

# High costs for myeloma patients not getting low-income subsidy

31 May 2017



\$6. LIS receipt correlated with a 32 percent increased probability of receiving IMiDs among beneficiaries aged 75 to 84 years, and, in all groups, with a significantly lower risk of delays between refills (adjusted relative risk, 0.54). There was no significant difference in duration of therapy for LIS recipients and nonrecipients (median, 7.6 months). Significantly fewer emergency department visits and hospitalizations were seen for patients treated with IMiDs versus those receiving bortezomib without IMiDs.

"Medicare beneficiaries with myeloma who do not receive LISs face a substantial financial barrier to accessing orally administered anticancer therapy, warranting urgent attention from policymakers," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

(HealthDay)—There is a substantial financial burden for Medicare beneficiaries with myeloma who do not receive a low-income subsidy (LIS) for orally-administered anticancer therapy, according to a study published online May 25 in the *Journal of Clinical Oncology*.

Adam J. Olszewski, M.D., from Rhode Island Hospital in Providence, and colleagues identified Part D beneficiaries diagnosed with myeloma in 2007 to 2011. In multivariable models adjusted for sociodemographic and clinical characteristics, the authors analyzed the correlation between LIS and use of immunomodulatory drug (IMiD)-based [therapy](#), delays between IMiD refills, and select health outcomes.

The researchers found that 41 percent of 3,038 beneficiaries received first-line IMiDs. For the first IMiD prescription, the median out-of-pocket cost was \$3,178 and \$3 for LIS nonrecipients and recipients, respectively; for the first year of therapy the corresponding median costs were \$5,623 and

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