

Access and reimbursement is critical for innovative therapies such as treatment for Factor Xa (FXa) inhibitor-related bleeds

FXa inhibitor-related bleeds are associated with high resource utilization and costs¹⁻³



3.9 FXa inhibitor-related bleeds/month reported in hospitals between 2016 and 2019¹



5.3 days average hospital length of stay² (4 days in the intensive care unit [ICU])³

Of the top 20% FXa inhibitor-related bleeds, the average hospital payment is^{1*}:



The Joint Commission recommends that hospitals and critical access hospitals stock antidotes and blood products that are appropriate for the reversal of **each type** of anticoagulant^{4,5}

- A reversal mechanism that works for one DOAC may not work for another⁴
- Bleeding complications may be severe if DOAC management guidelines are not followed⁴



A specific reversal agent for FXa inhibitor-related bleeds is available and may be reimbursed for appropriate patients

*Based on 2011-2014 data from the Truven MarketScan Commercial and Medicare database. Hospitalized patients with atrial fibrillation (AFib) with a diagnosis of bleeding with at least 1 prescription of a FXa inhibitor during the 3 months prior to hospitalization were included (n=3090).¹

An increase to the New Technology Add-on Payment (NTAP) encourages access to novel agents⁶

Breakthrough therapies approved for NTAP reimbursement in 2020⁶:

- Antibiotics
- Antineoplastic agents
- Disease-monitoring technologies
- Immuno-oncology
- **Oral anticoagulant reversal agents**
- Surgical implants
- Surgical robotics

NTAP is granted based on these 3 criteria⁶:



Newness



Substantial clinical improvement over existing technologies



Cost

- According to CMS, the increased payment will promote patient access to “life-saving new cures and technologies that improve beneficiary health outcomes”⁶
- The maximum reimbursement increased from 50% to 65% of the wholesale acquisition cost of the technology⁶
- This add-on payment will be incremental to the Medicare Severity Diagnostic Related Group (MS-DRG) reimbursement for qualifying Medicare inpatient cases⁶



Qualifying cases involving the use of FXa inhibitor reversal therapy can benefit from the NTAP reimbursement increase as of October 1, 2019⁶

For more information on the NTAP increase, please reach out to your Portola representative

References: **1.** Data on file. Portola Pharmaceuticals, Inc. **2.** Deitelzweig S, Neuman WR, Lingohr-Smith M, Menges B, Lin J. Incremental economic burden associated with major bleeding among atrial fibrillation patients treated with factor Xa inhibitors. *J Med Econ.* 2017; 20(12):1217-1223. **3.** Milling TJ, Clark CL, Feronti C, Song SS, Torbati SS, et al. Management of Factor Xa inhibitor-associated life-threatening major hemorrhage: a retrospective multi-center analysis. *Am J Emerg Med.* 2018;36(3):392-402. **4.** The Joint Commission. Sentinel Event Alert Issue 61: Managing the risks of direct oral anticoagulants. Oakbrook Terrace, IL: The Joint Commission; 2019. **5.** Tomaselli GF, Mahaffey KW, Cuker A, et al. 2017 ACC Expert Consensus Decision Pathway on Management of Bleeding in Patients on Oral Anticoagulants. *J Am Coll Cardiol.* 2017;70(24):3042-306. **6.** Centers for Medicare & Medicaid Services (CMS), HHS. Medicare program; hospital inpatient prospective payment systems for acute care hospitals and the long-term care hospital prospective payment system and policy changes and fiscal year 2020 rates; quality reporting requirements for specific providers; Medicare and Medicaid promoting interoperability programs requirements for eligible hospitals and critical access hospitals. *Fed Regist.* 2019;84(159):42044-42701.

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