

DEMOGRAPHICS AGE: 18-25

WEIGHT 147 lbs BMI: 20.7 DATE RECORDED: 6/25/19
 DISORDER: Hereditary factor VIII deficiency
 SEVERITY: Severe
 HTC: Demo Hemophilia Treatment Center
 PATIENT INDEPENDENCE: Yes
 PRIMARY INSURANCE: Demo Payer

Inhibitor Status	Current ABR (annualized)	Target Joints
Neg	6.0	1 Left Ankle

ALL TREATMENTS

REGIMEN: Prophylactic
 CURRENT MEDS: Hemlibra
 CONCOMITANT THERAPIES: Kovaltry (Episodic)
 ACTIVE NURSING: Yes VISITS: 4
 INFUSED BY: Caregiver

PRIOR TREATMENTS

REGIMEN: Prophylactic
 DRUG: Kovaltry END DATE: 3/7/2019
 REASON: Switched to Hemlibra Prophy and Kovaltry Episodic

CURRENT TREATMENT

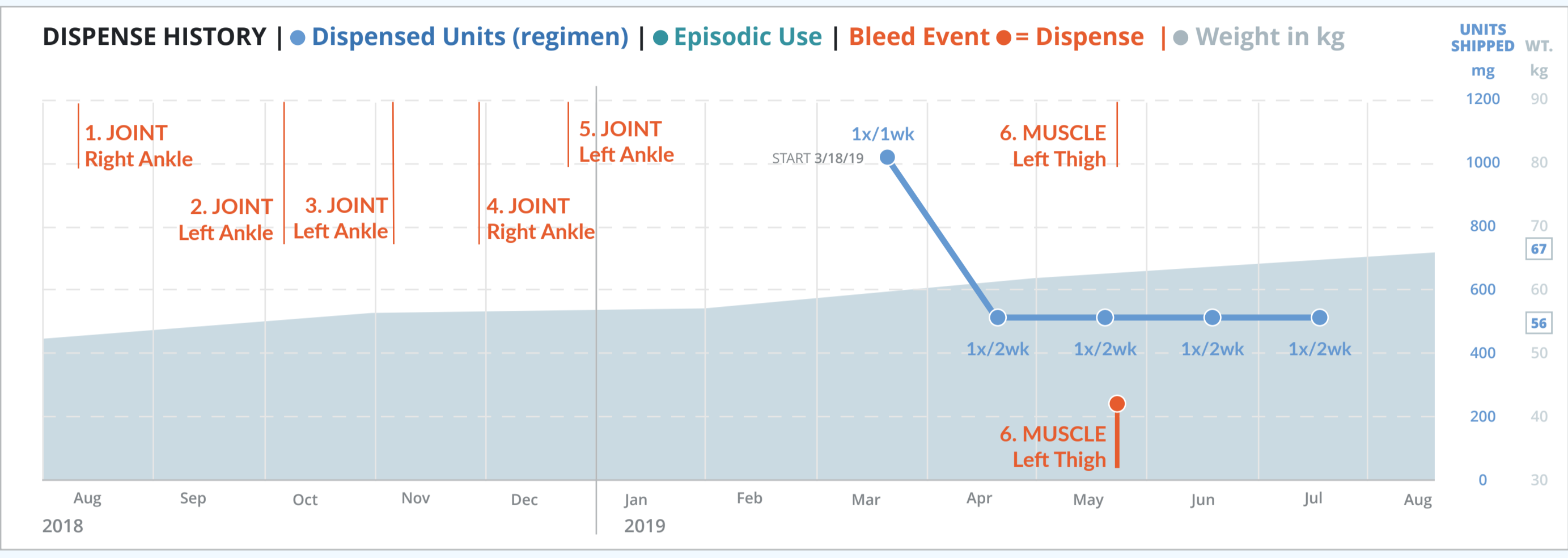
REPORT DATE RANGE: 08/01/2018 through 7/22/2019

^ **Hemlibra** 105 MG/0.7 ML (line 1) 150 MG/1 ML (line 2) REGIMEN: Prophylactic STATUS: Active

DISPENSES Prophy: Qty Dispenses: 5 Avg Vol: 612mg Total Vol: 3,060mg 93%
 DISPENSES Episodic: Qty Dispenses: 1 Avg Vol: 255mg Total Vol: 255mg 7%

