American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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Dear Medical Director:

The American Academy of Pediatrics (AAP) is a professional medical society of over 62,000 pediatricians, pediatric medical sub-specialists and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents and young adults. I am writing to you to advocate for appropriate benefits coverage and payment for Deflux treatment for children with vesicoureteral reflux.

Vesicoureteral reflux is present in up to one third of children who have been diagnosed with a urinary tract infection.[1] If left unrecognized and untreated, urinary infections will recur and permanent renal damage may ensue.[2] Recurrent infections even without renal damage also require doctor or emergency room visits, hospitalizations, loss of time in school and loss of work for caregivers. Most children with lower grades of reflux will outgrow the condition, but this can take many years. Not all will outgrow the problem, and as the grade of reflux increases, the likelihood of spontaneous resolution diminishes. Treatment options include long term antibiotic prophylaxis until reflux resolves, anti-reflux surgery or endoscopic intervention with Deflux. The choice of therapy depends upon reflux grade, child age, family compliance and family preference.[3]

Deflux or dextranomer/hyaluronic acid has been FDA approved since 2001. It is a bulking agent which when injected into the ureteral orifice restores the function of the anti-reflux valvular mechanism. Deflux treatment requires cystoscopy under a brief general anesthetic in an outpatient setting. At times, two injections spaced several months apart are needed to achieve success. Success rates vary from 70% to over 90%. [4] If reflux is eliminated, antibiotic prophylaxis can be stopped; long term follow up can be curtailed; and repetitive cystograms to assess the status of reflux can be avoided. Deflux therapy can be opted when reflux is first diagnosed, or after a number of years of prophylaxis, or after failed open anti-reflux surgery. The American Urologic Association has endorsed Deflux as an option for surgical treatment. [5]

Deflux treatment, therefore, is a well-accepted standard of care. It should be available to all children with vesicoureteral reflux. Denial of coverage can be injurious to the child. In the long run, successful intervention with Deflux can also be cost effective—reducing the need for additional medical and surgical interventions and repetitive radiographic evaluations.

I look forward to your response regarding your health plans benefits coverage for Deflux treatment. The AAP is actively engaged in identifying and developing resources for the early treatment of children with vesicoureteral reflux, and is poised to work with health plans and payers for appropriate benefits coverage that

achieves the goals of improving quality of care and managing costs in a model of care that ensures children and families have access to appropriate care.

Should you require additional information regarding Deflux treatment of vesicoureteral reflux, please contact Kathleen Ozmeral, AAP staff manager to the AAP Section on Urology at kozmeral@aap.org

Sincerely,

Benard P. Dreyer, MD, FAAP
President

BPD/ko

References

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