Experience/Expertise

5.2.2.1. Information documenting successful and reliable experience in past performances in the management of hemophiliac and other blood disorders pharmaceutical care and as related to the services in this RFP. The Offeror's experience and past performance will be evaluated on the extent of its success in managing and integrating work relevant to that of a specialty pharmacy and as defined in the Scope of Work;

The Accredo Bleeding Disorders Specialty Care Management program meets or exceeds all of the recommendations of the National Hemophilia Foundation's Medical and Scientific Advisory Council (Recommendation #188). The program, developed by specialized clinicians and approved by the Express Scripts Therapeutic Assessment Committee, includes scheduled one-on-one consultations between patients and our specialized team of clinical experts based on individual therapy needs. Accredo's Bleeding Disorders program educates and empowers patients with bleeding disorders by providing the patient with information on how to manage the disorder. The program also minimizes the pharmacy and medical costs related to bleeding episodes. Our program includes a national network of nurses and providers, with pediatric experience, who are trained in bleeding disorders. Nurses are available locally to conduct infusion training, to perform actual infusions for patients who are not proficient in self-infusion, as well as educate patients on care and use of central venous access devices. Clinicians have access to our electronic medical record and are available 24 hours per day, seven days per week through our national call center for patient or health care providers.

Core Principles

Clinical Expertise — We rely upon evidence-based practice guidelines and primary medical literature with appropriate and ongoing clinical staff oversight. Our goal for patients with bleeding disorders is to prevent bleeding episodes and prevent the long-term complications of hemophilia including target joints, while eliminating factor wastage and decreasing total cost of care. To help patients accomplish this goal, we take a number of proactive actions, including:

- Decreasing the number of bleeding episodes that occur by encouraging adherence to prophylaxis and immune tolerance therapy
- Reducing the number of infusions required for bleed resolution by educating about the importance of prompt factor infusion after bleed recognition and appropriate use of adjunctive medications such as Amicar for dental procedures or adjunctive therapies such as rest, ice, compression, and elevation for bleeds
- Decreasing the number of avoidable emergency room visits by monitoring inventories of factor and infusion supplies and providing nursing services when appropriate
- Eliminating waste through precision dispensing and home factor inventory management

Each of these principles helps support cost management for therapy of people with bleeding disorders. Frequent, meaningful contact with patients and caregivers provides opportunities for ongoing evaluation of patient needs and reinforcement of educational information.

The following activities are available through the Accredo program: Medication counseling; Skilled nursing services; Benefits explanations and coordination; Connection with the local bleeding disorder community; Early signs of a bleed; Waste management; Hemophilia through life/developmental stages; Reinforce the importance of hemophilia treatment center visits; Use of infusion logs; Care of central venous access devices; Prevention of central line infections; Appropriate utilization of RICE (rest, ice, compression and elevation).

All of the materials in this proposal and any materials subsequently disclosed in any media form that relate to this proposal ("Proposal Materials") are confidential and the sole and exclusive proprietary property of Accredo-Health Group, and all rights, titles and interests are vested in Accredo. The Proposal Materials are provided to AHCCCS for your exclusive use, and for the sole purpose, to evaluate Accredo's prescription drug program. The Proposal Materials may not be distributed, copied or made available for review or use to any other party. If you use any consultant or other party to review the Proposal Materials, you may divulge the Proposal Materials to them on the condition that each recipient agrees to be bound by the restrictions Accredo-Health Group has placed on the use and disclosure of the Proposal Materials. This disclaimer is applicable to any recipient assisting or participating in the evaluation of these Proposal Materials on behalf of AHCCCS.

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Promotion of Appropriate Therapeutic Outcomes — We seek to improve patient adherence to their physician's prescribed treatment regimen, minimize the incidence of adverse events, and promote safe use of factor products and adjunctive drug therapy. Our frequent and meaningful contact with patients & caregivers leads to improved clinical and financial outcomes. We evaluate information collected from patients about their treatment and identify therapeutic outcomes necessary to promote adherence and safety.

