

# Impact of key reforms of the Inflation Reduction Act on Patient Access and Affordability in Medicare

Conducted by IQVIA on behalf of the PAN Foundation

# Medicare patient need following the passage of the Inflation Reduction Act (IRA)

## High-Cost Therapeutic Areas (TAs) Analyzed

### High-Cost Therapeutic Area

Prostate Cancer

Breast Cancer

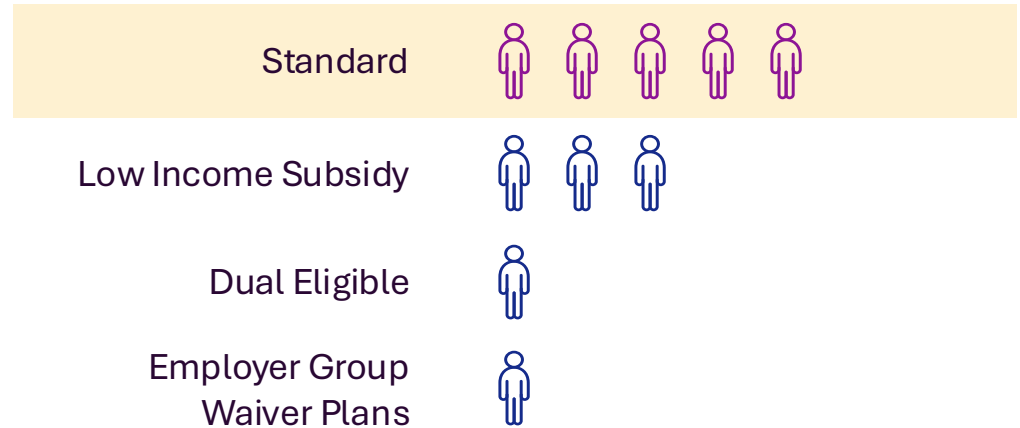
Multiple Sclerosis

Rheumatoid Arthritis

Pulmonary Arterial Hypertension

Source: US Market Access Strategy Consulting analysis

## Medicare Patient Benefit Types

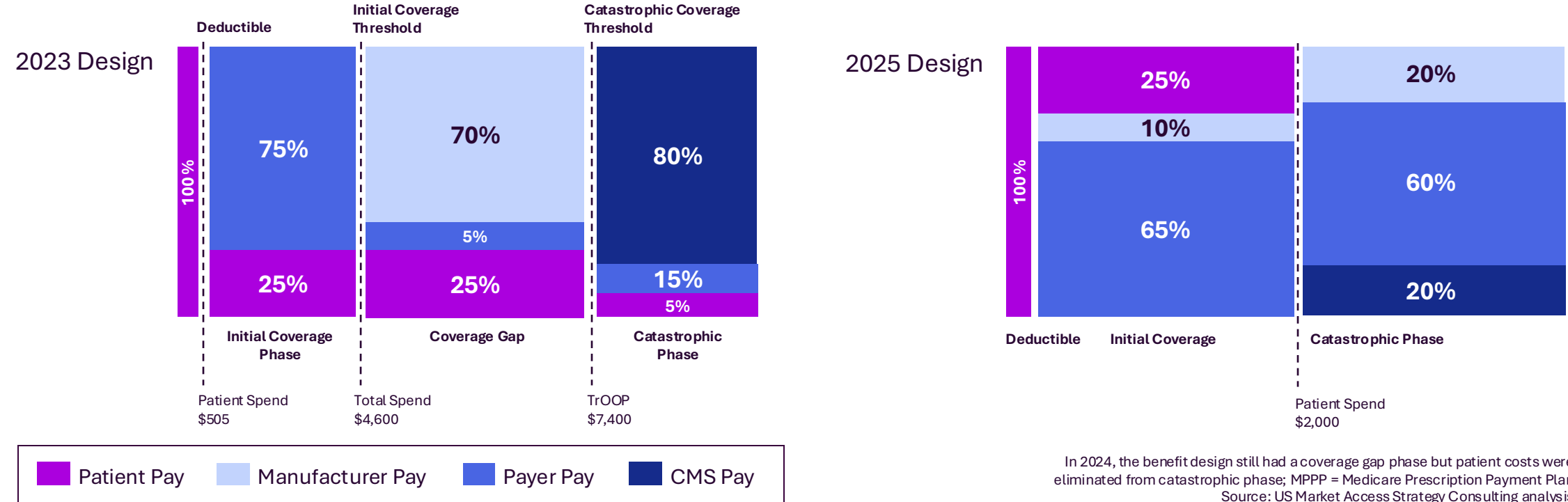


In 2025, standard patients make up about **half the patients in the high-cost TAs of interest**

These are the patients who most commonly receive foundation support, who were most impacted by the IRA, and are the focus of this presentation

