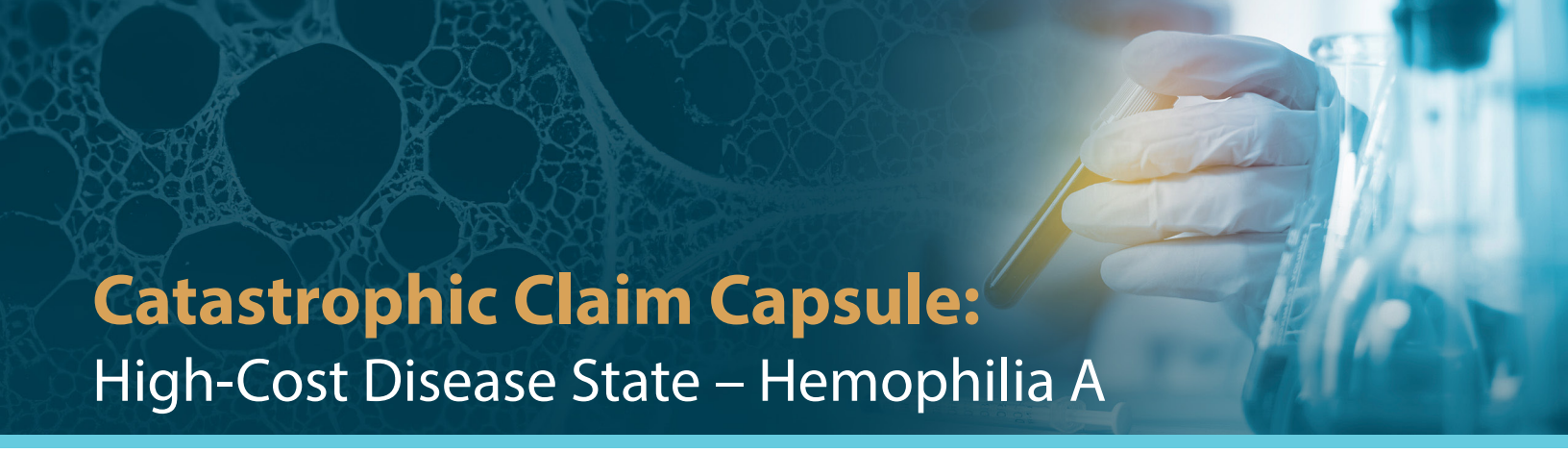

Catastrophic Claim Capsule:
High-Cost Disease State – Hemophilia A

In today's complex healthcare environment, understanding specific high-cost diagnoses that consistently drive claim expenses for self-funded employers is more critical than ever. As a national leader in Stop Loss, HM Insurance Group (HM) sees certain diagnosis categories as significant cost-drivers, and we find it valuable to share what we're seeing and provide actionable strategies and proactive measures that may help to better address costs and protect the financial health of self-funded plans.

Catastrophic Cost Driver: Hemophilia A[1-6]

Hemophilia A is a rare inherited bleeding disorder caused by a deficiency of clotting factor VIII. The condition is X-linked, resulting in a predominantly male population requiring lifelong treatment to prevent spontaneous bleeding episodes, joint damage, and life-threatening hemorrhages.

Advances in hemophilia management, including extended half-life factor products, non-factor prophylactic therapies, and emerging gene therapies, have significantly improved outcomes and quality of life. However, these clinical advances also have materially increased financial exposure for self-funded employer health plans. Individuals with moderate to severe hemophilia A often require continuous prophylactic therapy beginning in childhood and extending throughout adulthood, with annual treatment costs frequently reaching several hundred thousand dollars per member.

As treatment durations extend across decades and high-cost therapies become standard of care, hemophilia A has emerged as a high-severity catastrophic claim driver. When combined with infusion services, inhibitor management, hospitalizations for breakthrough bleeding, orthopedic interventions, and supportive care, the condition creates sustained and unpredictable financial risk for employer-sponsored plans.

What's Creating the Rise in Claim Costs

- **Chronic prophylactic therapy** – Using factor VIII replacement or non-factor agents carries exceptionally high annual costs.
- **Extended half-life products and novel biologics** – The per-member spend increases despite a reduction in infusion frequency.
- **Inhibitor development** – Immune tolerance induction and bypassing agents can substantially increase total costs.
- **Gene therapy** – The significant one-time expenditures have long-term uncertainty; however, as of February 2026, no FDA-approved hemophilia A gene therapies are currently marketed in the U.S., following BioMarin's voluntary withdrawal of Roctavian®.
- **Lifelong treatment duration** – Costs accumulate over multiple plan years rather than resolving after a finite episode of care.

What This Means to Self-Funded Employers

The total cost of hemophilia A claims extends well beyond drug expense alone. Employers also may incur costs related to infusion administration, hospitalizations for acute bleeding events, orthopedic procedures, physical therapy, and specialized nursing or home infusion services.

A single hemophilia A claimant can exceed the specific deductible early in the plan year, with costs continuing year after year. Spending may shift between pharmacy and medical benefits depending on the therapy and site of care, further complicating predictability. Without strong risk management strategies and appropriate Stop Loss protection, hemophilia A claims can introduce significant volatility into plan performance.

