

In every issue, Facts & Figures provides snapshots of information key to managed care oncology professionals. This installment features data regarding lymphoma. We continue to include topical “Stakeholder Insights” as well as “Claims Benchmarks” from proprietary ICORE Healthcare medical pharmacy data. We hope you find these facts and figures of value as you review your own health plan data.

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According to the National Cancer Institute’s SEER (Surveillance Epidemiology and End Results) data, an estimated 74,030 U.S. residents were likely to have received a diagnosis of lymphoma in 2010. Lymphoma is a relatively low-incidence cancer, roughly one-third that of lung cancer, for example.¹ The majority of the diagnosed cases (88.5%), as well as deaths (93.9%), are attributed to non-Hodgkin lymphoma.

Estimated New Cases and Deaths for Lymphoma by Sex, U.S., 2010

	Estimated Diagnosis			Estimated Deaths
	Male	Female	Total	Total
Total lymphoma	40,050	33,980	74,030	21,530
Non-Hodgkin lymphoma	35,380	30,160	65,540	20,210
Hodgkin lymphoma	4,670	3,820	8,490	1,320

Median age of lymphoma diagnosis is 64, and median age at death is 75. The overall five-year relative survival for 2001 to 2007 from 17 SEER geographic areas was 69.7%. If diagnosed with localized or regional disease, the five-year relative survival data are well above the 17 SEER area average.

Stage Distribution and Five-Year Relative Survival by Stage at Diagnosis for 2001 to 2007, All Races, Both Sexes

Stage at Diagnosis	Stage Distribution (%)	Five-Year Relative Survival (%)
Localized (confined to primary site)	27	81.9
Regional (spread to regional lymph nodes)	19	76.7
Distant (cancer has metastasized)	46	60.2
Unknown (unstaged)	8	65.8

Stakeholder Insights

For this issue of *ManagedCare Oncology*, ICORE Healthcare called upon our industry colleagues at The Zitter Group to provide data from their most recent syndicated payor research, the *Managed Care Oncology Index* released this past summer.² Data in the chart below illustrate payor management priorities by specific cancer subtypes.

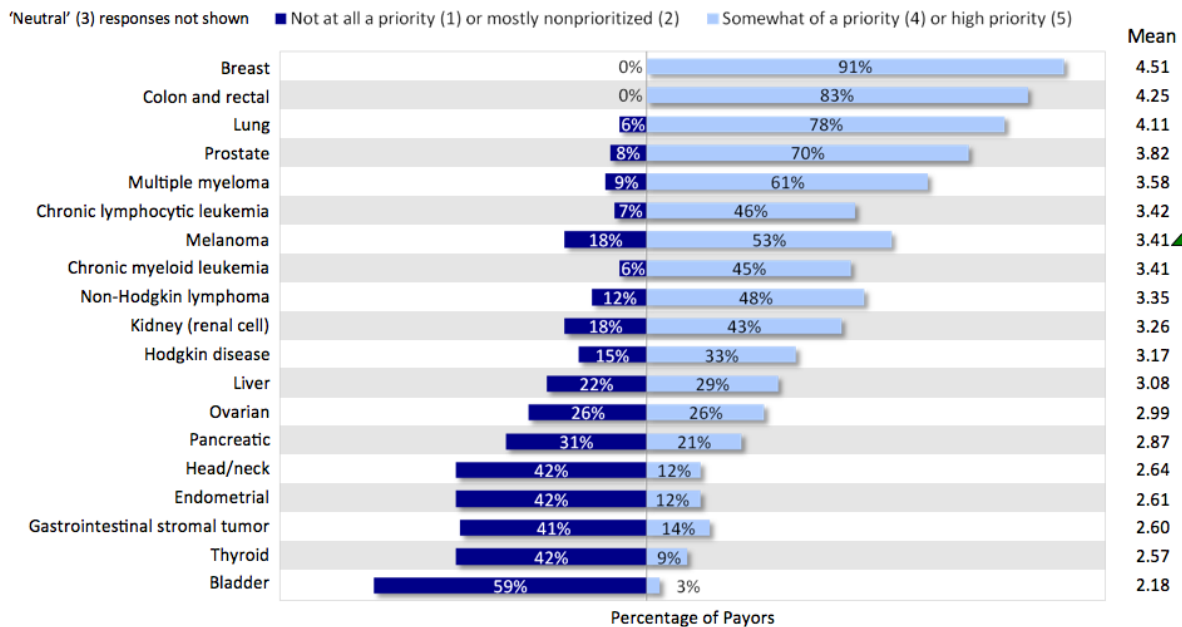
Non-Hodgkin lymphoma is not among the top five management priorities noted by these payors, though it is represented in the next tier down. Just under half the payors (48%) note it as somewhat/high, while Hodgkin disease is somewhat less concerning with one-third of the payors noting the same.