PRESCRIPTION LABEL FIRST DISPENSE:
 Inject 255 mg (1.7 mL) subcutaneously weekly. Each dose is 1 vial of 105 mg + 1 vial of 150 mg = 255 mg (4 doses sent)

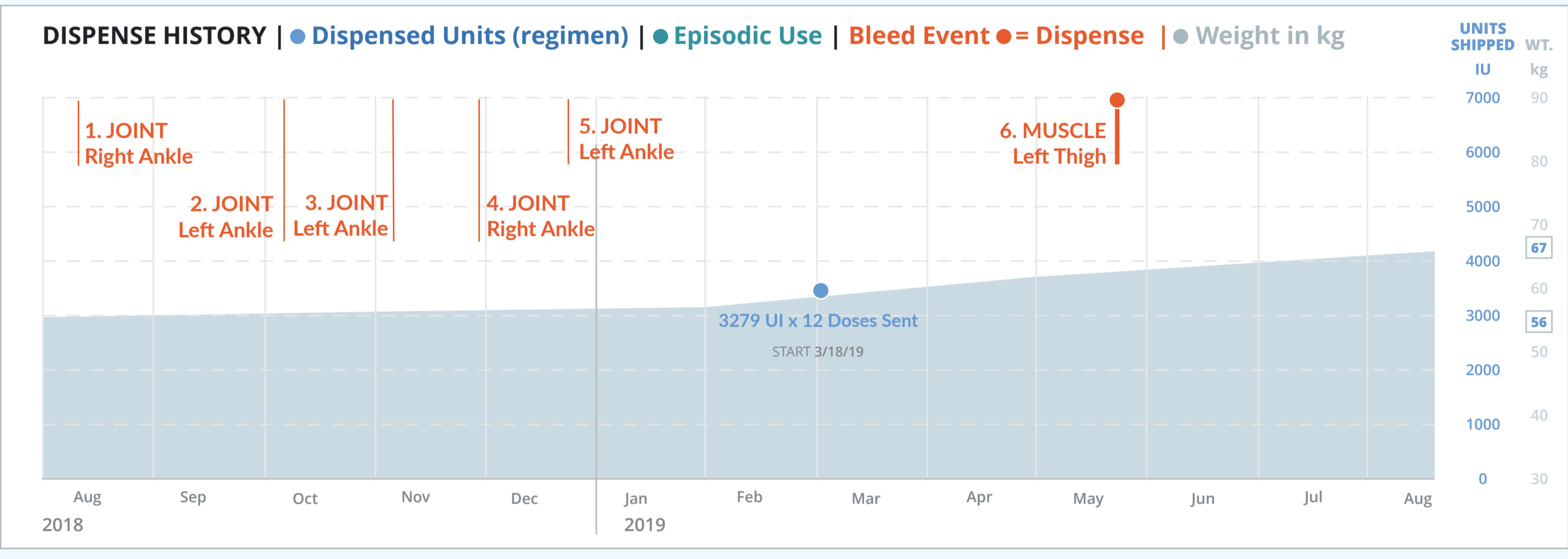
PRESCRIPTION LABEL:
 Inject 255 mg subcutaneously every 2 weeks. Each dose is 1 vial of 105 mg + 1 vial of 150 mg = 255 mg (2 doses sent)