Patient Empowerment — By providing individualized education and services as well as encouraging self-infusion, we help patients manage their condition and support informed decision-making. We encourage patients to communicate and collaborate with their health care providers/hemophilia treatment centers to ensure an optimal individual therapeutic regimen for the best outcome.

Our Process

Each patient is assigned to a multidisciplinary care team with extensive training about bleeding disorders that includes pharmacists, nurse, customer service representatives, locally-based customer relations specialist and benefits specialists. These teams are assigned regionally to help facilitate communication with both patients and healthcare providers. Bilingual staff is assigned to Spanish-speaking patients to facilitate communication.

After an initial comprehensive assessment, our Bleeding Disorders program stratifies patients into different risk levels using clinical and psychosocial data including severity of the bleeding disorder, patient age, bleed history, and family knowledge. This allows us to evaluate the individual educational needs of each patient or caregiver and to work more closely with patients at the highest risk of bleeding or those experiencing an active bleed. This risk ranking is updated automatically on a monthly basis using data that the patient reports about their clinical situation. Most patients receive proactive outreach from our specialty trained staff at a minimum on a monthly basis; however, if their clinical risk is increased, contact is more frequent. For example, when a patient is in an active bleed, they are contacted every 48 hours until the reported bleed resolves. By intervening with these patients more frequently, our clinicians are able to monitor the ongoing treatment and facilitate contact with their physicians to help resolve active bleeds more efficiently and prevent additional bleeding episodes.

Accredo proactively contacts patients/caregivers 7-10 days prior to the expected exhaust date of their factor to monitor factor usage and evaluate timing for the next factor shipment. Standard shipments are scheduled so that the patient maintains the appropriate inventory of doses in the home. In the event of an acute situation, courier delivery of doses can be arranged as appropriate.

Interventions include assessments of medication and infusion supply inventories, bleeding history since last contact, and verification of current prescription (including proper storage and notation of product expiration dates). We strongly encourage that patients maintain an infusion log or use tracking devices to document details of the bleed site, type of bleed, cause of the bleed, use of adjunctive therapies, and number of doses needed to resolve the bleed. Additionally, updates to the medication profile are obtained to assess for any contraindications relative to the patient's bleeding disorder. Clinicians offer education regarding any adherence issues. If further communication with the multidisciplinary team is necessary, we collaborate with each patient's hemophilia treatment center when changes in patient status are identified to help ensure optimal outcomes.

Reporting

Accredo collects many data elements from both patients and health care providers. Comprehensive reporting is available and includes: Bleed history, Details of bleeding episodes, Bleeding disorder comorbidities, Factor prescription(s), Product dispensed including assay, lot number and expiration date, Presence or absence of an inhibitor, Hospitalizations and emergency room visits, Unplanned physician visits, Precision dosing results, Nursing visits if applicable. Accredo can provide patient-specific reports in the format requested by the health plan. Accredo staff will be available for regular meetings with the plan.

Savings

For many patients with hemophilia, medication costs to treat the disorder can exceed $300,000 annually. In certain cases, a hemophilia management program, such as our Bleeding Disorders program, can save patients more than $7,000 a month in medication costs. Before Accredo dispenses medication, the pharmacist conducts a drug utilization evaluation and an assay management assessment. Through our assay management program, we provide proven patient and plan savings. Assay management at each dispense is a three-step process that starts with our proprietary computer system that displays assays available in stock that meet the prescribed dosing range. Assays are then selected based on individual patient requirements and finally a pharmacist reviews the assays selected for dispensing to ensure the closest possible assays have been selected.

We monitor patient weights regularly and adjust dose accordingly with approval of their physician. We also have one of the widest ranging inventories of factor products in the US. This helps us match the dose of most prescriptions with exquisite precision. Our broad inventory also allows matching dispensed vials to those already available in the home to make the total of a new dose while preventing wastage of those already dispensed.
As described above, a single intervention with a prescriber regarding an inhibitor patient saves the health plan $887,000 over a six month period. Savings can also be realized with our program to prevent avoidable medical visits as described above. When patients are educated about actions to take in different situations and when emergency room evaluation is required, visits that are not required can be avoided. Avoidable emergency room visits include those that occur when a patient does not have adequate factor or infusion supplies in the home, as well as those that are due to lack of nursing services.