# Two key Inflation Reduction Act changes impacting patient costs were implemented in 2025: the \$2K Part D cap and the Medicare Prescription Payment Plan (MPPP)

## Medicare Part D Standard Patient Benefit Design 2023 vs 2025

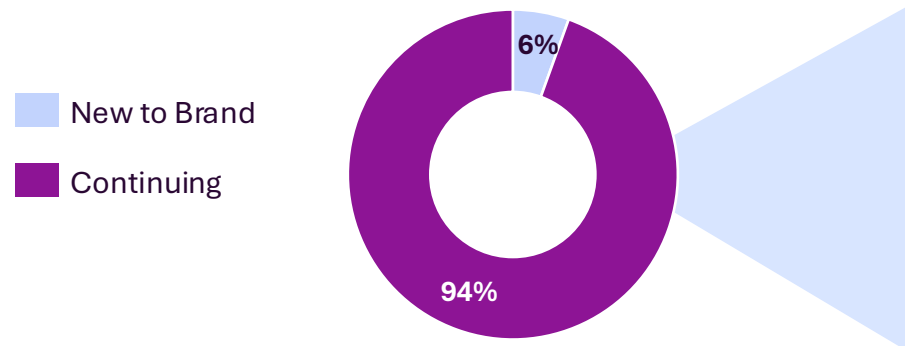


In 2024, the benefit design still had a coverage gap phase but patient costs were eliminated from catastrophic phase; MPPP = Medicare Prescription Payment Plan  
 Source: US Market Access Strategy Consulting analysis

# Patients continuing therapy face high Part D costs early in the year when benefit design resets, but they quickly benefit from the \$2K Part D cap

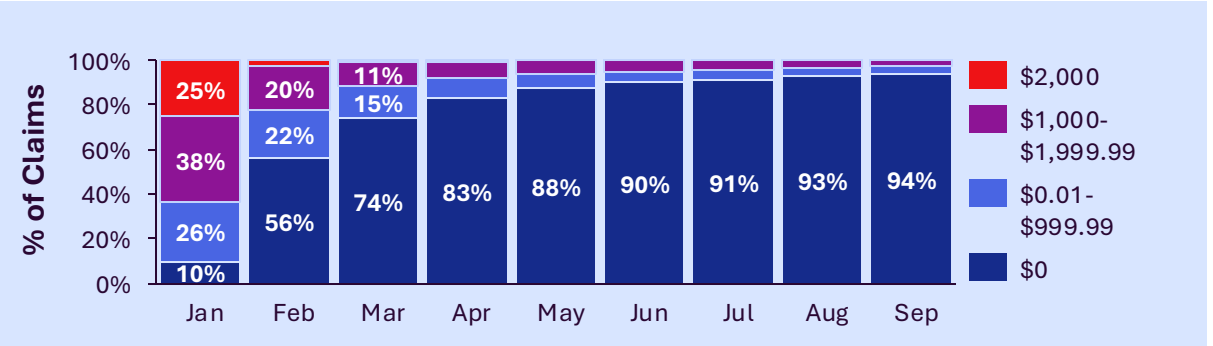
## What proportion of claims for high-cost therapies come from Continuing patients?

