.pdf.