Key Findings

- The top four most prevalent cancer types — breast, colon, lung, and prostate — remain payors' top priorities; melanoma priority has increased significantly from six months ago, likely due to new market entrants.

Cancer Subtype Management Priorities

How Do You Prioritize Management for the Following Cancer Subtypes?



Payors n = 101

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The Managed Care Oncology Index • Summer 2011 • 1

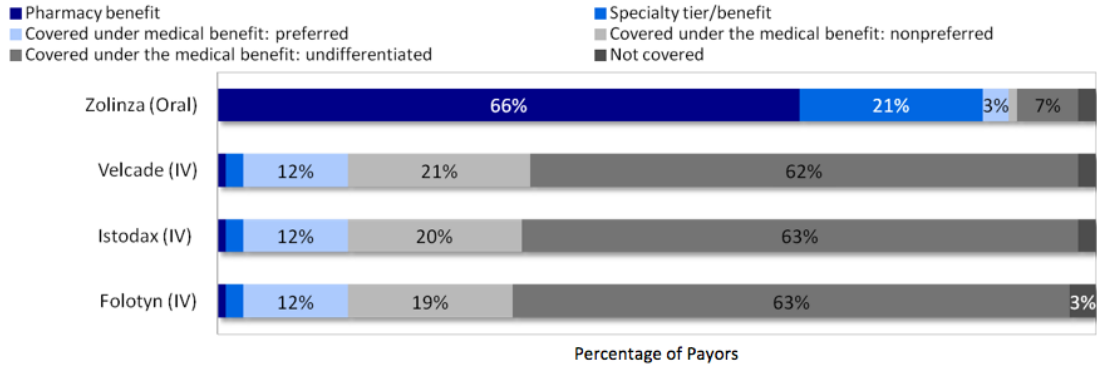
The following two charts illustrate payor benefit design and prior authorization (PA) rates for selected drug therapies. Virtually all the payors in this Zitter Group survey reported these IV lymphoma therapies are covered under the medical benefit, with only 12% preferring the IV product under the medical benefit at their plan. Conversely, just 11% of payors reported the oral medication Zolinza to be covered under the medical benefit, with an additional 3% covering it under the medical benefit as a preferred product.

Approximately one-third to one-half of the payors in the survey reported requiring a PA for these lymphoma therapies, the lowest being 33% for Folutyn and 34% for Istodax, respectively. Zolinza has a PA rate reported at twice that level, 66%.

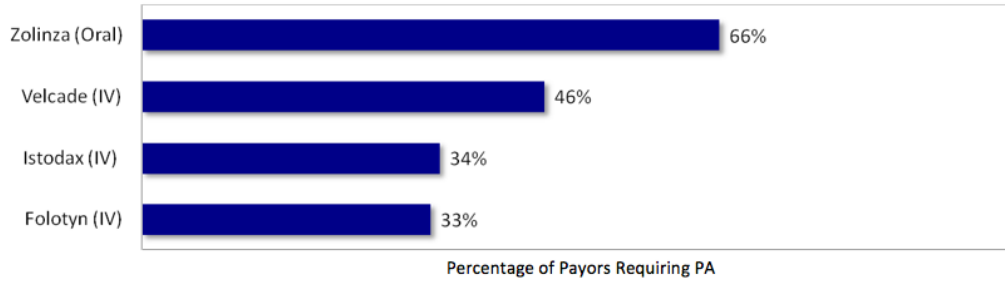
Note: Prior authorization rates are from the Winter 2011 edition

