

SYNAGIS UTILIZATION UPDATE – 2014-15 SEASON

BACKGROUND

Palivizumab was licensed in June 1998 by the Food and Drug Administration for the reduction of serious lower respiratory tract infection caused by respiratory syncytial virus (RSV) in children at increased risk of severe disease. The Mississippi Division of Medicaid (DOM) supports the administration of Synagis® for children meeting the American Academy of Pediatrics (AAP) criteria for RSV immunoprophylaxis. On July 28, 2014, the AAP published their latest policy statement, “Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection” on-line in *Pediatrics*¹. At the August 2014 DUR Board Meeting the new guidelines the board voted to adopt the new guidelines as the criteria to be used by DOM for the 2014-15 Season.

PALIZUMAB UTILIZATION

Table 1 shows the total dollars paid for Synagis treatment by annual season and month and the percentage change during the 2014-15 season compared to the same month in the 2013-14 season. Overall, there has been a 48% decrease in expenditures this year. This is in line with the projected decrease in the number of patients treated due to the more restrictive treatment guidelines adopted for this season. The decrease in payments has varied somewhat by plan. The overall change in dollars paid for Synagis treatment so far this season for FFS is -43% compared to -41% for Magnolia and -59% for United Health Care.

TABLE 1: Total Dollars Paid By Season and Month					
Plan	Month	2012-13	2013-14	2014-15	Change 2013-14 to 2014-15
Total	October	\$631,705	\$276,265	\$203,566	-26.3%
	November	\$507,819	\$955,354	\$432,392	-54.7%
	December	\$1,031,228	\$1,150,556	\$598,613	-48.0%
FFS	October	\$494,537	\$78,878	\$50,556	-35.9%
	November	\$396,751	\$165,411	\$89,116	-46.1%
	December	\$394,775	\$211,316	\$121,090	-42.7%
Magnolia	October	\$69,748	\$174,957	\$145,019	-17.1%
	November	\$59,995	\$331,831	\$123,136	-62.9%
	December	\$359,676	\$473,603	\$314,627	-33.6%
UHC	October	\$51,257	\$19,818	\$5,380	-72.9%
	November	\$49,787	\$455,501	\$218,755	-52.0%
	December	\$263,470	\$461,660	\$162,896	-64.7%

¹ American Academy of Pediatric Committee on Infectious Diseases and Bronchiolitis Guidelines Committee. Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection. *Pediatrics*. Available at <http://pediatrics.aappublicaions.org/content/early/2014/07/23/peds.2014-1665>.

Table 2 shows the number of beneficiaries receiving Synagis treatment by annual season and month and the percentage change during the 2014-15 season compared to the same month in the 2013-14 season. Overall, there has been a 48% decrease in the number of beneficiaries treated. Again, this is in line with the projected decrease due to the more restrictive treatment guidelines adopted for this season. The decrease in beneficiaries also varied by plan. The overall the change in the number of beneficiaries treated so far this season for FFS is -47% compared to -44% for Magnolia and -53% for United Health Care.

TABLE 2: Number of Beneficiaries By Season and Month					
Plan	Month	2012-13	2013-14	2014-15	Change 2013-14 to 2014-15
Total	October	246	95	75	-21.1%
	November	207	346	161	-53.5%
	December	362	387	192	-50.4%
FFS	October	198	26	20	-23.1%
	November	172	75	35	-53.3%
	December	131	78	39	-50.0%
Magnolia	October	25	60	51	-15.0%
	November	21	117	43	-63.2%
	December	129	159	93	-41.5%
UHC	October	17	8	3	-62.5%
	November	13	153	82	-46.4%
	December	96	147	60	-59.2%

Table 3 shows the average dollars paid per beneficiary receiving Synagis treatment by annual season and month and the percentage change during the 2014-15 season compared to the same month in the 2013-14 season. The average cost per beneficiary was expected to be fairly constant based on the new guidelines resulting in younger/smaller infants being treated with lower doses that would offset price increases. Overall, the average payment per beneficiary treated increased only 0.3%. Again, this varied by plan. The overall change in payments/beneficiary treated so far this season for FFS is +9.0% compared to +6.8% for Magnolia and -12.3% for United Health Care.

TABLE 3: Dollars Paid/Beneficiary By Season and Month					
Plan	Month	2012-13	2013-14	2014-15	Change 2013-14 to 2014-15
Total	October	\$2,567.91	\$2,908.05	\$2,714.21	-6.7%
	November	\$2,453.23	\$2,761.14	\$2,685.66	-2.7%
	December	\$2,848.70	\$2,973.01	\$3,117.78	4.9%
FFS	October	\$2,497.66	\$3,033.78	\$2,527.78	-16.7%
	November	\$2,306.69	\$2,205.48	\$2,546.18	15.4%
	December	\$3,013.55	\$2,709.18	\$3,104.88	14.6%
Magnolia	October	\$2,789.93	\$2,915.95	\$2,843.52	-2.5%
	November	\$2,856.89	\$2,836.16	\$2,863.62	1.0%
	December	\$2,788.19	\$2,978.64	\$3,383.09	13.6%
UHC	October	\$3,015.15	\$2,477.31	\$1,793.27	-27.6%
	November	\$3,829.77	\$2,977.13	\$2,667.75	-10.4%
	December	\$2,744.48	\$3,140.54	\$2,714.93	-13.6%

Overall, the changes in utilization and cost for Synagis this season is in line with expectations based on the change in the treatment guidelines. However, the significant differences between the two coordinated care plans call for further analysis with respect to how the new guidelines were implemented. This will be addressed when MS-DUR provides the board a more detailed analysis of this Synagis season at the May DUR Board Meeting.

NO ACTION NEEDED: This is a report to the DUR Board on utilization trends in the three pharmacy plans for information and discussion purposes only. No action is being sought at this time.