Gene therapies could reduce treatment costs for patients with hemophilia A. This current standard of treatment is burdensome and associated with a tremendous cost of care. Gene therapies have the potential to dramatically reduce or eliminate these costs in the healthcare system and improve the quality of life for patients with hemophilia A.

Hemophilia A is a rare genetic bleeding disorder characterized by insufficient levels of a blood protein called factor VIII, which the body needs for blood clotting. Patients experience spontaneous bleeding and progressive joint damage, which can lead to functional impairment, disability, poor quality of life and loss of productivity and employment.

Each year nearly 400 babies are born with the disease. 50% of patients have severe disease. Severe hemophilia A patients often require lifelong prophylactic infusions of factor replacement therapy 2 to 3 times a week.

Average annual health care costs for patients with hemophilia A treated prophylactically range as high as $760,000 with 96% of such costs attributed to factor replacement therapy.

Gene therapies have the potential to dramatically reduce or eliminate these costs in the healthcare system and improve the quality of life for patients with hemophilia A.

Therefore, gene therapies could:

- Result in as much as $730,000 in savings the year following a single administration.
- Increase patient and caregiver income by as much as $9,500 annually by allowing patients to avoid hemophilia-related under-employment and early retirement.

The full value of gene therapies may only be realized over a patient’s lifetime. That’s why our current reimbursement system needs to adapt and evolve to account for the long-term value of these therapies.

For more on the analysis, visit PhRMA.org/Blood-Disorders