

Patient Financial Burden Following Discontinuation of Oral Pharmacotherapy: An Analysis of Treatment Options for Men with Erectile Dysfunction



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BACKGROUND

- Erectile dysfunction (ED) is a common and costly medical condition that may affect patients' overall wellbeing, self-esteem, and quality of life.
- Oral pharmacotherapy is considered a first-line management option for patients with ED, yet many men discontinue the therapy, thereby requiring further intervention.

OBJECTIVE

This study aimed to estimate the Medicare patient costs of guideline-recommended non-oral therapies for ED.

METHODS

- A cost analysis was developed using men with moderate-to-severe ED covered by Fee-for-Service Medicare as index patients.
- The 2018 American Urological Association (AUA) guidelines for ED were used to identify recommended non-oral therapies for ED, and the Medicare Coverage Database was used to retrieve coverage policies for each treatment.
- For treatments with positive Medicare coverage decisions, 2023 patient out-of-pocket costs were obtained from the 2023 Centers for Medicare & Medicaid Services Final Rule.
- Annual cash prices for treatment options without positive Medicare coverage were extracted from published literature and inflated to 2022 US dollars or obtained from GoodRx®.

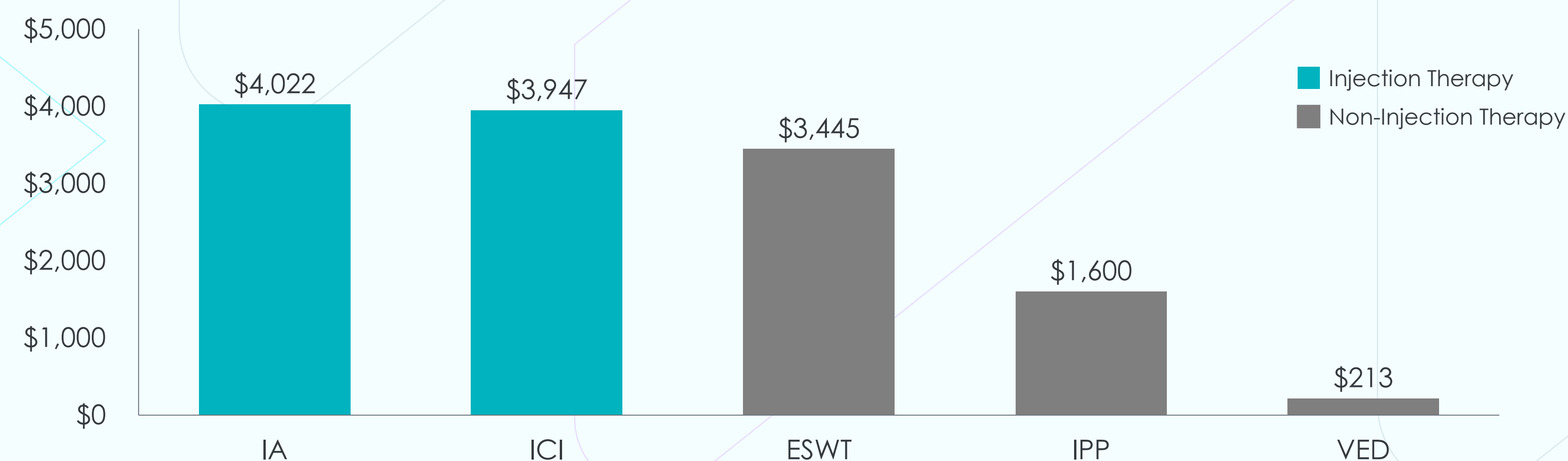
RESULTS

- The 2018 AUA guidelines recommend the following four non-oral treatments for men with ED: vacuum erection device (VED), intraurethral alprostadil (IA), intracavernosal injections (ICI), and inflatable penile prosthesis (IPP) (**Table 1**).
- Low-intensity extracorporeal shock wave therapy (ESWT) is considered investigational by the AUA.
- Medicare has established national coverage for IPP, non-coverage for VED, and no published coverage policies for ICI, IA, or ESWT.
- An annual IA prescription was associated with the highest patient costs, followed by an annual ICI prescription, one ESWT treatment course, IPP as an outpatient procedure, and one VED unit (**Figure 1**).

Table 1. Guideline-Recommended Non-Oral Therapies for ED

Treatment Option	AUA Recommendation	Cost Analysis		
		Methodology	Unit	Cost Input Source
IA	Conditional	Out of pocket cost without coverage by Medicare Part D	Annual prescription	1
ICI	Moderate	Out of pocket cost without coverage by Medicare Part D	Annual prescription	2,3
ESWT	Conditional (Investigational)	Out of pocket cost without Medicare coverage	One treatment course	4
IPP	Strong	Annual Medicare Part A inpatient deductible for 2023	One outpatient procedure	5
VED	Moderate	Out of pocket cost without Medicare coverage	One unit	6,7

Figure 1. Estimated Medicare Patient Out-Of-Pocket Costs for Non-Oral ED Treatments



CONCLUSIONS

- IA is conditionally recommended by the AUA and is associated with the highest patient out-of-pocket costs.
- IPP has a strong guideline recommendation by the AUA and is associated with lower costs than IA, ICI, or ESWT.
- IPP is a cost-competitive and effective treatment option for men with ED who fail oral pharmacological management.

LIMITATIONS

- This analysis evaluated out-of-pocket costs for Medicare patients only. Therefore, results may not be generalizable to patients with other types of insurance.

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DISCLOSURES

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