**Title:**

Trends in Medicare versus Medicaid spending on CFTR modulator therapy –

an economic evaluation

**Lay Title:**

Studying How Medicare and Medicaid Are Paying for CFTR Modulators Over Time

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**What was your research question?**

CFTR modulator therapy have greatly improved health and quality of life for many people living with cystic fibrosis (pwCF) but have a significant cost. We wanted to find how much Medicare and Medicaid are paying for these treatments.

**Why is this important?**

CFTR modulators have greatly improved life for many pwCF as it improves lung function and reduces flare-ups. However, the treatment is expensive—around $300,000 USD per year. In the U.S., Medicare (for seniors and some people with disabilities) and Medicaid (for lower-income individuals, including many children) help cover these costs. In 2023, about 42% of pwCF in the U.S. were covered by Medicaid, while 11% were covered by Medicare. As these programs play a big role in funding access to these treatments, we wanted to better understand how spending trends have changed over time.

**What did you do?**

We used public data from Medicare and Medicaid between 2015 and 2022 to study spending on CFTR modulators. We looked at the number of prescriptions, drug units, patients (for Medicare), and total costs. Discounts and rebates were not included. Data analysis was done using Excel and a tool to track spending trends over time, with all costs adjusted for inflation to reflect 2022 US dollars.

**What did you find?**

From 2015 to 2022, Medicaid spent more on CF drugs than Medicare, with more prescriptions and higher total costs. In 2022, Medicaid spent $1.6 billion, while Medicare spent $690 million. Spending rose sharply for both programs after the 2019 launch of elexacaftor/tezacaftor/ivacaftor associated with a decreased use in earlier approved medications.

**What does this mean and reasons for caution?**

Since 2015, spending on CFTR modulators grew by $1.6 billion in Medicaid and $614 million in Medicare, mainly due to high drug costs and more prescriptions. Medicaid covered more because many pwCF qualify early in life. However, we could not track exact patient numbers for Medicaid or consider dose differences or cost savings from fewer hospital visits. We also could not assess spending through private insurance, which especially mattered during the COVID-19 pandemic when many people lost jobs and switched to federal programs—likely adding to the increase in claims and spending during that time.

**What’s next?**

Our study looks at how CFTR modulators affect US healthcare costs for pwCF. New 2023 laws letting Medicare negotiate drug prices may change future spending. Further research can compare costs and benefits of different modulators to help save money and improve care.

**Original manuscript citation in PubMed**

<https://pubmed.ncbi.nlm.nih.gov/40328584/>