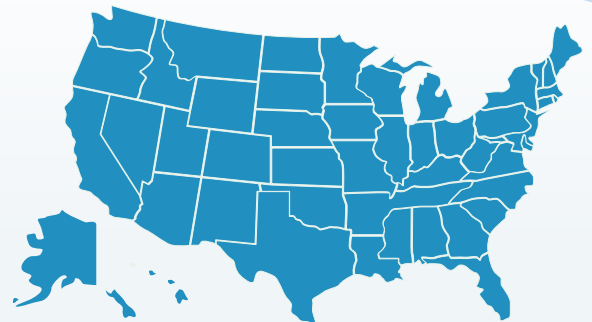




National Statistics

Respiratory Syncytial Virus



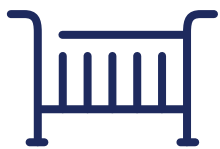
About Respiratory Syncytial Virus

Respiratory syncytial virus, or RSV, is a contagious seasonal respiratory virus that can cause bronchiolitis and pneumonia. It is also the leading cause of hospitalization in babies less than one year old.¹ RSV can be deadly for premature infants and at-risk infants with congenital heart disease or chronic lung disease.

Preventive treatment called palivizumab can protect infants from RSV, but national claims data shows certain babies aren't getting access to this FDA-indicated therapy.

National Health Plan Coverage & Access

A national data supplier provided palivizumab claims for Medicaid and commercial health plans across the nation from January 2019 through December 2019.



"Gap" Babies

Commercial Plans Denied

40%

Medicaid: **25%**

Health plans deny 40% of palivizumab prescriptions for premature infants born between 29 and 36 weeks gestation.



"In-Guidance" Babies

Commercial Plans Denied

25%

Medicaid: **14%**

One in every four prescriptions is denied for infants who should qualify for coverage under standard insurance policies.

This includes severely premature infants born before 29 weeks gestation, babies born before 32 weeks gestation who have chronic lung disease, and babies born with congenital heart disease.

Preventing RSV

Palivizumab reduces RSV infections and decreases hospitalizations by 55%.² But many private and government health plans regularly deny infants access to the medication even though it is FDA approved for all premature infants born before 36 weeks and all infants with congenital heart disease and babies born before 32 weeks with chronic lung disease.

Insurers often cover preventive treatment only for the most premature, those born before 29 weeks gestation. That means a majority of premature infants, those born between 29 and 36 weeks gestation, are left unprotected. These preterm infants are called “gap” babies due to the insurance coverage gap they fall into.



Perspective

Disparities in access stem from 2014 guidelines from the American Academy of Pediatrics Committee on Infectious Disease, which recommend limiting the medication to only severely premature infants. Since the implementation of these guidelines, studies have shown an increase in hospitalizations related to RSV.³

The data provided in this report card confirms that the guidelines have created substantial barriers for vulnerable infants whose health care providers prescribe preventive RSV therapy.

Reference

1. Nair H, Nokes DJ, Gessner BD, et al. Global burden of acute lower respiratory infections due to respiratory syncytial virus in young children: a systematic review and meta-analysis. *Lancet* May 1 2015; 375(9725):1545- 55.
2. The Impact-RSV Study Group. Palivizumab, a humanized respiratory syncytial virus monoclonal antibody, reduces hospitalization from respiratory syncytial virus infection in high-risk infants. *Pediatrics* Sep 1998; 102(3 Pt 1):531-7.
3. Kong AM, Krilov LR, Fergie J, et al. The 2014-2015 National Impact of the 2014 American Academy of Pediatrics Guidance for Respiratory Syncytial Virus Immunoprophylaxis on Preterm Infants Born in the United States. *Am J Perinatol.* 2018 Jan;35(2):192-200.



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