## Background Context

**PANDAS/PANS** are terms used to describe a subset of children with symptoms that include a sudden onset of **OCD** and/or **tic disorders** co-occurring with a collection of neuropsychiatric symptoms usually following an infection. PANDAS is classified as a subset of PANS, hypothesized by some to be triggered by a response to Strep bacteria.

**PANDAS/PANS** has been primarily described in children between the ages of 3 and 12; the exact prevalence and age distribution of PANDAS/PANS is unknown. Much remains unknown about PANDAS/PANS. Controversy exists regarding whether PANDAS differs enough from other disorders to warrant a different diagnostic category.

## Medical Effectiveness

The body of research on PANDAS/PANS is small (number of studies and sample sizes of available studies). CHBRP found:

- **Insufficient evidence** on the effectiveness of CBT, psychotropics, NSAIDs, corticosteroids, plasma exchange, rituximab, mycophenolate mofetil, and vitamin D in reducing or eliminating the prominent symptoms associated with PANDAS/PANS.

- **Inconclusive evidence** on the effectiveness of antibiotics and IVIG in reducing or eliminating the prominent symptoms associated with PANDAS/PANS.

## Insurance Subject to the Mandate

- **CDI and DMHC Regulated (Commercial & CalPERS)**
- **Medi-Cal (DMHC Regulated)**
- **Federally Regulated (Medicare beneficiaries, self-insured, etc.)**

## Benefit Coverage and Utilization

CHBRP estimates 670 enrollees have a PANDAS/PANS diagnosis.

At baseline, 100% of enrollees have coverage for diagnostic tests and all treatments except intravenous immunomodulating therapies, therefore there would be no change in utilization.

0% of enrollees have coverage for intravenous immunomodulating therapies at baseline.

Postmandate, an additional 90 enrollees would receive **IVIG** at least once per year, 22 would receive 3 infusions of **rituximab** per year, and 0 would receive **plasma exchange**. Coverage would remain subject to prior authorization.

## Cost Impacts

AB 907 would increase total net annual expenditures by $2,992,000 or 0.002% for enrollees with DMHC–regulated plans and CDI–regulated policies.

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California Health Benefits Review Program (CHBRP), California Department of Insurance (CDI), California Department of Managed Health Care (DMHC), Cognitive Behavioral Therapy (CBT), Intravenous Immunoglobulin (IVIG), Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Obsessive Compulsive Disorder (OCD), Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS), Pediatric Acute-onset Neuropsychiatric Syndrome (PANS)