

The American Society of Transplantation would like to call your attention to a critical problem with immunosuppressant drug coverage for kidney transplant recipients under the Medicare Part B benefit:

Immunosuppressant Drug Coverage under Medicare¹

- If a transplant recipient has Medicare at the time of transplant, and if Medicare pays for the transplant, his/her immunosuppressant drugs are covered under Medicare Part B. These patients enjoy access to their life-saving immunosuppressants for the duration of their Medicare eligibility.
- For kidney transplant recipients, Medicare will terminate 36 months after the transplant. Unless they are disabled or >65 years old, kidney transplant recipients are expected to obtain health insurance through some other means before this 36-month Medicare expiration.

The Importance of Immunosuppression

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.

If a kidney transplant recipient's kidney fails, a return to dialysis sessions is necessary. Dialysis is linked with a lower quality of life and increased mortality compared with kidney transplantation. The cost of dialysis is far above and beyond the cost of immunosuppressive medications for the same time period. Additionally, respect for the organ donor requires that a means of maintaining that organ is available. It is cost-effective, important for the recipient, and respectful of the donor's gift to provide lifetime immunosuppression.

Consequences of the 36-Month Medicare Termination for Kidney Recipients

Without insurance coverage, most patients have no recourse due to the inability to pay for these costly medications. Evidence has demonstrated that:

- Patients who have lost their Medicare coverage at 3 years post-transplant report difficulty paying for immunosuppressive drugs and failure to take immunosuppressive drugs as prescribed.²
- 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.
- Despite being similar at 3 years post-transplant, kidney graft survival at 10 years post-transplant is substantially lower in the United States versus countries with lifelong immunosuppressive drug coverage.³

How Can We Solve This?

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 by Medicare for kidney transplant recipients. A bill proposing lifelong immunosuppression drug coverage has been introduced in Congress many times since the year 2000. The only way to maintain transplant function and the life of the recipient is to provide lifetime drug coverage for the transplant recipient.

¹ www.medicare.gov/coverage/prescription-drugs-outpatient.html

² Evans RW, et al. *Clin J Am Soc Nephrol* 2010; 5: 2323-8.

³ Gil JS, et al. *N Engl J Med* 2012; 366: 586-9.

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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¹ www.medicare.gov/coverage/prescription-drugs-outpatient.html

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