pharmEDGE

TREATMENT PATTERN WITH TRANSFUSION-DEPENDENT THALASSEMIA (TDT)

The aim of the project is to create a budget impact model and to understand the clinical treatment pattern and direct medical costs associated with Transfusion dependent Thalassemia patients.

Objectives:

Clinical treatment pattern

Newer therapies such as gene therapy and Luspatercept can decrease the transfusion

Resource Utilization

Patients with TD β-thalassemia had significantly higher healthcare resource utilization, medication

Medical Costs

The total treatment expenses of a patient at an average of INR 74,948. 38.8% of the family income was spent on the treatment of a thalassemia patient annually

Creating a Budget Impact Model

To gather relevant inputs regarding treatment patterns and health resource utilization using a targeted survey for expert opinion/feedback

Key Findings:

Treatment Pattern

The most commonly prescribed dose of DFP in iron chelation therapy for patients with different transfusion burden

- Low Transfusion Burden (LTB) - 46.1mg/ kg
- Intermediate Transfusion Burden (ITB) - 65.6mg/kg
- High Transfusion Burden (HTB) - 66.7 mg/kg
- Transfusion Independence (TI)- 50 mg/kg

Patients with HTB visited 15times for RBC transfusion over a period of 24 weeks

Treatment Cost

Average cost per 24 weeks for DFO (deferoxamine) administration was found to be INR 17,500

Average cost per 24 weeks for the following Iron chelation therapy categories

- Low Transfusion Burden (LTB) - INR 17,500
- Intermediate Transfusion Burden (ITB) - INR 33,750
- High Transfusion Burden (HTB) - INR 55,000

Pathological Test

Commonly recommended in TDT patients

- Neutrophil Count
- Serum Creatinine
- Liver Function
- Ferritin test

Adverse Events

During treatment with BSC (Best Supportive Care)

- Increase in liver iron concentration
- Bone pain, back pain and headache

During treatment with ICTs (Iron Chelation Therapies)

- Agranulocytosis
- Hepatitis

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