^ **Kovaltry** 3287 IU/kg REGIMEN: Episodic STATUS: Active

DISPENSES Episodic: Qty Dispenses: 6 Avg Vol: 3,279 IU Total Vol: 19,674 IU

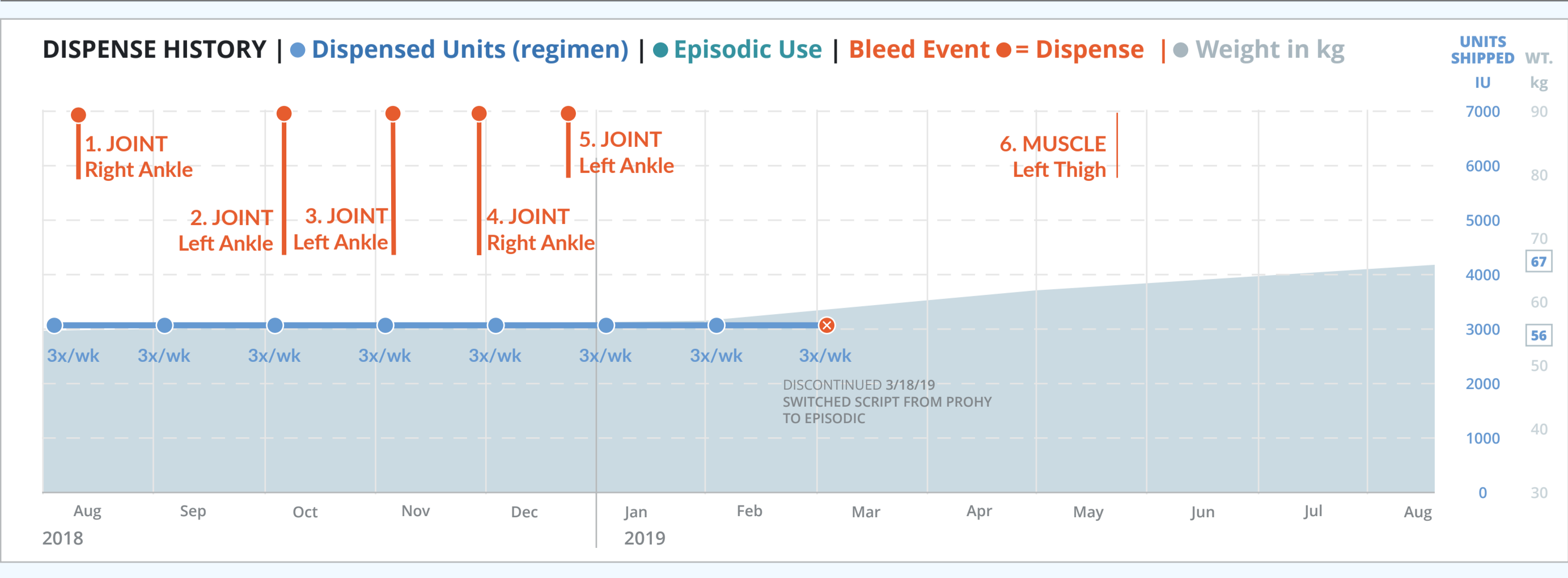
PRESCRIPTION LABEL:
 Infuse 3500 units (+/- 10%) IV every 12-24 hours as needed for breakthrough bleeding. Administer by slow intravenous injection over 1 to 15 minutes. Each dose is 1 vial of 3279 units (12 doses sent)



^ **Kovaltry** 3287 IU/kg REGIMEN: Prophylactic STATUS: Discontinued

DISPENSES Prophy: Qty Dispenses: 8 Avg Vol: 3,287 IU Total Vol: 29,296 IU 64%
 DISPENSES Episodic: Qty Dispenses: 5 Avg Vol: 3,287 IU Total Vol: 16,435 IU 36%

PRESCRIPTION LABEL:
 Infuse 3500 units (+/-10%) IV three times per week and once daily as needed for breakthrough bleeds. Administer by slow intravenous injection over 1 to 15 minutes. Each dose = 1 vial of 3287 units (15 doses sent).



PATIENT DETAILS	TODAY'S DATE	TRIO ID	PHYSICIAN	PHARMACY	PAGE
Demo Patient	07/22/2019	180303	JOHN SAMPLE	Demo Pharmacy Start: 1/16/17	2/3

DISPENSE SUMMARY

REPORT DATE RANGE:
08/01/2018 through 7/22/2019

PROPHYLAXIS 3,060 Units Hemlibra	Total Units Dispensed		EPISODIC 255 Units Hemlibra
29,296 Units Kovaltry	3,315 Units Hemlibra	48,970 Units Kovaltry	19,674 Units Kovaltry
64%		36%	

