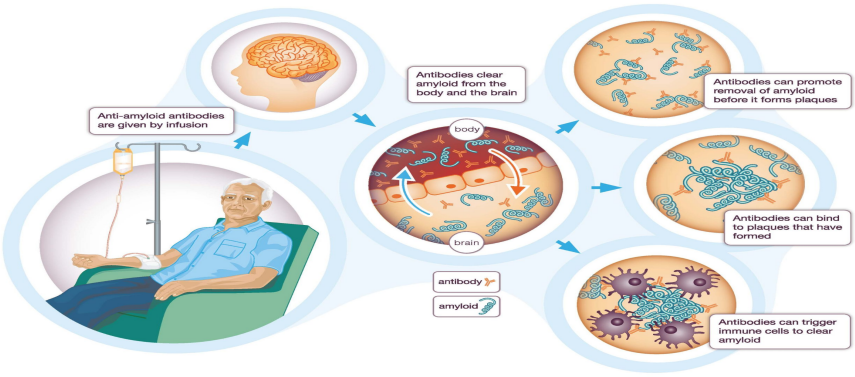
Novel Alzheimer Disease Treatments and Reconsideration of US Pharmaceutical Reimbursement Policy



This article discusses the concept that the US healthcare system may have to reconsider the ways in which pharmaceutical reimbursement policies are established. Common conditions such as Alzheimer's and obesity are affecting the population in greater numbers than before. New treatments have emerged that in some clinical trials have shown efficacy but are expensive. The rise in patients affected by these diseases, patient population inequities for access to care and the costs of treatments coupled with government barriers to assistance are all considered in this article.

Due to the rising numbers of US citizens needing expensive treatments, there may be more pressure on the US healthcare system to offer coverage and patient expense assistance. Alzheimer's affects more than 5 million U.S residents. Monoclonal antibody treatments for Alzheimer's such as Donanemab and Lecanemab have shown through trial, the ability to slow the progression in patients with mild to moderate stage Alzheimer's Disease. The estimated costs per patient are $78,700 over the course of treatment and follow-up expenses as well. The Centers for Medicare and Medicaid services (CMS) have to determine national coverage in cases like these. Previously monoclonal antibody treatments have been covered; however they have led to an increase in overall Part B premiums.

An increase in premiums for Medicare services is one of the concerns surrounding coverage of treatments with costs comparable to those of Donanemab. Other factors include that treatments like these require more trips to clinical services and infusions. Patients often have transportation restrictions, and fairness to different populations of patients. For example, black patients have Alzheimer's disease at a higher rate than other groups and are 1.5 times more likely to be uninsured than white patients. Also, patients who do not qualify for Medicaid but are lower income will have disproportionate access to these treatments. Finally, if the government finds a way to subsidize care for these underinsured or uninsured patients, then other conditions with similar health outcomes to Alzheimer's would in fairness require treatment as well.

The few ways to mitigate these costs are by ways such as, stopping treatments once amyloids are cleared. By multiple drugs being approved for the same indication and one being preferred

by patients and providers to create price negotiation with manufacturers. Even by CMS capping patients out of pocket costs. This however deters the manufacturers from ever dropping their list price. Overall coverage for these efficacious treatments in the US is becoming more of an important conversation because there is an increased need for treatment. The US reimbursement system does not consider cost effectiveness and the need for equity in its coverage determinations at this point. The growing need by US citizens however, may push for reconsideration in those policies. The desired outcome is a system where the US considers cost, effectiveness and the different populations affected needing prescription coverage.

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