

# Heart Patients Are **Paying More** Despite Drug Price Controls

The Inflation Reduction Act's creation of the Medicare Drug Price Negotiation Program was designed to lower out-of-pocket patient costs.

However, according to recent studies, unchecked tactics from pharmacy benefit managers (PBMs) are leaving Medicare patients with increased costs for the treatments they need. Of the commonly prescribed treatments used for conditions such as heart failure, blood clotting and diabetes, seven saw an increase in out-of-pocket costs under price controls.<sup>1</sup>



For those with cardiovascular disease, these changes pose critical risks. About 42% of Medicare Part D beneficiaries suffer from at least one heart condition.<sup>2</sup> When subject to maximum fair price provisions from the IRA, the treatments these patients need are often more expensive—or not available at all.<sup>3</sup>

Under the Inflation Reduction Act, price controls could have the opposite intended effect on drug affordability and accessibility.<sup>4</sup>



The drugs subject to a maximum fair price increased by an average of **\$23.91**.



Seniors are now paying **32% more on average** for their prescriptions under maximum fair price (MFP).



All four of the largest pharmacy benefit managers **increased OOP costs for six of the seven medicines**, including those for heart patients.

No other disease state was impacted by the first round of the Medicare Drug Price Negotiation Program more than cardiovascular disease. In fact, five of the ten drugs selected for MFP in the last year include cardiovascular treatments.

With nearly 20% of the American population covered by Medicare, this legislation could have far-reaching consequences for elderly cardiovascular patients, who already pay an outsized amount for health care expenses.

**Clinicians—and Congress—should know: PBMs and middlemen are gaming the system, leaving patients with higher costs and increased hurdles to access the medications they need.**



1. <https://pioneerinstitute.org/the-inflation-reduction-act-ira-key-findings-to-date/> Pioneer Institute. *The Inflation Reduction Act (IRA): Key Findings to Date*. Pioneer Institute. Retrieved June 11, 2025, from <https://pioneerinstitute.org/the-inflation-reduction-act-ira-key-findings-to-date/>
2. [https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Downloads/HeartConditions\\_DataBrief\\_2017.pdf](https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Downloads/HeartConditions_DataBrief_2017.pdf) Centers for Medicare & Medicaid Services. (2017). *Prevalence and Health Care Expenditures Among Medicare Beneficiaries Aged 65 Years and Over with Heart Conditions*. [https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Downloads/HeartConditions\\_DataBrief\\_2017.pdf](https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Downloads/HeartConditions_DataBrief_2017.pdf)
3. Sydor, Anne M., et al. "Could the Inflation Reduction Act Maximum Fair Price Hurt Patients?: Published in Journal of Health Economics and Outcomes Research, Columbia Data Analytics, LLC, 27 Nov. 2024, [jheor.org/article/125251-could-the-inflation-reduction-act-maximum-fair-price-hurt-patients](https://jheor.org/article/125251-could-the-inflation-reduction-act-maximum-fair-price-hurt-patients).
4. Pioneer Institute. *The Inflation Reduction Act (IRA): Key Findings to Date*. <https://pioneerinstitute.org/the-inflation-reduction-act-ira-key-findings-to-date/>