PROPHYLAXIS

Prophylactic Dispenses

	DISPENSES	AVG UNITS PER DOSE
Hemlibra	5	663
Kovaltry	8	6121
TOTALS	13	

REGIMEN FREQUENCY Hemlibra 1X / 2 WEEK
Kovaltry 3X / 1 WEEK

TOTAL PROPHYLAXIS DISPENSES 13

Total Bleeds



Target Joints

LEFT ANKLE

EPISODIC

Bleed Locations / # of Incidents

KEY LOCATIONS	LEFT	RIGHT
• Hand	0	0
• Wrist	0	0
• Elbow	0	0
• Shoulder	0	0
• Foot	0	0
• Ankle	4	1
• Knee	0	0
• Hip	0	0
TOTAL BLEEDS KEY LOCATIONS	4	1

OTHER LOCATIONS	LEFT	RIGHT
• Thigh	1	0
• Upper Arm	0	0
• Lower Arm	0	0
• Head	0	0
• Mouth	0	0
• Stomach	0	0
• GI	0	0
• Other	0	0
TOTAL BLEEDS OTHER LOCATIONS	0	1

OTHER EPISODES

Surgery Pre-Op	0
Surgery Post-Op	0
TOTAL BLEEDS OTHER EPISODES	0

TOTAL BLEED EVENTS 6

PATIENT DETAILS	TODAY'S DATE	TRIO ID	PHYSICIAN	PHARMACY	PAGE
Demo Patient	07/22/2019	180303	JOHN SAMPLE	Demo Pharmacy Start: 1/16/17	3/3

BREAKTHROUGH BLEEDS

REPORT DATE RANGE:
08/01/2018 through 7/22/2019

BLEED 6

INFUSION DATE: 5/28/19

DATE PHARMACY NOTIFIED: 6/10/19

PROMPT INFUSION: Yes

TREATMENT LOCATION: Home

Type of Bleed	Days to Resolve	Number of Infusions	Total Factor 1 Required
Muscle	1	1	7000 IU/kg

Bleed Area	Bleed Area	RICE Used	Factor Details
Thigh	Left Thigh	Rest Ice Compression Elevation	1. Kovaltry 7000 IU 2. Hemlibra 255mg

BLEED 5

INFUSION DATE: 12/24/18

DATE PHARMACY NOTIFIED: 1/4/19

PROMPT INFUSION: Yes

TREATMENT LOCATION: Home

Type of Bleed	Days to Resolve	Number of Infusions	Total Factor 1 Required
Joint	1	1	7000 IU/kg

Bleed Area	Bleed Area	RICE Used	Factor Details
Ankle	Left Ankle	Rest Ice Compression Elevation	1. Kovaltry

BLEED 4

INFUSION DATE: 11/29/18

DATE PHARMACY NOTIFIED: 12/6/18

PROMPT INFUSION: Yes

TREATMENT LOCATION: Home

Type of Bleed	Days to Resolve	Number of Infusions	Total Factor 1 Required
Joint	1	1	7000 IU/kg

Bleed Area	Bleed Area	RICE Used	Factor Details
Ankle	Right Ankle	Rest Ice Compression Elevation	1. Kovaltry

BLEED 3

INFUSION DATE: 11/5/18

DATE PHARMACY NOTIFIED: 11/14/18

PROMPT INFUSION: Yes

TREATMENT LOCATION: Home

Type of Bleed	Days to Resolve	Number of Infusions	Total Factor 1 Required
Joint	1	1	7000 IU/kg

Bleed Area	Bleed Area	RICE Used	Factor Details
Ankle	Left Ankle	Rest Ice Compression Elevation	1. Kovaltry

BLEED 2

INFUSION DATE: 10/5/18

DATE PHARMACY NOTIFIED: 10/9/18

PROMPT INFUSION: Yes

TREATMENT LOCATION: Home

Type of Bleed	Days to Resolve	Number of Infusions	Total Factor 1 Required
Joint	1	1	7000 IU/kg

Bleed Area	Bleed Area	RICE Used	Factor Details
Ankle	Left Ankle	Rest Ice Compression Elevation	1. Kovaltry

BLEED 1

INFUSION DATE: 8/5/18

DATE PHARMACY NOTIFIED: 9/10/18

PROMPT INFUSION: Yes

TREATMENT LOCATION: Home

Type of Bleed	Days to Resolve	Number of Infusions	Total Factor 1 Required
Joint	1	1	7000 IU/kg

Bleed Area	Bleed Area	RICE Used	Factor Details
Ankle	Left Ankle	Rest Ice Compression Elevation	1. Kovaltry