

# MOTHIF II: PRESENTATION

## THERAPEUTIC MANAGEMENT AND USE OF CLOTTING FACTORS IN HEMOPHILIA A IN FRANCE (SHL FVIII vs rFVIII-Fc)

### Clinical studies results of FVIII with Extended Half-Life , including efmoctocog alfa (rFVIII-Fc):

- ↔ Impact on the global prescriptions of FVIII: difference in term of FVIII consumptions (IU/kg/week or year)
- ↔ Impact on the management of prophylaxis: reduction in injection frequency
- ↔ Identical clinical efficacy (ABR)

#### What about real-life?

#### The MOTHIF II study

Retrospective study involving the French research database BERHLINGO & consumptions and treatment regimen analysis following launch on the market of new extended half-life clotting factors to assess budget impact

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This study is part of the French network of University Hospitals HUGO ("Hôpitaux Universitaires du Grand Ouest").



DOI: this study has been funded via an Investigator Sponsored Study (ISS) from the pharmaceutical laboratories Sobi™.

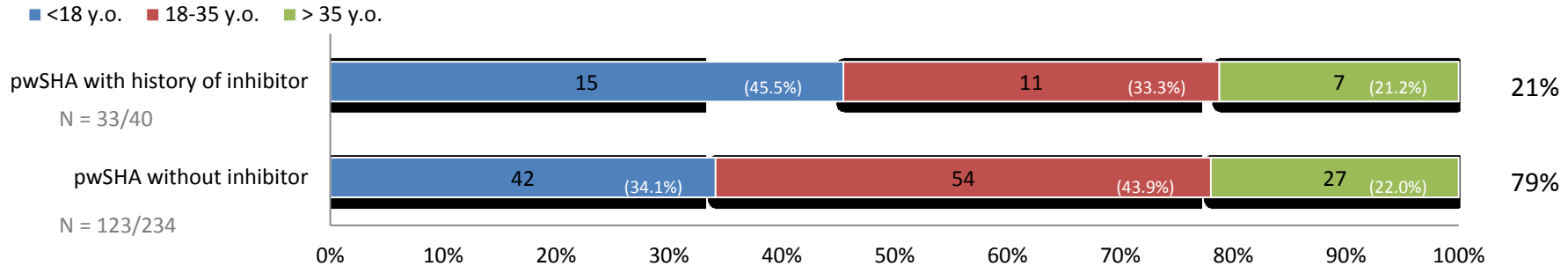
### MOTHIF II: real-life, non-interventional, retrospective, before/after, uncontrolled, open label study

<b>Who?</b>	Patients with severe Haemophilia A without current inhibitor, on <b>prophylaxis (pwSHA)</b>
<b>Where?</b>	7 Hemophilia Treatment Centers of the <b>BERHLINGO Group (Western France)</b> = Angers, Brest, Caen, Le Mans, Nantes, Rennes and Tours
<b>When?</b>	<b>2X12 months, before/after rFVIII-Fc supply</b> (T1 = July 2015 – June 2016 <b>versus</b> T2 = July 2017 – June 2018)
<b>What?</b>	Data from the <b>BERHLINGO database</b> = prescriptions of standard half-life (SHL) FVIII and rFVIII-Fc & Data from the French Nationwide Claims Database (SNDS)

# MOTHIF II: POPULATION of pwSHA

THERAPEUTIC MANAGEMENT AND USE OF CLOTTING FACTORS IN HEMOPHILIA A IN FRANCE (SHL FVIII vs rFVIII-Fc)

**274 severe patients with Hemophilia A without current inhibitor in the BERHLINGO cohort**  
**➔ 156 pwSHA with complete prophylaxis prescriptions during T1 and T2**

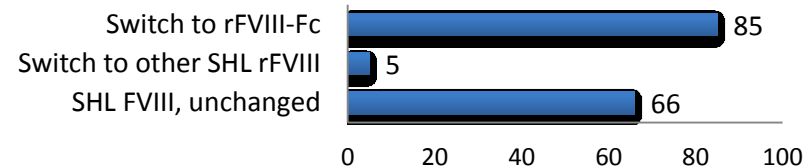


**Switch to rFVIII-Fc in the same proportion, for patients with a history of inhibitor or without inhibitor**

	pwSHA without inhibitor (n = 123)	pwSHA with history of inhibitor (n = 33)
<b>No switch to rFVIII-Fc</b>	55 (44.72%)	16 (48.48%)
<b>Switch to rFVIII-Fc</b>	68 (55.28%)	17 (51.52%)

