

Cost of effective stroke clot-busting drug outpaces reimbursement

February 17 2016

The cost of an effective, widely used clot-busting drug has more than doubled over the past decade, but Medicare/Medicaid reimbursement lags far behind, according to research presented at the American Stroke Association's International Stroke Conference 2016.

"Stroke healthcare professionals really need to be aware of the costs of the therapies they're providing," said Dawn Kleindorfer, M.D., lead researcher and professor in the neurology and rehabilitation department at the University of Cincinnati in Ohio. "When the infrastructure is not adequately reimbursing, it should be a call to action for healthcare professionals to lobby the Centers for Medicare and Medicaid Services to better adjust for these higher-cost medications so we can take good care of our patients."

The only FDA approved [drug](#) for patients with stroke from a blocked blood vessel is a drug called alteplase that contains a protein known as recombinant [tissue plasminogen activator](#), or rtPA. When injected into a blocked blood vessel, this protein works to break apart the blood clot and restore blood flow to the brain.

In this study, researchers found that the cost of alteplase increased by 111 percent between 2005 and 2014. In 2005, 1 milligram of the drug cost \$30.50, compared to \$64.30 in 2014. In other words, the standard 100-milligram vial of alteplase cost about \$6,400 in 2014.

At the same time, the amount that the Centers for Medicare and

Medicaid Services reimbursed to hospitals for alteplase-treated patients increased by only 8 percent. What this means, according to the researchers, is that roughly half of the reimbursement dollars now go to pay for the drug, while the other half covers everything else related to hospitalization, including diagnostic testing, bedside care, and other hospital [costs](#). For their analysis, the researchers used cost information that is publicly available on the Centers for Medicare and Medicaid Services website.

"The reason the cost has gone up so much is unclear," Kleindorfer said. "The reason that reimbursement has not kept up with the cost is complicated but has to do with the way it's calculated and the fact that Medicare/Medicaid is cutting hospital reimbursements across the board. What we need to do is ensure that the reimbursement covers the cost of caring for these patients so that hospitals don't lose money while providing this proven beneficial treatment."

A limitation is that the study used the drug manufacturer's average sales price, which may vary between different hospitals. Also variable is the reimbursement amount from private insurers.

Stroke is the fifth-leading cause of death and the leading cause of disability in the United States.

It occurs when a blood vessel to the brain either becomes blocked by a clot or ruptures. Blood and oxygen flow to the brain decreases or stops, and immediate treatment to restore [blood flow](#) is critical to prevent brain damage or death. Recognizing the symptoms of stroke—face drooping, arm weakness, speech difficulty, time to call 9-1-1 (F.A.S.T.)—and getting early treatment can help save lives.

Provided by American Heart Association

Citation: Cost of effective stroke clot-busting drug outpaces reimbursement (2016, February 17)
retrieved 27 April 2024 from
<https://medicalxpress.com/news/2016-02-effective-clot-busting-drug-outpaces-reimbursement.html>

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