(Standard Medicare patients; Approved claims; Jan – Sep 2025)



## How much do Continuing patients pay each month for high-cost therapies?

(Standard Medicare patients; Approved claims; Jan – Sep 2025)



### KEY TAKEAWAYS

Most Medicare claims each year are written for patients who have filled the brand before (“Continuing patients”)

These continuing patients face high Part D costs at the beginning of the year until they hit the \$2K out-of-pocket cap, but then face \$0 Part D costs afterward

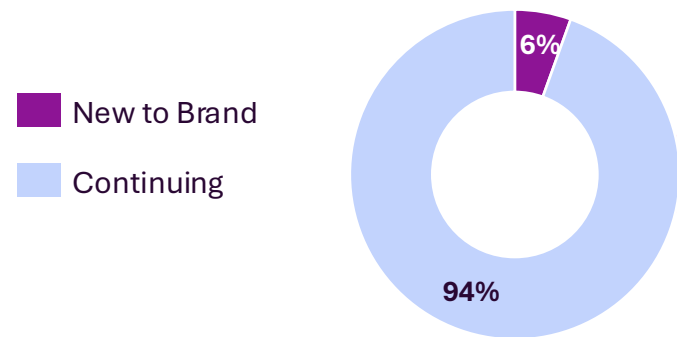
Note: “high-cost” markets include Prostate Cancer, Breast Cancer, Multiple Sclerosis, Rheumatoid Arthritis, and Pulmonary Arterial Hypertension

Source: US Market Access Strategy Consulting analysis

# However, patients attempting to start a new high-cost therapy within the calendar year may need support later in the year at the time of initiation

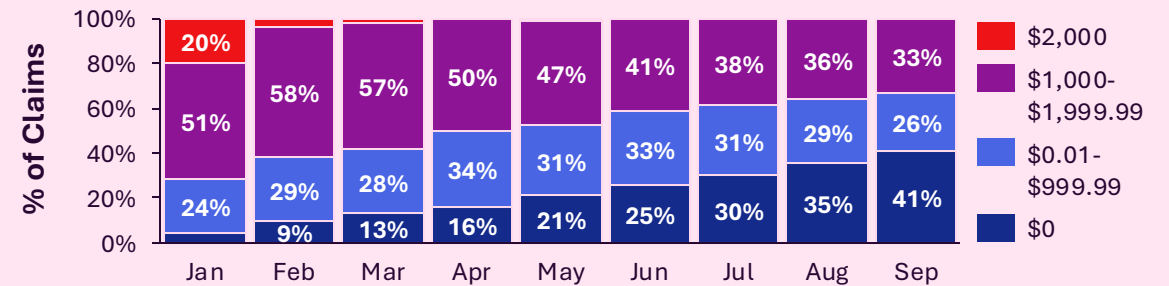
## What proportion of claims for high-cost therapies come from New patients?

(Standard Medicare patients; Approved claims; Jan – Sep 2025)



## How much do New patients pay to start these high-cost therapies?

(Standard Medicare patients; Approved claims; Jan – Sep 2025)



### KEY TAKEAWAYS

Claims written for patients who have not filled the brand before (“New to Brand patients”) are a small portion of claims

New patients trickle in throughout the year and may need assistance to afford these costs

Note: “high-cost” markets include Prostate Cancer, Breast Cancer, Multiple Sclerosis, Rheumatoid Arthritis, and Pulmonary Arterial Hypertension

