

## Medicare spending would increase \$2.0 to \$5.1 billion with lecanemab, say researchers

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If eligible patients received lecanemab, Medicare would spend an extra



\$2.0 to \$5.1 billion annually, according to a research letter published online May 11 in *JAMA Internal Medicine* to coincide with the annual meeting of the Society of General Internal Medicine, held from May 10 to 13 in Aurora, Colorado.

Julia Cave Arbanas, from the David Geffen School of Medicine at the University of California in Los Angeles, and colleagues used validated cognitive measures to estimate <u>mild cognitive impairment</u> (MCI) or mild dementia prevalence in a cross-sectional study of traditional Medicare and Medicare Advantage beneficiaries aged 65 years or older. Applying clinical trial age and comorbidity restrictions and calculating dosages, the annual Medicare spending on lecanemab and ancillary costs were estimated.

The researchers found that 16.2 percent of the 7,588 2018 Health and Retirement Study participants had MCI or mild dementia, representing 44 million Medicare beneficiaries. The total annualized weight-based medication costs were \$25,851 per beneficiary. Ancillary costs were \$7,330 and increased the total costs by 28 percent per patient. Medicare would spent \$2.0 billion annually if 85,687 (lower bound) eligible patients received lecanemab and would spend \$5.1 billion annually if 216,536 (upper bound) eligible patients received lecanemab. The estimated annual coinsurance could reach \$6,636 per patient.

"Despite incorporating increases in cognitive screening and case positivity rates, these estimates are conservative," the authors write. "Changes in physician behavior, cognitive screening capacity and demand, new diagnoses of MCI or mild <u>dementia</u>, and associated spending may increase more than anticipated."

One author disclosed non-financial ties to Milliman MedInsight.

More information: Julia Cave Arbanas et al, Estimated Annual



Spending on Lecanemab and Its Ancillary Costs in the US Medicare Program, *JAMA Internal Medicine* (2023). DOI: <u>10.1001/jamainternmed.2023.1749</u>

Annual Meeting

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