Preventing RSV Should Not Be a Fight

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The Alliance for Patient Access (allianceforpatientaccess.org), founded in 2006, is a national network of physicians dedicated to ensuring patient access to approved therapies and appropriate clinical care. AfPA accomplishes this mission by recruiting, training and mobilizing policy-minded physicians to be effective advocates for patient access. AfPA is organized as a non-profit 501(c)(4) corporation and headed by an independent board of directors. Its physician leadership is supported by policy advocacy management and public affairs consultants. In 2012, AfPA established the Institute for Patient Access (IfPA), a related 501(c)(3) non-profit corporation. In keeping with its mission to promote a better understanding of the benefits of the physician-patient relationship in the provision of quality healthcare, IfPA sponsors policy research and educational programming.

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Preventing COVID-19 is not the only fight parents may face this winter. They may also battle to shield their infant from a deadly respiratory syncytial virus. And their insurers may not be as cooperative as one would hope.

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RSV is the leading cause of hospitalizations among babies less than one-year-old. (1) Among high-risk infants, the virus is associated with prolonged intensive care and mechanical ventilation. (2) Preventive treatment, called palivizumab, decreases RSV-related hospitalizations and reduces infections by 55%.(3) Despite palivizumab's effectiveness, health insurers regularly deny access to the treatment.

In fact, a report card from the Institute for Patient Access shows commercial health plans reject 40% of prescriptions for infants born prematurely between 29 and 36 weeks' gestation. Under Medicaid, prescriptions are rejected for one in four of these infants. (4) The report card is based on nationwide claims data from January through December 2019. "Insurers often cover preventive treatment only for the most premature, those born before 29 weeks gestation," according to the report card. Even then, 25% of those severely premature babies have their palivizumab prescription rejected by a commercial insurance plan. (4)

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In 2014, its Committee on Infectious Disease recommended limiting palivizumab to only severely premature infants born before 29 weeks gestation. This recommendation, however, is more limiting than the medication's FDA label. Palivizumab is indicated for three groups:

1. All babies with congenital heart disease
2. All premature infants born before 36 weeks gestation
3. Babies born before 32 weeks gestation with chronic lung disease

Health care providers understand the FDA label and prescribe palivizumab for infants who need it. Health insurers that deny access to the therapy do so against providers' medical judgment and knowledge of their patients' health.

Insurance denials leave babies vulnerable to contracting RSV, experiencing unnecessary hospitalization and susceptible to its long-term consequences. Meanwhile, parents are left reeling and