(NS,  $\alpha = 5\%$ , Exact value of Fischer's test = 0,6996)

**54% of pwSHA have switched to rFVIII-Fc**



85 SWITCHES to rFVIII-Fc:

\* 25% of the pwSHA initially treated with pdFVIII on T1 (n = 1/4)

\* 56% of the pwSHA initially treated with rFVIII on T1 (n = 84/150)

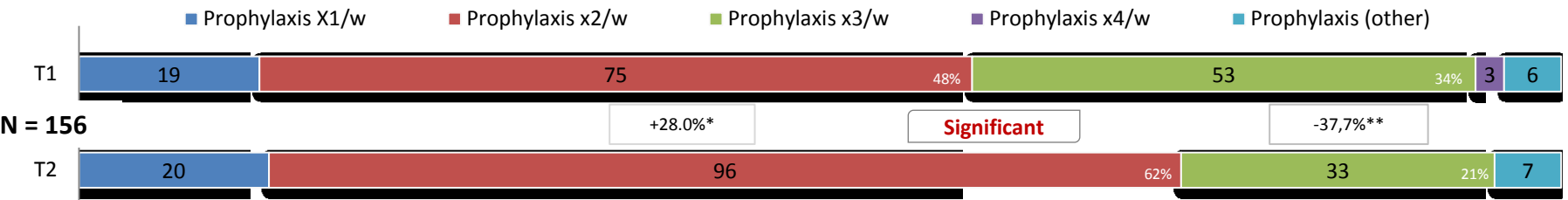
# MOTHIF II: INJECTION FREQUENCY FOR PROPHYLAXIS

## THERAPEUTIC MANAGEMENT AND USE OF CLOTTING FACTORS IN HEMOPHILIA A IN FRANCE (SHL FVIII vs rFVIII-Fc)

After rFVIII-Fc supply:

Significant overall decrease in prescriptions of three FVIII injections per week (T.I.W.)

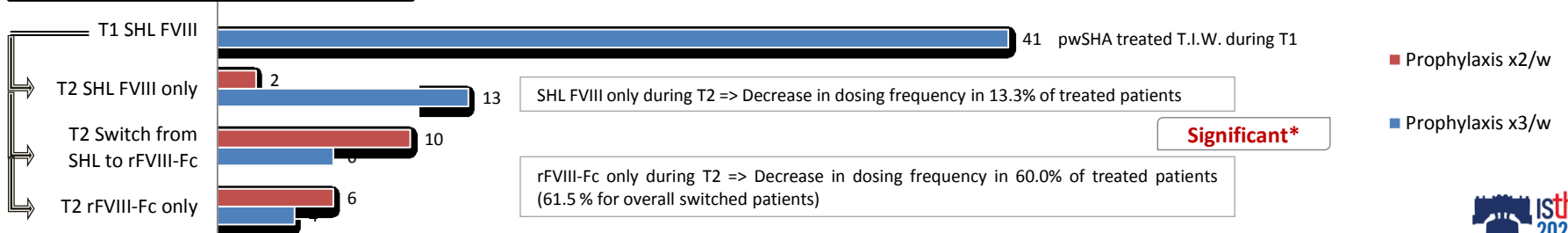
Significant overall increase in prescriptions of two FVIII injections per week (B.I.W.)



\* Exact Fischer's test, independent samples, p = 0.0127. Significant, α = 5%.  
 \*\* Exact Fischer's test, independent samples, p = 0.0158. Significant, α = 5%.

Patients initially on prophylaxis T.I.W. (n = 41/53 with weight recorded)

Significant decrease in injection frequency for the patients switched to rFVIII-Fc (down to prophylaxis B.I.W.), compared to non-switched patients.



