Impact of the Inflation Reduction Act on Out-of-Pocket Costs and Patient Financial Burden for Ibrutinib at Medically Integrated Dispensaries

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Background

Effective January 1, 2026, the Inflation Reduction Act (IRA) mandated a negotiated Maximum Fair Price (MFP) for ibrutinib, building upon the 2025 Medicare Part D benefit redesign that instituted an annual out-of-pocket (OOP) threshold and a mandatory cost-smoothing program. While designed to alleviate patient financial burden, the real-world operational and economic impacts of these landmark statutory shifts within medically integrated dispensing (MID) oncology pharmacy networks remain largely uncharacterized.

Objectives

Evaluate the impact of the IRA Medicare Part D policy changes on real-world OOP expenditures for oral oncolytics.

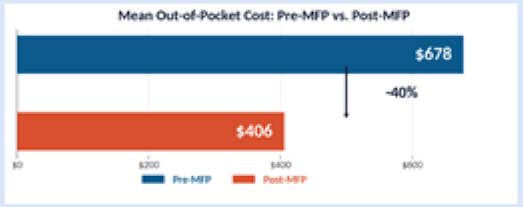
Describe how MID model navigates shifts in foundation-based financial assistance (FA) to minimize patient financial burden and maintain patient volume.

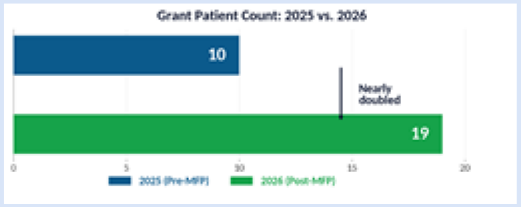
Disclosure

The authors are employees of House Rx, the medically integrated dispensary network studied in this analysis.

Methods

- **Study Design:** Retrospective, observational cohort study using season-matched calendar months (Jan–Jun) to neutralize annual deductible reset confounding.
- **Cohort & Windows:** Ibrutinib Rx with primary Medicare coverage across two 6-mo windows: Jan–Jun 2025 (Pre-MFP) vs. Jan–Jun 2026 (Post-MFP) across MID pharmacies.
- **Primary Outcomes:** Patient OOP cost per fill and financial assistance (FA) utilization.
- **Exclusion Criteria:** Transactions resulting in $0 copay were excluded from mean OOP cost calculations to isolate true financial shifts.
- **Tracking:** FA metrics, including foundation grant dollars secured, were monitored via a centralized tracking infrastructure.





Month-by-Month Average OOP Cost per Fill

Month	2025	2026
January	$569	$449
February	$979	$588
March	$1,957	$9
April	$994	$233
May/June	Cap Met	Cap Met

Discussion

The IRA's negotiated Maximum Fair Price and 2025 Medicare benefit redesign significantly reduced patient financial burden, evidenced by a 40% drop in mean out-of-pocket costs. While copay frequency rose from 3% to 9%, lower coinsurance liabilities offset these costs. Our findings highlight the essential role of Medically Integrated Dispensaries in navigating these policy shifts and leveraging foundation grants to ensure patient access.

Results / Conclusion

Total Study Cohort: 1,070 Medicare ibrutinib fills across 196 unique patients (2025: 558 fills/136 pts; 2026: 512 fills/138 pts).

-40% Mean OOP Cost Drop	**10 → 19** Grant Patients (Nearly 2x)
$6,255 Avg Grant Value	**3% → 9%** Active Copay Rate

Conclusion: Following IRA implementation, real-world Medicare patient financial responsibility for ibrutinib fell by 40% among patients with an active copay. Grant utilization nearly doubled YoY. MIDs are essential for expanding patient access to financial assistance and preserving continuity of care amid evolving Medicare policy.

Reference

Office of the Assistant Secretary for Planning and Evaluation (ASPE). *Medicare Drug Price Negotiation Program: Medicare Prices Negotiated for 2026 Compared to List and US Market Prices*. US Dept of Health and Human Services; August 15, 2024. Accessed June 26, 2026. https://aspe.hhs.gov/sites/default/files/documents/3e8abec86039ac0ed674a8c5fac492e3/price-change-over-time-brief.pdf