

# THE BURDEN OF HEMOPHILIA B - BY THE NUMBERS

People with hemophilia B face a lifetime of physical, mental and economic challenges

## About Hemophilia B

Hemophilia B is a **rare bleeding disorder** that affects **~6,000 people** in the **U.S.**<sup>1,2</sup>



**~6,000**

Up to **two-thirds** of people with **hemophilia B** have a **moderate or severe** version of the condition<sup>1</sup>



The current **standard of care** for people with **moderate to severe** hemophilia B includes **lifelong prophylactic infusions**, but risks still remain<sup>3</sup>



People living with hemophilia B whose disease is **not controlled** are **particularly vulnerable** to:



- Spontaneous and/or traumatic bleeding into their muscles, internal organs and joints. Sometimes these bleeds can be life-threatening and possibly lead to permanent physical debility
- Significant **impact on quality of life**<sup>3,4</sup>

## Living with Hemophilia B - Lifetime Burden



With up to **156 intravenous infusions per year**, people with hemophilia B are at **risk for vein collapse**<sup>3</sup>

**156**



**~\$13,000**

Work productivity losses account for approximately **\$13,000** in annual indirect costs per U.S. patient<sup>5</sup>

**43%**

**of people living with hemophilia B experience depression, anxiety or other psychological disorders**<sup>6</sup>



**3.5 missed days**

**from work per year due to hemophilia B**<sup>5</sup>

**95%**



**of adults with hemophilia B report the condition negatively impacts their employment**<sup>7</sup>

**~\$20 million per person**

**lifetime treatment costs for adults with moderate to severe hemophilia B in the U.S.**<sup>2</sup>

**25 times higher**

**overall healthcare costs for people living with hemophilia B compared to individuals who do not have a bleeding disorder**<sup>8</sup>

References <sup>1</sup> CDC. Diagnosis & Severity of Registry Participants. Males with Hemophilia Registry Report 2017-2017. Available at: <https://www.cdc.gov/ncbddd/hemophilia/communitycounts/registry-report-males/diagnosis.html>  
<sup>2</sup> Li N, Sawyer EK, Maruszczk K, et al. Adult lifetime cost of hemophilia B management in the US: payer and societal perspectives from a decision analytic model. J Med Econ. 2021;24(1):363-372.doi:10.1080/13696998.2021.1891088.  
<sup>3</sup> Srivastava, A, Santagostino, E, Dougall, A, et al WFH guidelines for the management of hemophilia, 3rd edition. Haemophilia 2020 26 (Suppl. 6):1-158. <sup>4</sup> Palareti et al. Shared topics on the experience of people with haemophilia living in the UK and the USA and the influence of individual and contextual variables: Results from the HERO qualitative study. International Journal of Qualitative Studies on Health and Well-being. 2015, 10:28915. Available at: <http://dx.doi.org/10.3402/qhw.v10.28915> <sup>5</sup> Chen et al. Economic Burden of Illness among Persons with Hemophilia B from HUGS Vb: Examining the Association of Severity and Treatment Regimens with Costs and Annual Bleed Rates. Value in Health 20. 2017;1074-1082. <sup>6</sup> Buckner TW, et al. Eur J Haematol. 2018;100(Suppl 1):5-13. <sup>7</sup> Cutter et al, 2017. Impact of mild to severe hemophilia on education and work by US men, women, and caregivers of children with hemophilia B: The Bridging Hemophilia B Experiences, Results and Opportunities into Solutions (B-HERO-S) study. 2017. Available at: DOI: 10.1111/elj.12851. <sup>8</sup> Buckner TW, Bocharova I, et al. Health care resource utilization and cost burden of hemophilia B in the United States. Blood Advances. 2021 April; Vol 5, Issue 7, Pages 1954-1962.