5.2.2.2. Any information documenting successful and reliable experience with transition of members to and/or from another contractor or vendor;

Accredo has broad experience in transitioning specialty pharmacy programs with large and small plan sponsors across the U.S. Our experienced, multidisciplinary team is dedicated to developing optimal implementation and integration plans. Although each transition is unique, we implement a variety of effective communication methods to inform members and physicians about our specialty pharmacy services to help ensure a smooth transition, including: Direct patient visits as required by our Customer Relations Specialist to assist in the transition; Written communication and outbound calls to impacted physicians and members; Outbound calls to members to inform them of the transition; Customized campaigns via mail and email initiated by AHCCCS; Client newsletters. We have implemented and supported a wide array of specialty designs and models. During the implementation process with AHCCCS, we will discuss your coverage rules regarding specialty products.

Example: Transitioning Four-State BCBS Plan

Accredo was awarded a three-year bleeding disorders contract for a four state BCBS plan serving approximately 300 patients. We are now in our second renewal of that contract. All BD patients were transitioned from the Medical to Pharmacy benefit in addition to changing from HTC's or other providers to Accredo. The Accredo team, in collaboration with each plan, devised an implementation plan which included co-branded member and physician communications outlining the benefit change including: Direct patient visits as required by our Customer Relations Specialist to assist in the transition; Procedures for members to follow to change providers; Co-branded physician letters; Direct physician sales outreach; Letters to Pharmacists instructing them to transition their patients to Accredo or Prime Specialty; Welcome Kits for members.

Accredo provided the BCBS patients a dedicated, toll-free member service number for all of their pharmacy needs. Accredo places high importance on member satisfaction and service. We understand that every member's questions relate to a very serious medical condition. As such, all members deserve immediate and appropriate responses to their questions. Accredo and BCBS plans met daily on phone calls for two weeks prior to the go live date and two weeks post go live to discuss the ongoing implementation process and resolve any issues within the transition.

Example: Transitioning a Large Hemophilia Treatment Center (HTC)

Accredo contracted with a large HTC to transition approximately 75 patients from both the HTC as well as other vendors to our program. In order to implement a high volume of patients in a short time frame, a partnership between both sides was critical. Accredo's Account Manager acted as the single point of contact for the HTC and developed a collaborative relationship with the HTC Account Representative that enabled a smooth transition. The account manager will support the front line operation on both sides of the implementation and will ensure that all information is communicated to AHCCCS as well as internally at Accredo. We increased internal communication regarding each patient transition and conducted frequent on-site patient review meetings at the HTC and via teleconference WebEx presentation. We also provided a cross-functional team that met regularly and consisted of pharmacists, a Patient Access Representative, a Patient Care Advocate, and a Customer Relations Specialist. This team remains involved at the patient level and supports the transition of patients to Accredo by introducing them to the services and providing individualized care to each patient. Accredo looks forward to partnering with AHCCCS to learn more about your patients and transition needs.

5.2.2.3. A summary documenting the experience and expertise of its key staff; and

AHCCCS' core account management team includes key professionals experienced in the diverse needs and issues of Hemophilia. Your experienced **Senior Account Executive, Rick Klusovsky,** serves as a single point of accountability for AHCCCS and provides proactive, consultative support. He serves as your account strategist to build and execute a tactical plan specific to AHCCCS' needs. He works closely with AHCCCS to maximize enrollment growth in your preferred specialty pharmacy services and identify product and service opportunities. Rick coordinates with AHCCCS' designated team, in conjunction with our specialty team, to establish a strategic plan to support AHCCCS' financial and business objectives. He is also responsible for the appropriate allocation of corporate resources to maximize AHCCCS' plan performance. Your account executive is backed by an account team and extended team, both of which comprise experts that bring the experience to support complex plans and respond quickly to your changing needs.

