Immune Globulin Utilization and Drug Spend by Diagnosis Among ~1.5 Million Commercially Insured

Table 1. Medicare Compendia Diagnosis Categorization—Examples

<table>
<thead>
<tr>
<th>Category</th>
<th>Example diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product supported</td>
<td>Across the 662 Ig claims, 1,122 unique Ig supported diagnoses were found. Each</td>
</tr>
<tr>
<td></td>
<td>was supported by one Medigap-related compendium (Evidence Street, ICD-10 code,</td>
</tr>
<tr>
<td></td>
<td>and Medicare compendia)</td>
</tr>
</tbody>
</table>

Table 2. Distribution of Immune Globulin (Ig) Utilizations and Total Drug Spend by Medication Format

<table>
<thead>
<tr>
<th>Category</th>
<th>Ig Utilizations</th>
<th>Total Drug Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>724,000 Ig utilizations</td>
<td>$17,264,003</td>
</tr>
<tr>
<td>Medical</td>
<td>589 (81.4%)</td>
<td>$9,378,024 (54.3%)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>135 (18.6%)</td>
<td>$7,886,032 (45.7%)</td>
</tr>
</tbody>
</table>

Table 3. Distribution of Immune Globulin Utilizations and Total Drug Spend by Product and Site of Care—Among ~1.5 Million Commercial Members From January 2016 Through June 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Ig Utilizations</th>
<th>Total Drug Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>724,000 Ig utilizations</td>
<td>$17,264,003</td>
</tr>
<tr>
<td>Medical</td>
<td>589 (81.4%)</td>
<td>$9,378,024 (54.3%)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>135 (18.6%)</td>
<td>$7,886,032 (45.7%)</td>
</tr>
</tbody>
</table>

Table 4. Distribution of Immune Globulin Claims and Total By Product and Site of Care—Among ~1.5 Million Commercial Members From January 2016 Through June 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Ig Utilizations</th>
<th>Total Drug Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>724,000 Ig utilizations</td>
<td>$17,264,003</td>
</tr>
<tr>
<td>Medical</td>
<td>589 (81.4%)</td>
<td>$9,378,024 (54.3%)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>135 (18.6%)</td>
<td>$7,886,032 (45.7%)</td>
</tr>
</tbody>
</table>

Background

- Immune globulins (Ig) are costly specialty products used to treat immunodeficiencies and related disorders. Despite numerous clinical trials demonstrating Ig's effectiveness in treating various immune deficiencies, limited data are available on the type and amount of Ig prescribed and the reasons for utilization.
- U.S. Food and Drug Administration (FDA)-approved indications for Ig include primary immunodeficiencies (PI), inflammatory bowel disease (IBD), autoimmune and collagen vascular diseases, and hematologic malignancies.
- A wide array of available Ig products exist with varying levels of clinical evidence to support their use. For example, Medicare recognized Ig as a therapy category, but specific Ig indications were not listed. As a result, Ig claims were allowed with a diagnosis of miscellaneous immunodeficiency disease, if supported by evidence.
- In 2011, Medicare conducted a retrospective chart review of 234 patients with Ig utilizations in Canada from 2001 and 2003. The study demonstrated 17.4 percent and 28.5 percent of total Ig spend for Medicare Part B was supported. For example, if a member had both an FDA-approved ICD-10 code and a Medicare compendia supported diagnosis, the claim would be classified as “Medicare supported”.

Methods

- The objectives were: (1) to examine overall Ig utilization and Ig drug spend by diagnosis for potential management opportunities and (2) to assess the impact of evidence criteria on Ig spend.
- Commercial members from January to June 2016 were included in the analysis.
- No enrollment criteria were applied and members with third party payments were supported. For example, if a member had both an FDA-approved ICD-10 code and a Medicare compendia supported diagnosis, the claim would be classified as “Medicare supported”.

Results

- Approximately 1.5 million commercially insured individuals, 724,000 Ig utilizations identified (3.3% of total Ig spend, and 82 percent of overall Ig spend through home, office, and outpatient facility and accounted for their greatest Ig spend).
- 86 percent of claims for Ig were supported by both pharmacy and medical claims.
- 44 percent of total Ig spend was accounted for 54 percent of medical
- 54 percent of medical claims were billed through the outpatient facility and accounted for their greatest Ig spend.
- 40 percent of total Ig spend was accounted for 54 percent of medical
- 54 percent of medical claims were billed through the outpatient facility and accounted for their greatest Ig spend.

Objective

- The objective of examining integrated medical and pharmacy benefit claim data is to describe Ig utilization and spend by diagnosis for potential management opportunities.

Conclusions

- Because 26 percent of the total Ig spend was accounted for 54 percent of medical claims, and 82 percent of overall Ig spend through home, office, and outpatient facility, the total Ig spend was accounted for 54 percent of medical claims, and 82 percent of overall Ig spend through home, office, and outpatient facility.
- 40 percent of total Ig spend was accounted for 54 percent of medical claims, and 82 percent of overall Ig spend through home, office, and outpatient facility.

Limitations

- Data are limited to one commercial population in the Southern United States; therefore findings may not be generalizable to more pharmacy Ig utilizers
- 94 percent of Octagam spend was billed
- $946,194 (6.6%)
- $1,318,019 (37.0%)
- More pharmacy Ig utilizers
- 94 percent of Octagam spend was billed
- $946,194 (6.6%)
- $1,318,019 (37.0%)
- 372 (61 percent) of 609 Ig utilizers
- 98 (14 percent) of 724 Ig utilizers
- 20 of the 37 members did not
- 20 of the 37 members did not
- There is a paucity of data examining Ig utilization by diagnosis and proportion of Ig

References

- Patients with Ig claims through both medical and pharmacy benefits had their diagnoses grouped into three categories and hierarchically ordered as: (1) supported diagnoses (e.g., inflammatory demyelinating polyneuropathy (CIDP) and multifocal motor neuropathy (MMN/CIDP)); (2) supported diagnoses (e.g., inflammatory demyelinating polyneuropathy (CIDP) and multifocal motor neuropathy (MMN/CIDP)); (3) supported diagnoses (e.g., inflammatory demyelinating polyneuropathy (CIDP) and multifocal motor neuropathy (MMN/CIDP)).