

## Higher copayments are associated with discontinuation of aromatase inhibitors

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Discontinuation and nonadherence were higher among breast cancer patients taking brand name aromatase inhibitors (BAIs) vs generic AIs (GAIs), according to a new study published October 27 in the *JNCI: Journal of the National Cancer Institute*.

Aromatase inhibitor use has been shown to reduce the risk of breast cancer recurrence. However, studies reported only 40%-60% of breast cancer patients finish their recommended 5-year course of AI therapy. To evaluate how the introduction of GAIs in 2010 may change adherence, Dawn Hershman, M.D., M.S., from the Department of Medicine and Herbert Irving Comprehensive Cancer Center, College of Physicians and Surgeons, and the Department of Epidemiology at Columbia University, in New York, NY, and colleagues analyzed pharmacy and claims data from women older than 50 years on BAIs (n=2815), GAIs (n=1411) or who switched from BAI to GAI (n=1285).

As expected, the median 30-day copayment for BAIs was higher compared to GAIs (\$33.30 vs \$9.04, respectively). They report women who took a GAI were less likely to discontinue AI use and adherence was positively associated with GAI use as compared to BAI. Discontinuation was also associated with a higher copayment of \$15-\$30 per month.

The authors conclude, "...public health efforts, such as the Cancer Treatment Fairness Act, should be directed towards increased drug price transparency, improving access, and reducing out-of-pocket costs for life-



saving cancer treatments."

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