- **Kayla Sampson, Account Manager** — In support of your account executive, Kayla owns execution of all AHCCCS-specific service and operational deliverables. She participates in your program implementation activities to ensure a seamless transition experience. After implementation, she coordinates with all specialty departments to ensure operational excellence and set-up quality, proactively monitoring your service trends to allow for immediate resolution of any issues.
- **Grant Rexroat, Clinical Account Executive** — Grant manages the clinical relationship between AHCCCS and our organization by defining strategic clinical plans and presenting a business plan that addresses your clinical program needs. He assists in clinical program implementation, oversight, results evaluation, and follow-up with AHCCCS.
- **Andy Blackledge, Customer Relations Specialist** – Andy will work individually with patients from admission to clinical care to ensure they are receiving the best possible care and experiencing the greatest outcomes. He will work closely with the clinical team and the Hemophilia Treatment Center to provide additional support to patients. He is also able to conduct home visits to provide additional education and support.
- **Implementation Program Manager** — The Implementation Project Manager (IPM) assists in the specialty implementation process. The IPM specializes in guiding this crucial phase of the program by representing AHCCCS' needs to all operational and clinical areas of our organization, ensuring that all start-up needs are met. We will assign an IPM upon notice of award.

Account team biographies are included as ***Exhibit 5***. Additionally, an overview of our Bleeding Disorder care team is included in ***Exhibit 6.***

5.2.2.4. A listing of their specialty pharmacies/fulfillment centers.

Accredo's primary fulfillment sites for hemophilia therapies are located in: Tempe, AZ; Memphis TN; Orlando, FL; Warrendale, PA. A network of 28 facilities support these sites. Our fulfillment processes and algorithms ensure proper packing of temperature-sensitive products. Regular mail delivery may be utilized for certain ancillary products that do not require special handling. For emergency shipments requiring same-day delivery, either UPS or FedEx same-day courier services may be utilized. Additionally, we partner with ParcelShield, a third party delivery solutions vendor for urgent deliveries.

5.2.2.5. A detailed description of the Offeror's experience with Member transitions.

We will work with AHCCCS to determine our approach to transitioning open refills for specialty drugs from the prior vendor. In partnership with your account team, AHCCCS will determine the best communications strategy for transitioning specialty members from the prior vendor. If you choose to implement a drug access change program in which members would be required to obtain select drugs from our pharmacy as the exclusive specialty provider, we recommend communicating this plan change to members and physicians in the form of a mailing. The information introduces our pharmacy and services, as well as the necessity of obtaining specialty medications directly from Accredo. We believe that broad and effective communications to your contracted physicians and members will help ensure a successful transition and reduce member noise associated with the transition process. Our field-based team conducts in-person visits with high-volume prescribers to ensure they are fully informed of the transition plan and answer any questions about our services. Members obtaining specialty pharmacy prescriptions through another vendor or from their physician may choose one of the following options for transferring specialty pharmacy prescriptions to Accredo:

- Contact our patient care advocates to initiate the next fill of existing prescriptions
- Request that the physician submit a prescription directly to our pharmacy via telephone or our specialty fax
- Obtain a new prescription from the physician and submit it to our pharmacy

A sample implementation plan documenting our transition process is included in ***Exhibit 7***.

5.2.2.6. An Organizational Chart that identifies the hierarchy of the organization including all functional areas and the proposed Key personnel designated and dedicated to the provision of services under this RFP.

An organizational chart outlining the account team supporting AHCCCS and our functional support areas is included as ***Exhibit 8***.

5.2.2.7. A listing of all prior and current awarded contracts directly or indirectly with Medicaid agencies that provided hemophilia and/or blood disorder services for Medicaid individuals.

Proprietary, Confidential, and Trade Secret information of Accredo.

5.2.2.8. References of the Firm: Provide three (3) Medicaid references. References should be verifiable and be able to comment on the Offeror's related experience, which demonstrates that the Offeror possesses an understanding and experience in providing the required service. AHCCCS may choose to contact references when considering an Offeror's proposal at its discretion. All information must be current and accurate, with prior permission obtained from each reference to use. References are not included in the page limit.