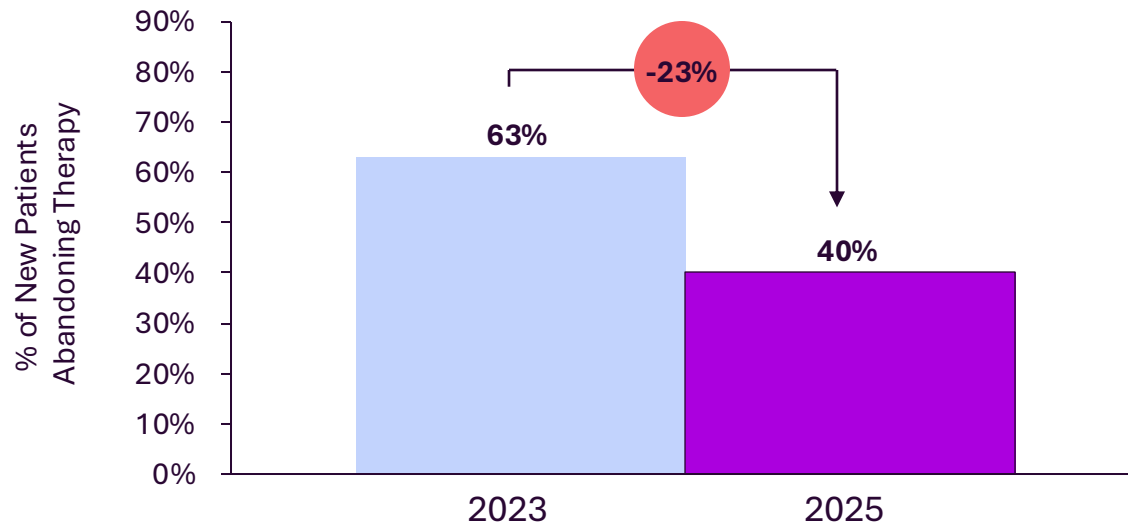
Source: US Market Access Strategy Consulting analysis

# Abandonment rates remain high for newly prescribed high-cost therapies

40% of newly prescribed patients still abandoned therapy in 2025

## What % of new patients prescribed products for high-cost therapies Abandon Therapy?

(Standard Medicare patients; Approved claims; 14 Day Lookforward; 2023 vs 2025, Jan – Sep)



Note: "high-cost" markets include Prostate Cancer, Breast Cancer, Multiple Sclerosis, Rheumatoid Arthritis, and Pulmonary Arterial Hypertension

Source: US Market Access Strategy Consulting analysis

### KEY TAKEAWAYS

Abandoning therapy means the patient never filled the first approved prescription for a new product

Cost is the #1 reason patients abandon new therapies

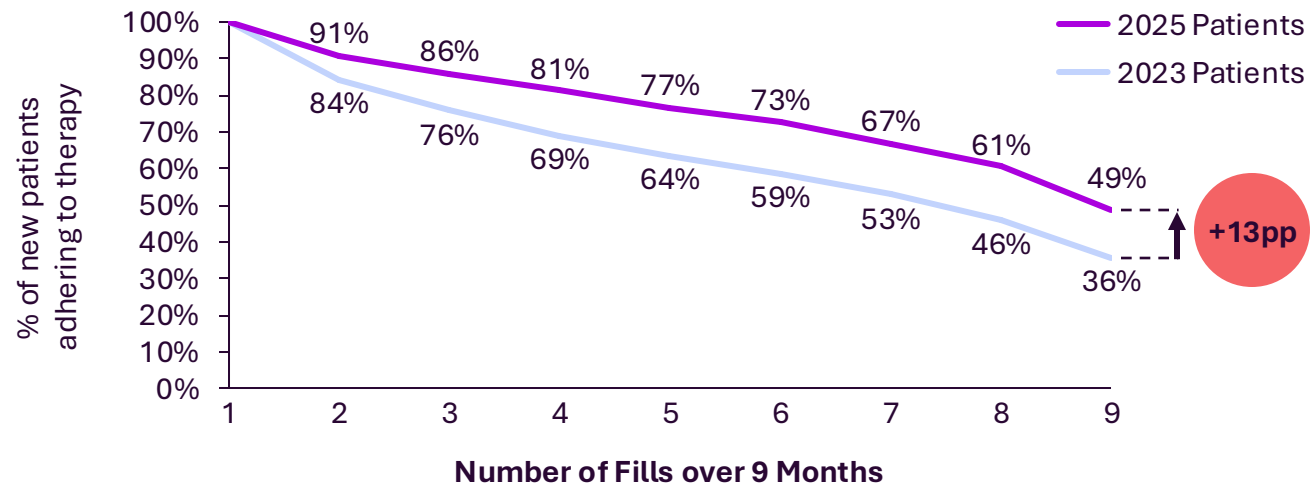
In 2025, fewer new patients are abandoning high-cost therapies due to multiple factors likely including the Part D cap, MPPP, and access to foundation support