Continued ...

HM Insurance Group

What HM Insurance Group Sees

HM Hemophilia A Experience from 2022-2025

Demographics – Claims are overwhelmingly male (exceeding 90% yearly), which is consistent with the genetic nature of the condition. The average claimant age ranged from 28 years in 2022 to 34 years in 2025, with ages spanning from early childhood into the mid-60s, highlighting the long-term impact on active employee populations.

Impact – These trends emphasize that hemophilia A is a high-frequency, high-severity catastrophic cost driver. The young age of the population, persistent treatment requirements, and consistently high first-dollar spend make hemophilia A a critical consideration in Stop Loss underwriting, renewal strategy, and employer risk planning.

Drug-Driven Cost Burden – HM's experience shows that hemophilia A claims are overwhelmingly driven by drug spend. From 2022 to 2025, approximately 97% to 100% of cases were primarily pharmacy-driven, reflecting the dominant impact of prophylactic therapies (e.g., Hemlibra and factor products) and on-demand treatment for acute bleeds. While ancillary medical costs exist, drug therapy consistently accounts for the vast majority of the total spend, reinforcing the importance of pharmacy management strategies.

HM Insurance Group Hemophilia A Claimant Statistics				
	2022	**2023**	**2024**	**2025***
Number of Claimants	23	34	39	29
Gender Breakdown	Male – 91.3% Female – 8.7%	Male – 91.1% Female – 8.9%	Male – 94.9% Female – 5.1%	Male – 96.6% Female – 3.4%
Average Age	28	31	32	34
Percent of Cases That Are at Least 50% Drug-Driven	100%	100%	97.4%	96.6%
Average Total First-Dollar Paid for Plan Year	$569,853	$690,004	$663,447	$670,420

**2025 plan year not yet complete at time of reporting.*

Continued ...

Most Common Hemophilia A Therapies Seen by HM from 2022-2025		
Therapy	**Use**	**Yearly Average Wholesale Price***
Hemlibra®	**Prophylaxis**	>$1,000,000-$2,000,000
Altuviiio®	**Prophylaxis and/or On-Demand/Acute**	$1,330,000
Advate®	**Prophylaxis and/or On-Demand/Acute**	$985,000
Jivi®	**Prophylaxis and/or On-Demand/Acute**	$1,185,000
Eloctate®	**Prophylaxis and/or On-Demand/Acute**	$1,150,000

**Estimated yearly price based on average adult weight of 80 kg and chronic prophylactic use; costs can vary depending on actual dosing. Individuals may also use two or more of the listed therapies above for prophylaxis and on-demand treatment for acute bleeds, which can compound costs.*

What Can Be Done to Help Manage Costs

As hemophilia A treatment continues to evolve, proactive cost management strategies are essential. Approaches may include:

- Aligning medical and pharmacy management to identify high-cost hemophilia claims early using diagnosis alerts, factor utilization thresholds, or 50% specific deductible triggers.
- Establishing clear coverage policies for factor products, non-factor therapies, gene therapy, and inhibitor management, including clinically appropriate step-through and prior authorization criteria.
- Promoting prophylaxis adherence and routine inhibitor monitoring to reduce breakthrough bleeding and avoid costly rescue therapy.
- Managing site of care by directing infusions and bleed treatment to the lowest cost-appropriate setting, such as home infusion or outpatient specialty centers.
- Pairing these strategies with purpose-built Stop Loss protection designed for rare, high-cost genetic disorders.

Together, these approaches can help to mitigate volatility and support long-term sustainability for self-funded employer health plans facing the growing impact of hemophilia A.

Contact **HMPharmacyServices@hmig.com** to learn more.

Source: HM Insurance Group observations, data, reporting, and analysis, February 2026.

References: [1]Biology Insights. (2025, November 28). How much does hemophilia treatment cost? Retrieved from https://biologyinsights.com/how-much-does-hemophilia-treatment-cost/; [2]Centers for Disease Control and Prevention. (2024, November 13). Treatment of hemophilia. https://www.cdc.gov/hemophilia/treatment/index.html; [3]Hoffmann, P., Bitto, N., La Mura, V., & Miesbach, W. (2026). Overview of gene therapy for hemophilia: Questions and answers to navigate the innovation. Journal of Thrombosis and Haemostasis, 24(3), 837–851.; [4]Srivastava, A., Santagostino, E., Dougall, A., et al. (2020). WFH Guidelines for the Management of Hemophilia (3rd ed.). Haemophilia, 26(Suppl. 6), 1–158. https://doi.org/10.1111/hae.14046; [5]Thornburg, C. D., Adamski, K., Cook, K., Vembusubramanian, M., Sendhil, S. R., & Hinds, D. (2022). Health care costs and resource utilization among commercially insured adult patients with hemophilia A managed with FVIII prophylaxis in the United States. Journal of Managed Care & Specialty Pharmacy, 28(4), 449–460. https://doi.org/10.18553/jmcp.2021.21368; [6]BioMarin Pharmaceutical Inc. (2026, February 23). BioMarin voluntarily withdraws ROCTAVIAN® from the market.

HM Insurance Group

800.328.5433 | hmig.com

MTG-3691 (6/26)