Due to page limitations, we have provided client references as ***Exhibit 9***.

5.4. Additional Information (OPTIONAL): The Offeror may, at its option, submit any other pertinent information which would substantiate the Offeror has the experience, expertise and capability to provide the required services. The intent is to allow flexibility to an Offeror who may have desire to submit information that is not specifically requested by AHCCCS in the Special Instructions to Offerors as part of its Experience and Expertise submission and is NOT intended to allow any Offeror to circumvent the page limits of any requirement. Any additional information that is received pursuant to this section must be contained exclusively in the Experience and Expertise section, and the submission MUST adhere to any prescribed page limits. Any pages submitted beyond the page limits for any submission requirement will not be reviewed by evaluators nor will it be included in the scored portion of the Offeror's proposal.

Accredo appreciates the opportunity to once again bid for this business. The feedback we received during the last bid was a gift for us to innovate and find ways to better serve the hemophilia community through improved options for payers. We continue to believe in the core care model of what we do at Accredo. With this RFP, we are very excited to share new ways that we have innovated to drive improved outcomes for those leaving with hemophilia while challenging the costs and trends that are often seen with these expensive therapies. We strive to be your exclusive choice to deliver hemophilia specialty pharmacy care to your members. As part of your desire to choose an exclusive specialty pharmacy partners, we are eager to present our core model and our new Therapeutic Resource (TRC) Plus Hemophilia opportunities to payers seeking exclusive hemophilia pharmacy services (which is provided in greater detail towards the end of this section). Hemophilia is an extremely expensive disease state to treat. It is also an extremely expensive disease state to manage. Historically, hemophilia bids have been focused primarily on the unit cost of factor. Of course, this is an extremely important metric to measure. A very close second consideration to unit cost is utilization management. A few questions to consider may be:

- Is the dispensing entity connected to the prescribing of the product?
- How large a population does the dispensing entity service?
- Do they manage assays to their inventory or to the prescribed amount?
- Are prescriptions adjusted periodically to match inventory supply instead of patient factor needs?
- Does the pharmacy utilize innovative processes to drive waste out of the non-factor therapies (the monoclonal antibody Hemlibra) which is inherent due to the way it is packaged?

Accredo carries one of the largest inventories of factor in the nation. We manage assays to the prescribed amount and we do not ask the physicians to rewrite prescriptions in order to meet an assay goal. We are able to offer our general clients an assay guarantee of +/- 2%. For clients with greater than 100 patients, we will provide an assay guarantee of 2%. As an example of this concept, years ago Accredo acquired the 4th largest hemophilia pharmacy. We reviewed this acquired pharmacy's dispensing practices and compared the Accredo factor inventory during the dates of dispense to determine if Accredo would have saved payers money. Accredo determined that the units/Rx dispensed would have decreased each shipment by 184 units if Accredo had shipped from our robust inventory of assays. This would have resulted in one client's savings of $390,000 over a one-year period for 15 patients. The Accredo program is designed to reduce overall utilization and improve outcomes by providing patient education, empowerment, coaching, and treatment of bleeds in addition to our excellent assay management. Accredo pharmacists use of our patent-pending Hemlibra regimen calculator also drives out inherent waste by the manufacturer only offering four NDCs.

Through our calculator, pharmacists are easily able to calculate the amount of Hemlibra to treat Hemophilia A, but work in concert with prescribers to change the interval between dosing. This regimen/interval change allows the patient to withdraw the full amount of drug or by mixing/matching different vial sizes to achieve a dose that is as close to zero waste as possible. This innovative clinical program also has the opportunity for some patients to decrease injection burden.

Additional Programs and Services

Accredo's Hemophilia program provides the following services, which are over and above what is offered by other specialty pharmacies.

Field Patient Advocates - The Field Patient Advocate (FPA) plays an important role in the transition of bleeding disorder patients and throughout the lifetime of the contract. The FPA's main focus is to closely assist the patient through the admission process and offer non-clinical, lifestyle support to patients over the course of their treatment. They work closely with the healthcare team and the HTC to provide additional support for patients beyond the clinical team. They can conduct home visits to provide education and support in a non-clinical role.