Lymphomas

Benefit Classification



Prior Authorization Rates

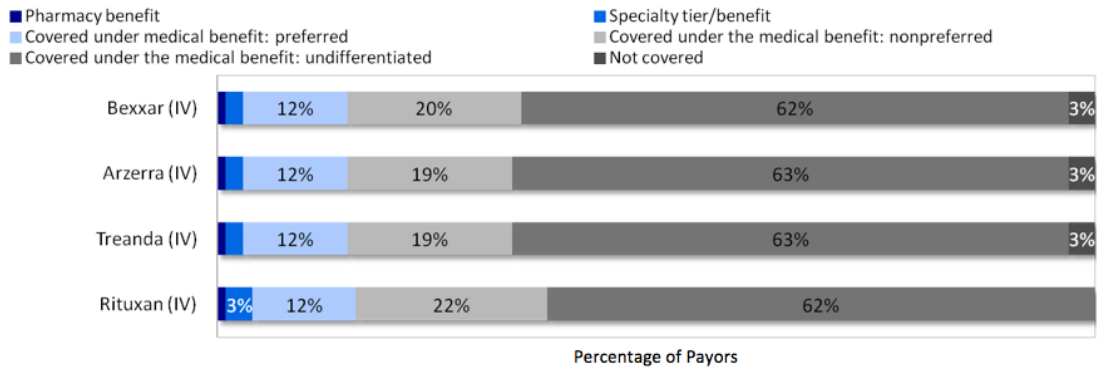


Payors n = 101

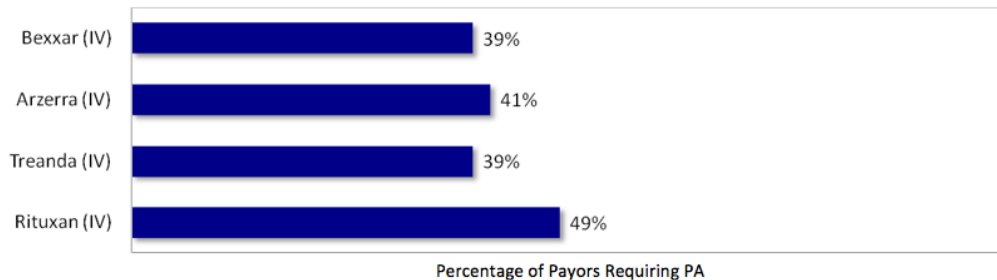
Note: Prior authorization rates are from the Winter 2011 edition

Non-Hodgkin Lymphoma

Benefit Classification



Prior Authorization Rates



Payors n = 101

Claims Benchmarks

ICORE Healthcare analyzed paid medical claims for members at 10 health plans for calendar year 2010 with a lymphoma or non-Hodgkin lymphoma diagnosis (Primary ICD-9 Diagnosis Codes 200 or 201, respectively). The table below illustrates these claims across all lines of business and all sites of care. On average, these health plans allowed \$3.9 million dollars in drug claims per 1 million member lives for the care of patients with one of these lymphoma diagnosis codes. Consistent with the average age at diagnosis of 64 years, these claims data show a higher allowed amount per million lives among the Medicare book of business than among commercial. Most of these claims reflect services received in the physician office setting, which tends to be one of the more economical sites of care for all stakeholders.