Many patients (~40%) still abandon therapy as various out-of-pocket costs remain a significant barrier to treatment initiation and adherence

# In 2025, new patients who initiated high-cost treatment were more adherent than in 2023

## How long do patients on high-cost drugs adhere to therapy?

(Standard Medicare patients; 2023 vs 2025 Jan – Sep; Limited to patients starting therapy in Jan of 2023 vs 2025)



Note: "high-cost" markets include Prostate Cancer, Breast Cancer, Multiple Sclerosis, Rheumatoid Arthritis, and Pulmonary Arterial Hypertension

Source: US Market Access Strategy Consulting analysis

## KEY TAKEAWAYS

Adherence measures the extent to which patients stay on therapy after starting a new regimen

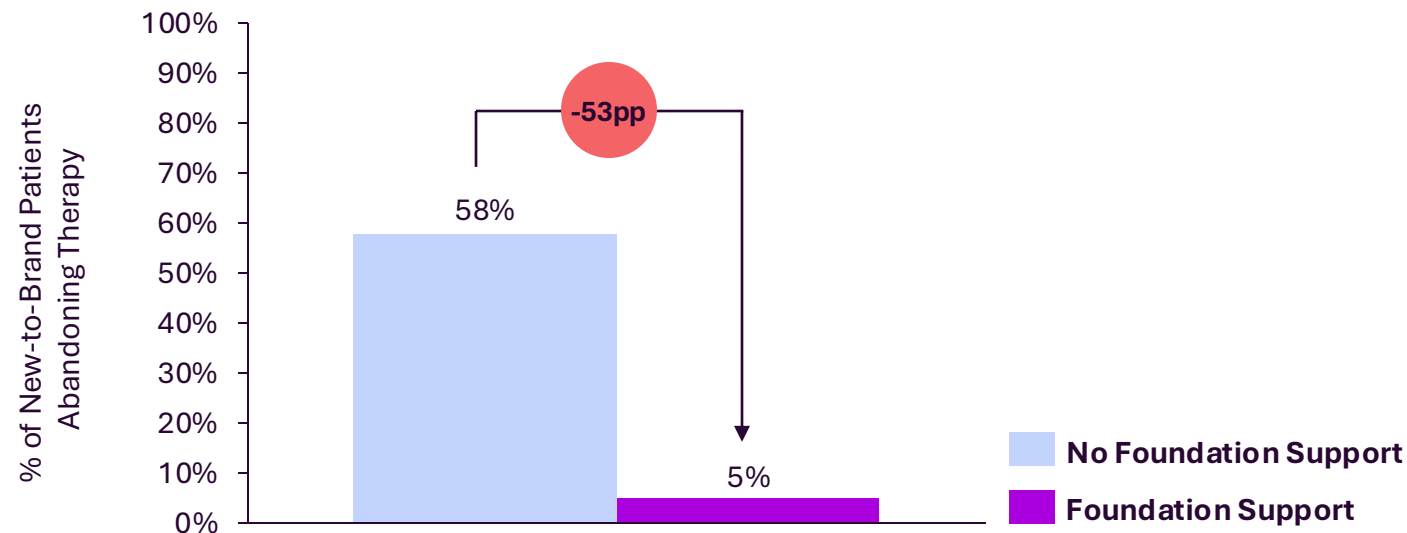
In 2025, more newly prescribed patients stayed on high-cost therapies longer throughout the year

In 2023, patients on high-cost TAs were asked to continually pay 5% coinsurance in the "catastrophic coverage phase" which was a barrier to adherence