Education and Communication - Each contact with a patient offers an opportunity to reinforce important principles of hemophilia management such as adherence to the factor regimen prescribed by the physician, importance of maintaining the appropriate inventory of factor and infusion supplies in the home, rapid bleed recognition, prompt infusion of factor when bleeds are recognized, and appropriate use of adjunctive therapies. We also offer comprehensive patient and provider education and communication materials, including infusion logs, patient welcome packets, education booklets, and patient case conferences with the hemophilia treatment center. The educational needs of each patient is evaluated as part of the on-boarding process and counseled accordingly. Accredo's proprietary educational materials including Managing Your Bleeding Disorder, Living with Hemophilia, and Living with von Willebrand Disease are among the industry leaders. These materials can be viewed on Accredo's website, www.hemophilia.com. Simply click on the resources tab to review our education materials. We recently created a book to educate patients about gene therapy in Hemophilia. Educational programs for children are also available. Our proprietary program, Junior Care Force, provides age-appropriate live programs at local hemophilia chapter meetings as well as summer camps with topics ranging from components of blood and clotting (My Amazing Blood) to joint health, nutrition, and dental care with a bleeding disorder (My Amazing Body) and cellular basics and inheritance of hemophilia (Junior Scientist).

Accredo's live programs conducted by licensed clinicians along with print materials for school personnel and coaches help facilitate the inclusion of children in school activities, make appropriate plans of action, and alleviate the misconceptions many educators harbor about having a student with a bleeding disorder in the school. Accredo helps educate emergency room staff and educate emergency medical technicians about the urgency, appropriate triage, management and resource use associated with bleeding disorders. Accredo can also provide a variety of accredited continuing education programs about bleeding disorders for most health care disciplines. Accredo collaborates closely with hemophilia treatment centers and other prescribers to provide education about the most current study results when appropriate. One clinical pharmacist suggested to a patient's prescriber that the regimen to treat bleeding episodes be changed to increase the dose of one product based on the results of the international immune tolerance study. The addition of a second dose of plasma-derived factor VIII resulted in faster bleed resolution with limited requirement for recombinant factor VIIa resulting in a net savings of $887,000 over six months.

Regimen Optimization - Accredo has developed a Regimen Optimization Program that was implemented in 2020 to help address the increased costs, but still maintain the benefit of EHL products for patients.

Clotting Factor Concentrate (CFC) - Clinicians within Accredo's Blood Disorders Therapeutic Resource Center completed a study to compare the differences in units consumed when individuals with hemophilia A or B transitioned from a Standard Half-Life (SHL) CFC to Extended Half-Life (EHL) CFC. This study found that individuals with hemophilia A consumed more units (per annum) of EHL CFC VIII when compared to SHL CFC VIII [369,140 IU EHL vs. 287,540 IU SHL]. The associated cost was 68% higher when utilizing EHL CFC, driven by both increased utilization and a higher per IU cost tied to the EHL VIII product. In contrast, individuals with hemophilia B consumed fewer units (per annum) of EHL CFC IX when compared to SHL CFC IX [240,322 IU EHL vs. 302,173 IU SHL]. Despite the decrease in utilization, the associated cost remained higher, at 93%, driven by the significantly higher per IU cost tied to the EHL IX product.

As a direct result of this research, Accredo developed a formal Regimen Optimization Program designed to evaluate the dose and frequency of CFC when used as prophylaxis to assure that the overall regimen aligns with the product labeling, and most recent peer reviewed literature/society guidelines, including those published by the World Federation of Hemophilia and MASAC. For a regimen that does not conform, the Accredo pharmacist will engage the prescriber in a peer-to-peer discussion designed to optimize the regimen as indicated based on significant patient level findings such as bleed pattern/history, physical activity, or presence of target joints or inhibitors. All new and renewal prescriptions for patients age 12 and up for CFC prophylaxis are evaluated per this program.

