

Immunosuppressive Drug Coverage

Organ transplant recipients must take immunosuppressive medications for the lifetime of their transplanted organ. Similar to many chronic diseases, the need for medical therapy goes on indefinitely. If immunosuppressive medications are discontinued, rejection and loss of the transplanted organ are almost certain to occur.

The American Society of Transplantation (AST) has worked tirelessly with Congress to meet the goal of extending coverage of immunosuppressive medications beyond the current 36-month limitation set for Medicare patients. Without insurance coverage, most patients have no recourse due to the inability to pay for these costly medications. Evidence has demonstrated that there is an increased incidence of graft failure in both adult and pediatric recipients of renal transplants that is co-incident with a loss of medication coverage, and that many patients experience severe financial hardship due to medication costs. The only way to maintain transplant function and the life of the recipient is to provide lifetime drug coverage for the transplant recipient.

Currently, generic alternatives are available for the most commonly prescribed immunosuppressants. However, we have not observed a dramatic price reduction with the introduction of generic immunosuppressants that is common to other therapeutic areas. The overall patient cost (e.g. copays, 20% of total, etc.) of chronic immunosuppressants remains high compared to other chronic conditions, and still unaffordable to many transplant recipients.

If a kidney transplant recipient's kidney fails, a return to dialysis sessions is necessary, at a government expense far above and beyond the cost of immunosuppressive medications for the same time period. Loss of other transplanted organs ultimately leads to death or the need for another organ transplant. Additionally, respect for the organ donor requires that a means of maintaining that organ is available. It is cost-effective and respectful of the donor's gift to provide lifetime immunosuppression.

In summary, the AST supports initiatives that ensure the coverage of immunosuppressive medications for the lifetime of all transplanted organs, regardless of age, and ability to pay. Ultimately, this will lead to improved transplant success rates, the greater ability of transplant recipients to return to a normal life, and greater availability of organs for those in need.

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