BACKGROUND/OBJECTIVE:

- Immunoglobulins have been used on- and off-label for decades to treat diseases of the immune system—most often for autoimmune diseases such as chronic inflammatory demyelinating polyneuropathy (CIDP) and immunodeficiencies such as primary immune deficiency disorder (PIDD).
- Health care resource utilization for patients with CIDP was recently estimated using 2012 data from nine small US commercial health plans in the Accordant Health Services claims database.3
  - The most common therapy being prescribed to patients were intravenous immunoglobulin (IVIG) (34% of patients), gammagard (34%), and prednisone (34%).
  - The annual cost per patient was $46,053.5
- The objective of this study was to determine US payer needs for health economics and outcomes research (HEOR) data for IgG use in treating immune dysfunctions and to better understand payer rationale on managing various IgG products.

METHODS/STUDY DESIGN:

- Nine qualitative interviews with US payers (4 medical and 3 pharmacy director) were conducted to examine perspectives on IgG products, methods of IgG administration, and IgG product use for the treatment of CIDP and PIDD from June 4 to June 19, 2015, with members of the RTI-Health Solutions Payer Advisory Council.

CONCLUSIONS

- Payers generally felt the cost differences in route of administration (subcutaneous vs. intravenous), and site may not be as evident as previously reported.
- Payers generally thought that there could be some cost savings due to the route of administration in comparison to site of administration, payers did not consider reduced length of infusion time to be a primary driver of cost savings.
- Payers are uncertain of the total cost of therapy differences, stating that comparisons between intravenous and subcutaneous need to include acquisition costs and administration fees in a transparent manner.
- Payers are seeking more value-based information; emphasis needs to be on demonstrating value, comparative effectiveness, and cost offsets.
- Eight of nine payers considered the site of administration to be paramount in cost savings among patients receiving IgG.
- The general consensus of administration preference for IgG was a health clinic, at an infusion center when connected with the health plan, and at-home.
- Un-arranged infusion centers and hospitals can have significant impacts on the costs to the health plan and the patient, as well as the time necessary for treatment.
- In comparison to site of administration, payers did not consider reduced length of infusion time to have a significant impact on costs.

RESULTS

- US payers were asked specifically about coverage status and tier placement of specific IgG products (Carimune, Gamunex, Gammagard, Octagam, and Privigen) used in treating CIDP and PIDD.
- US payers whose plan did not require prior treatment failure before IgG, indicated that IgG is typically not a primary treatment of choice by patients.
- US payers are often uncertain about coverage status and tier placement of specific IgG products.
- The general consensus site of administration preference for IgG was at a health clinic, at an infusion center when connected with the health plan, and at-home.
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REFERENCES