A recent example

A 27-year-old, 71.2kg male with hemophilia B was prescribed EHL factor IX at a dose of 5000 units every Monday and 6000 units every Friday for prophylaxis. The patient was transitioning from an established SHL regimen of the same dose and frequency. This regimen was identified per the Regimen Optimization Program as potentially supratherapeutic. The Accredo pharmacist engaged the prescriber to recommend a regimen change – to 5000 units once weekly with the EHL product – which was accepted. This intervention reduced the treatment burden to the patient and reduced overall factor IX utilization by 6000 units a week. At an AWP cost of $4.01 per unit, the annual savings is projected at $1,251,120 for this single intervention.

emicizumab (Hemlibra®)

The FDA approved the monoclonal antibody emicizumab in 2017 for the prevention of bleeding episodes in patients with hemophilia A – in other words, for prophylaxis. MASAC recommends giving consideration to using emicizumab for all patient with hemophilia A, regardless of age, severity, or inhibitor status. Accredo goes a step further to evaluate waste for non-Factor products. Hemlibra is a monoclonal antibody that treats hemophilia A with and without inhibitors. Due to the manner in which Hemlibra is manufactured in 4 different NDCs with varying concentrations, it is inherent to waste. Accredo has a created a patent-pending tool for our hemophilia pharmacists to find waste and recommend alternate intervals between doses to establish a goal towards zero-waste with Hemlibra.

Accredo developed a formal Regimen Optimization Program for Hemlibra designed to evaluate the dose and frequency of emicizumab to assure that the overall regimen aligns with guidelines and is designed in a way that minimizes or eliminates waste. Hemlibra is available in four strengths: 30mg/mL, 60mg/0.4mL, 105mg/0.7mL, and 150mg/mL – all single-use vials. These options can be combined in myriad ways to achieve a target dose. Inappropriate combinations can significantly drive unnecessary and costly product wastage. This innovative program was recently published in the Journal of Managed Care and Specialty Pharmacy. This program is shown to minimize waste, drive payer savings, and provide effective dosing of expensive therapies. Our patent-pending dose management calculator reduces waste and simplifies care. Published pilot results include:

- 64% of initial prescribed regimens failed for dosing or vial size combination
- 48% of Accredo pharmacist recommendations were adopted by prescribers
- $1.8M aggregate savings across adult patients whose prescriber changed the original prescription in the pilot

A recent example:
A 34-year-old, 102.1 male with severe hemophilia A was prescribed Hemlibra 345mg subQ every 14 days. The prescriber directed that the patient use two 150mg vials and one 60mg vial to achieve each dose, discarding the excess 15mg. On review it was determined that this dose delivered 3.6mg per kg per dose – the recommendation for an every 14 day frequency is 3mg per kg per dose. The Accredo pharmacist engaged the prescriber to recommend a dose reduction to align with the package insert and an alternate vial combination that resulted in zero wastage – both of which were accepted. The new dose/regimen, Hemlibra 300mg subQ every 14 days, avoids the potential for significant side effects due to a dose that is too high and can be achieved by using two 150mg vials per dose. At an AWP cost of $125 per mg, the annual savings is projected at $146,250 for this single intervention.

Blankenship C, Jacob M. Change in factor costs and units consumed by people with hemophilia A and B after switching from a standard half-life product to an extended half-life product. National Hemophilia Foundation. Orlando, FL.

Blankenship C, Jacob M. Change in factor costs and units consumed by people with hemophilia A and B after switching from a standard half-life product to an extended half-life product. Hemophilia Federation of America. San Diego, CA.

National Hemophilia Foundation; Medical and Scientific Advisory Council. MASAC Recommendation on the Use and management of Emicizumab-kxwh (Hemlibra) for Hemophilia A with and without Inhibitors. Document 258.

D'Albini, et al. Optimizing maintenance dosing of emicizumab-kxwh as prophylaxis in hemophilia A: dosing to product labeling while minimizing drugs waste. JMCP. vol 29, no.1.

D'Albini, et al. Optimizing maintenance dosing of emicizumab-kxwh as prophylaxis in hemophilia A: dosing to product labeling while minimizing drugs waste. JMCP. vol 29, no.1.