# Foundation support continues to be very effective at reducing abandonment among new patients facing high costs

## What % of patients abandon high-cost therapies when they use Foundation Support?

(Standard Medicare patients; new approved claims costing over \$600; 14 day lookforward; Jan – Sep 2025)



Note: "high-cost" markets include Prostate Cancer, Breast Cancer, Multiple Sclerosis, Rheumatoid Arthritis, and Pulmonary Arterial Hypertension

Source: US Market Access Strategy Consulting analysis

### KEY TAKEAWAYS

Patients facing high costs who utilize foundation support are less likely to abandon their new therapies

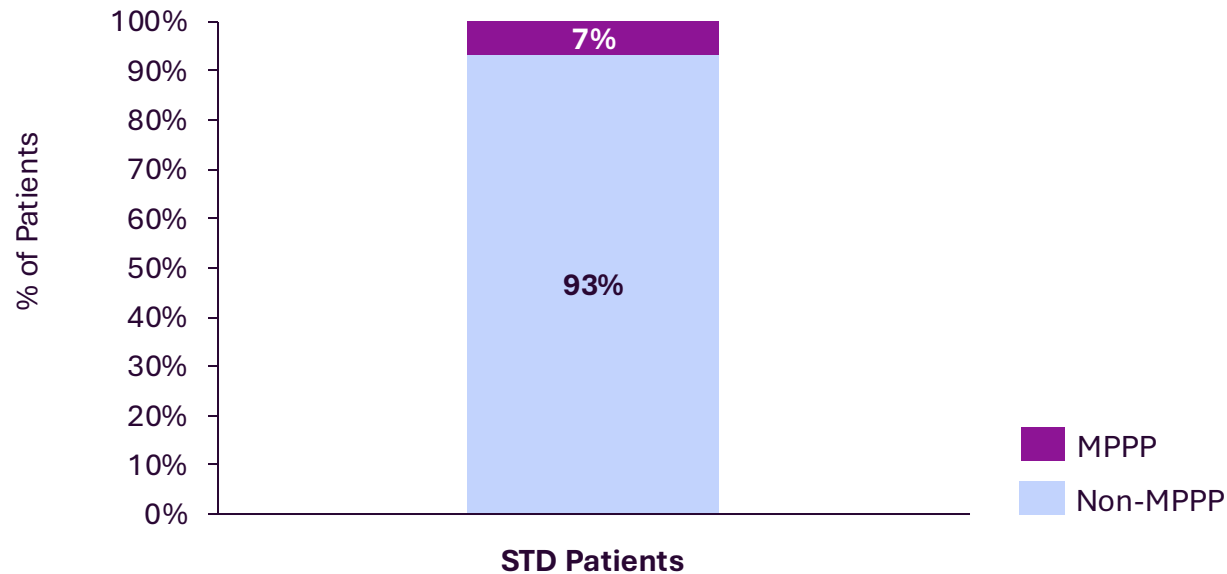
Patients who do not use foundation support face a variety of out-of-pocket expenses that can impact adherence long before they reach the cap and even after that

Foundation support provides financial relief for many cost barriers and drastically reduces abandonment, highlighting the continued impact of support

# Use of MPPP for high-cost treatment is low for standard Part D patients; targeted education and awareness is needed

## What % of patients use MPPP for high-cost therapies?

(Standard Medicare patients; patients who filled therapy; Jan – Sep 2025)



### KEY TAKEAWAYS

MPPP utilization is low among Standard Part D patients on high-cost therapies.

No meaningful differences were seen across patient demographics, though younger patients were found to use the program slightly more than older patients.

The low adoption presents a clear opportunity to strengthen awareness and refine messaging for those patients who would benefit from MPPP.