Medical Claims for Diagnosis Code 200 or 201 per 1M Lives

	Average Allowed per 1M Lives	Average Units per 1M Lives	Average Claims per 1M Lives	Average Members per 1M Lives
Grand Total	\$3,936,825.59	105,320	5,865	1,520
All Lines of Business				
Medicare	\$4,998,063.01	118,935	6,371	1,635
Commercial	\$1,036,730.75	30,017	2,223	587
Medicaid	\$49,301.02	69,442	422	109
All Sites of Service				
Physician	\$3,608,795.29	82,716	5,689	1,301
Hospital	\$580,615.02	18,460	552	235
Home Infusion/Specialty Pharmacy	\$196,416.73	19,708	215	106
Other	\$20,172.88	5,123	171	122

Lymphoma has numerous subdiagnoses. The table below illustrates the top 15 based on the average allowed amount of claims per one million lives. Mantle cell lymphoma, lymphosarcoma, large-cell lymphoma, and reticulosarcoma appear to be the higher-cost claims paid by these health plans.

Top 15 Diagnoses – Average Allowed Claims per 1M Lives

	Average Allowed per 1M Lives	Average Units per 1M Lives	Average Claims per 1M Lives	Average Members per 1M Lives
Mantle cell lymphoma, lymph nodes of inguinal region and lower limb	\$975,663.05	4,365	731	83
Lymphosarcoma, unspecified site, extranodal and solid organ sites	\$838,687.99	30,001	924	146
Large-cell lymphoma, lymph nodes of head, face, and neck	\$729,400.73	10,423	1,022	179
Lymphosarcoma, lymph nodes of multiple sites	\$669,329.42	23,800	449	81
Reticulosarcoma, lymph nodes of head, face, and neck	\$507,239.92	8,333	414	100
Reticulosarcoma, unspecified site, extranodal and solid organ sites	\$505,650.76	4,606	529	156
Mantle cell lymphoma, unspecified site, extranodal and solid organ sites	\$484,734.07	8,056	539	152
Marginal zone lymphoma, lymph nodes of axilla and upper limb	\$478,748.68	17,076	291	117
Large-cell lymphoma, lymph nodes of multiple sites	\$450,222.28	12,664	660	179
Marginal zone lymphoma, lymph nodes of multiple sites	\$436,974.75	7,108	465	139
Reticulosarcoma, lymph nodes of multiple sites	\$434,486.59	1,021	120	23
Marginal zone lymphoma, unspecified site, extranodal and solid organ sites	\$419,401.96	5,729	493	217
Hodgkin paraneoplasia, unspecified site, extranodal and solid organ sites	\$277,572.11	4,854	699	100
Large-cell lymphoma, unspecified site, extranodal and solid organ sites	\$270,509.46	4,375	725	157
Other named variants of lymphosarcoma and reticulosarcoma, unspecified site, extranodal and solid organ sites	\$264,712.09	2,439	505	122



Analyzing the top 10 drugs on these lymphoma patient claims, ICORE Healthcare found that Rituxan and Treanda are the most highly utilized chemotherapies, followed by Velcade. In addition, supportive care with Neulasta and/or Aloxi was utilized quite often in conjunction with chemotherapy treatments for lymphoma. How does your plan compare?

Top 10 Drugs – Average Allowed Claims per 1M Lives for Primary ICD-9 Diagnosis Codes 200 or 201

	Average Allowed per 1M Lives	Average Units per 1M Lives	Average Claims per 1M Lives	Average Members per 1M Lives
Rituxan	\$2,819,531.84	4,644	667	181
Treanda	\$1,137,298.64	59,000	361	43
Neulasta	\$970,499.13	337	335	105
Mozobil	\$183,900.69	388	11	11
Velcade	\$181,541.87	4,580	131	22
Elitek	\$114,387.28	536	36	9
Fludara	\$103,022.55	455	76	24
Aloxi	\$97,586.03	4,755	541	115
Doxil	\$86,460.76	175	42	12
Gemzar	\$62,264.16	416	70	24

References

1. SEER stat fact sheets: lymphoma. National Cancer Institute website. <http://seer.cancer.gov/statfacts/html/lymph.html#incidence-mortality>. Accessed September 26, 2011.
2. *The Managed Care Oncology Index*: Summer 2011. © 2011 The Zitter Group. Used with permission.
3. ICORE Healthcare, medical pharmacy paid claims, 12 months ending December 2010, multiple health plans across all lines of business and all sites of service.