Therapeutic Resource Center PlusSM (TRC PLUS) Hemophilia
Lastly, we recently launched TRC Plus Hemophilia in March, 2023. Evernorth Therapeutic Resource Center Plus[SM] delivers premium patientcare and actionable insights for complex, high spend specialty conditions. Using Accredo's proven, condition-focused Therapeutic Resource Center (TRC) ecosystem as its foundation, TRC Plus is a premium offering, which includes:

- Well researched and insights-driven specialty care and patient connectivity
- Advanced reporting
- Therapy discounts

TRC Plus is starting by disrupting a class plagued by unpredictable, sky-high costs, a variety of treatment options, and patients and caregivers who need support from experts – hemophilia. The solution aims to achieve more plan predictability and offer lower, more transparent treatment costs to plan sponsors. This premium offering is available to clients in select disease sates where all of their specialty members are supported by Accredo. There is no cost for TRC Plus for plan sponsors who meet the requirements. **Based on the requirements stated in the RFP, this program will be available at no charge**

The introduction of gene therapies to hemophilia brings new complexities to the broader gene therapy industry. Hemophilia patients have several viable, more cost-effective therapies available to them driving the need to cost predictability. TRC Plus provides tools for more predictability in hemophilia care.

A self-service reporting dashboard that displays patient-specific utilization information and tracks spend history for the last 24 months of treatment and a gene and cell therapy forecasting model projects potential population gene therapy utilization with the goal of giving plan sponsors more information to make informed policy and coverage decisions based on population needs

In summary, TRC Plus Hemophilia offers you:

- Very competitive, deeply discounted rates on hemophilia therapies (factor and monoclonal antibody treatments)
- At-cost (Wholesale Acquisition Cost) gene therapy pricing
- Access to Accredo's newest online hemophilia payer portal
- This portal is updated with the latest information daily
- Grants you access to this portal at any time to get updated information on your hemophilia members and their treatment journeys
- This is more than simply claims data
- Aggregate information on your hemophilia members
- Information on Accredo's entire hemophilia population to serve as a comparator to your member demographics and drug utilization
- Individual member dispenses, bleeds, severity, treatment regimen, and more
- Accredo’s excellence in hemophilia specialty pharmacy care

Accredo’s Ever Evolving Hemophilia Model

The following represents recent enhancements and offerings that Accredo has brought forward to help create solutions for AHCCCS' members:

- **Hemlibra approved (Oct. 2018)** – Patients have 100% access to in-market factor therapy and gene therapy access through Accredo, ensuring continuity of care.
- **Embarc Benefit Protection (2019)** – Launched to help protect customers from the high cost of gene therapy drugs and ensure access for those who need them.
- **Home Infusion Nursing (2020)** – Our team of 600+ home infusion nurses conducted 250K+ nursing visits spending approximately 625K hours caring for patients virtually or in homes and navigating the pandemic. 96% of patients scored their nurse above average or excellent based on how well their needs were met.
- **Hemlibra Dose Calculator (2021)** – Proprietary, patent pending piloted.
- **Gene/Cell Therapy Forecasting (2021)** – Gene and cell therapy forecasting tool shows impact to plan based on pipeline predictions and other factors.
- **URAC Rare Disease Pharmacy Center of Excellence (Feb 2022)** – Accredo earns URAC Rare Disease Pharmacy Center of Excellence designation.
- **Hemgenix (Nov 2022)** – Gene therapy approved, Accredo selected for Limited Distribution Access.
- **Hemlibra Dose Optimization (Jan 2023)** – Accredo Hemlibra dose optimization study published; our protocol found 64% of originally prescribed treatment regimens had the opportunity for dose and/or prescribed vial size wastage and saved $1.8M across study participants.
- **TRC Plus (March 2023)** – TRC Plus for hemophilia launched to transform the navigation of high-spend specialty conditions
- **Patient Education (April 2023)** – Gene therapy-focused patient education handbook available to patients.
- **Junior Care Force (2023+)** – Junior Care Force online education tool in development to support pediatric patients with a bleeding disorder.