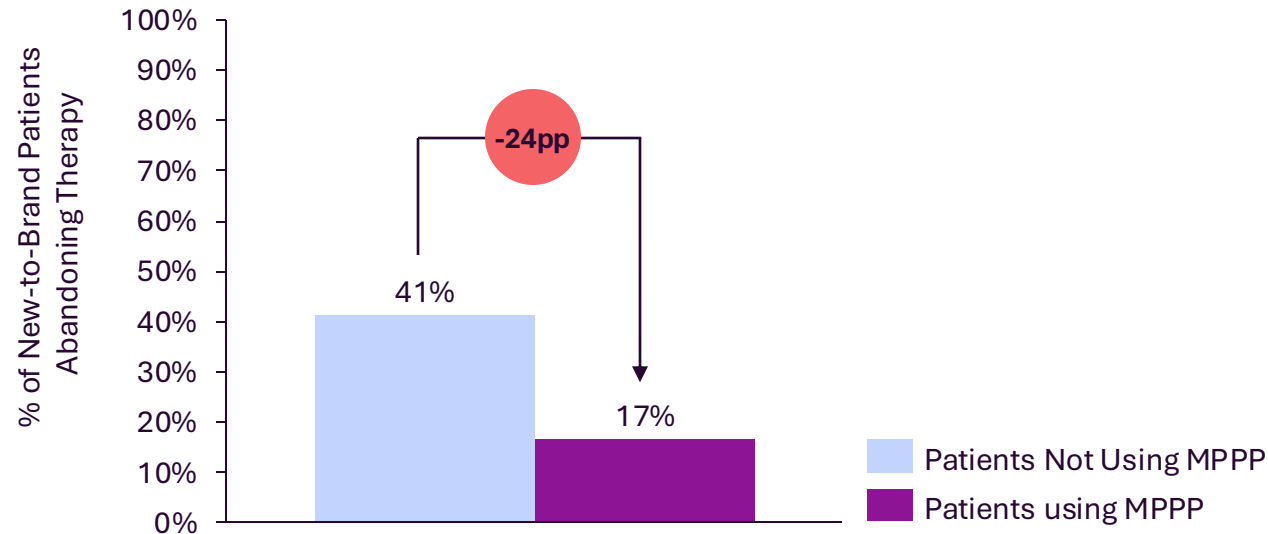
Note: "high-cost" markets include Prostate Cancer, Breast Cancer, Multiple Sclerosis, Rheumatoid Arthritis, and Pulmonary Arterial Hypertension

Source: US Market Access Strategy Consulting analysis

# Newly prescribed patients utilizing MPPP have lower therapy abandonment

## What % of patients abandon high-cost therapies when they use MPPP?

(Standard Medicare patients; approved claims costing over \$600; 30 day lookforward; Jan – Sep 2025)



Note: "high-cost" markets include Prostate Cancer, Breast Cancer, Multiple Sclerosis, Rheumatoid Arthritis, and Pulmonary Arterial Hypertension

## KEY TAKEAWAYS

While overall MPPP utilization is low, its impact is meaningful—patients who enroll show a substantially lower rate of new patient therapy abandonment.

In high-cost markets, the difference in abandonment rates between new patients enrolled in MPPP versus not enrolled is 24PP.

The need remains for stronger awareness and education for the patients who would benefit from the program

Source: US Market Access Strategy Consulting analysis

# Reforms have improved patient access to therapy by lowering costs for some; support from foundations and MPPP remains crucial for those who continue to face rising costs

## PATIENT COSTS

The IRA's \$2K Part D cap has improved access to high-cost therapies for some patients, but **cost increases across the board in the Medicare population have created greater prevalence of or risk for cost related access issues.**

**Patients still need support despite the cap throughout the year.** While not all abandonment is due to costs, it is a primary driver of abandonment

## FOUNDATION SUPPORT

Post-IRA, **use of foundation support is concentrated at the beginning of the year, but support is still needed throughout the year** to help patients through the \$2K cap

**Foundation support has a substantial positive impact** on reducing the rate at which patients abandon new-high cost therapies

## MPPP PROGRAM

**Use of MPPP has been low across high-cost therapies**

**Still, the program is effective at reducing the rate at which patients abandon new high-cost therapies,** highlighting the opportunity that improving education and use of the program could represent

Source: US Market Access Strategy Consulting analysis