

SYNAGIS UTILIZATION SUMMARY – 2014-15 SEASON

Version 07/17/2015

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 were presented to the board and the board voted to adopt them as the criteria to be used by DOM for the 2014-15 Season.

PALIVIZUMAB 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 39% 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 pharmacy program. The overall change in dollars paid for Synagis treatment this season for FFS is -55% compared to an average of -36% for the coordinated care programs. Although no large shift in beneficiaries occurred during these two seasons, some of the difference between the FFS program and the coordinated care programs may be due to changes in beneficiary enrollment.

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.aappublications.org/content/early/2014/07/23/peds.2014-1665>.

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	\$191,580	
	November	\$507,819	\$955,354	\$430,753	
	December	\$1,031,228	\$1,150,556	\$775,777	
	January	\$1,106,160	\$1,364,114	\$847,897	
	February	\$967,528	\$1,264,227	\$778,417	
	March	\$875,716	\$830,245	\$515,609	
	TOTAL	\$5,120,155	\$5,840,759	\$3,540,033	-39.4%
FFS	October	\$494,537	\$78,878	\$49,171	
	November	\$396,751	\$164,728	\$82,260	
	December	\$394,775	\$211,316	\$129,270	
	January	\$302,133	\$259,775	\$105,752	
	February	\$280,615	\$270,268	\$119,391	
	March	\$201,792	\$203,639	\$54,941	
	TOTAL	\$2,070,603	\$1,188,604	\$540,785	-54.5%
Magnolia	October	\$69,748	\$174,957	\$133,191	
	November	\$59,995	\$327,292	\$123,136	
	December	\$359,676	\$463,160	\$355,491	
	January	\$463,638	\$530,448	\$445,054	
	February	\$379,060	\$463,626	\$339,502	
	March	\$412,433	\$224,906	\$247,594	
	TOTAL	\$1,744,550	\$2,184,389	\$1,643,967	-24.7%
UHC	October	\$51,257	\$19,818	\$3,995	
	November	\$49,787	\$455,501	\$208,312	
	December	\$263,470	\$461,660	\$277,965	
	January	\$318,195	\$562,765	\$287,875	
	February	\$295,355	\$512,056	\$312,919	
	March	\$246,996	\$392,501	\$213,074	
	TOTAL	\$1,225,060	\$2,404,302	\$1,304,140	-45.8%

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 42% decrease in the number of beneficiaries treated. 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 pharmacy program. The overall change in the number of beneficiaries treated this season for FFS is -52% compared to an average of -39% for the coordinated care programs. Again, some of the difference between the FFS and coordinated care programs may be due to changes in overall program enrollment.

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	70	
	November	207	346	164	
	December	362	387	232	
	January	378	421	250	
	February	360	425	248	
	March	303	287	173	
	TOTAL Bene-Months		1,856	1,961	1,137
FFS	October	198	26	19	
	November	172	74	38	
	December	131	78	43	
	January	116	79	36	
	February	117	87	40	
	March	69	77	26	
	TOTAL Bene-Months		803	421	202
Magnolia	October	25	60	47	
	November	21	116	42	
	December	129	155	101	
	January	146	165	114	
	February	130	155	102	
	March	135	77	77	
	TOTAL Bene-Months		586	728	483
UHC	October	17	8	2	
	November	13	153	80	
	December	96	147	84	
	January	107	172	97	
	February	108	177	104	
	March	92	128	70	
	TOTAL Bene-Months		433	785	437

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 or to drop slightly based on the new guidelines resulting in younger/smaller infants being treated with lower doses that would offset price increases by the manufacturer. Overall, the average payment per beneficiary treated increased only 4.5%. Again, this varied by pharmacy program. The overall change in payments/beneficiary treated this season for FFS is -5.2% compared to an average of +5% for the coordinated care programs.

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	\$2,736.85	
	November	\$2,453.23	\$2,761.14	\$2,626.54	
	December	\$2,848.70	\$2,973.01	\$3,343.86	
	January	\$2,926.35	\$3,240.18	\$3,391.59	
	February	\$2,687.58	\$2,974.65	\$3,138.78	
	March	\$2,890.15	\$2,892.84	\$2,980.40	
	Season Avr.	\$2,758.70	\$2,978.46	\$3,113.49	4.5%
FFS	October	\$2,497.66	\$3,033.78	\$2,587.95	
	November	\$2,306.69	\$2,226.05	\$2,164.74	
	December	\$3,013.55	\$2,709.18	\$3,006.28	
	January	\$2,604.60	\$3,288.29	\$2,937.54	
	February	\$2,398.42	\$3,106.53	\$2,984.77	
	March	\$2,924.53	\$2,644.66	\$2,113.12	
	Season Avr.	\$2,578.58	\$2,823.29	\$2,677.15	-5.2%
Magnolia	October	\$2,789.93	\$2,915.95	\$2,833.86	
	November	\$2,856.89	\$2,821.49	\$2,931.81	
	December	\$2,788.19	\$2,988.13	\$3,519.71	
	January	\$3,175.60	\$3,214.83	\$3,903.98	
	February	\$2,915.84	\$2,991.14	\$3,328.45	
	March	\$3,055.06	\$2,920.86	\$3,215.50	
	Season Avr.	\$2,977.05	\$3,000.53	\$3,403.66	13.4%
UHC	October	\$3,015.15	\$2,477.31	\$1,997.66	
	November	\$3,829.77	\$2,977.13	\$2,603.90	
	December	\$2,744.48	\$3,140.54	\$3,309.11	
	January	\$2,973.78	\$3,271.89	\$2,967.78	
	February	\$2,734.77	\$2,892.97	\$3,008.83	
	March	\$2,684.74	\$3,066.42	\$3,043.92	
	Season Avr.	\$2,829.24	\$3,062.80	\$2,984.30	-2.6%

Overall, the changes in utilization and cost for Synagis this season are in line with expectations based on the change in the treatment guidelines. MS-DUR is working on an analysis of changes in rates for pneumonia and bronchitis due to respiratory syncytial virus (RSV) in the target population.

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