\* Exact Fischer's test, independent samples, p = 0.028. Significant, α = 5%



# MOTHIF II: FVIII PRESCRIBED FOR PROPHYLAXIS in pwSHA

## THERAPEUTIC MANAGEMENT AND USE OF CLOTTING FACTORS IN HEMOPHILIA A IN FRANCE (SHL FVIII vs rFVIII-Fc)

**Similar amounts of FVIII prescribed/year/patient for prophylaxis during T1 and T2**

↳ *regardless of the type of FVIII*

**T2: significant overall decrease of the prescribed dose of FVIII/kg/week**

↳ *Significant decrease in weekly dose on rFVIII-Fc*

Matched pwSHA, prophylaxis during T1 & T2. Weight information noted (n = 129/156 patients)		SHL FVIII during T1 and SHL FVIII only during T2 (N = 62)	SHL FVIII during T1 and switch from SHL to rFVIII-Fc during T2 period (N = 29)	SHL FVIII during T1 and rFVIII-Fc only during T2 (N = 38)	Total (N = 129)
T1	<i>Prescribed FVIII (IU/patient/year) (mean +/- sd)</i>	207,529 +/- 120,685	237,328 +/- 127,163	230,400 +/- 113,055	220,965 +/- 119,781
	<i>Prescribed FVIII (IU/kg/week/patient) (mean +/- sd)</i>	81.0 +/- 30.5	88.2 +/- 25.9	<b>83.1 +/- 38.7<sup>a</sup></b>	<b>83.2 +/- 32.1<sup>b</sup></b>
T2	<i>Prescribed FVIII (IU/patient/year) (mean +/- sd)</i>	211,135 +/- 106,154	232,208 +/- 98,809	220,402 +/- 91,138	218,602 +/- 99,884
	<i>Prescribed FVIII (IU/Kg/week/patient) (mean +/- sd)</i>	76.9 +/- 28.3	86.7 +/- 29.3	<b>75.2 +/- 38.0<sup>a</sup></b>	<b>78.6 +/- 31.7<sup>b</sup></b>

<sup>a</sup> Wilcoxon signed-rank test, significant,  $\alpha = 5\%$  ( $p = 0.048$ ) &

<sup>b</sup> Wilcoxon signed-rank test, significant,  $\alpha = 5\%$  ( $p = 0.006$ )

# MOTHIF II: KEY POINTS

## THERAPEUTIC MANAGEMENT AND USE OF CLOTTING FACTORS IN HEMOPHILIA A IN FRANCE (SHL FVIII vs rFVIII-Fc)

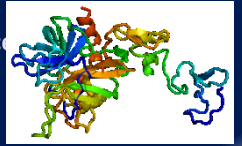
**Does rFVIII-Fc have an impact on the injection frequency and on the FVIII prescriptions, in real-life, for pwSHA without inhibitor on prophylaxis, in comparison with SHL FVIII?**

Real-life, non-interventional, retrospective, before/after, uncontrolled, open label study



129 pwSHA

BERHLINGO centers (France)  
On prophylaxis  
Complete prescriptions  
on T1/T2 (weight noted)



whom\*:

**Treatment unchanged  
SHL FVIII**



N = 62 patients

**Switch to  
rFVIII-Fc only**



N = 38 patients

**Decrease of weekly injection  
frequency: x3/w on T1 → x2/w on T2**

13% of treated patients  
(n = 15)

**SIGNIFICANT**

60% of treated patients  
(n = 10)

**Prophylaxis dose of FVIII:  
T1 vs T2**

81 Vs  
**77** IU/kg/week

**SIMILAR**

83 Vs  
**75** IU/kg/week

T1 vs T2 = √ NOT SIGNIFICANT (n=62)

T1 vs T2 = √ SIGNIFICANT (n = 38)

\*Results of 29 patients who switched to rFVIII-Fc during T2 not presented here

**Similar results to the pivotal clinical trials regarding the reduction of the weekly injection frequency**

Similar amounts of FVIII prescribed/pwSHA/year. No difference on the weekly prophylaxis dose between switched/non-switched patients at the end of the study.

A BIG THANKS to the research participants and their families, to the staffs from the "Resource and Competence Centers - Constitutional Bleeding Disorders" of the BERHLINGO Group (Western France) & from the Clinical Research Departments of Western France.

