

Impact of Patient Assistance Programs on Out-of-Pocket Costs for Oral Oncolytics Managed Through Integrated Health System Specialty Pharmacies

Chelsey Lindner, PharmD, BCOP, CSP; Y. Caleb Chun, MA; Shreevidya Periyasamy, MS, HIA; Christopher Barr; Dale Fasching, PharmD, MBA; Martha Stutsky, PharmD, BCPS



SCAN ME

NASP 2023 Annual Meeting

Background

- Novel oral anticancer agents are increasingly utilized; however their high cost can lead to financial stress and impact quality of life for patients and caregivers.¹⁻³ Patient assistance programs (PAPs) can significantly reduce out of pocket (OOP) costs for oral oncolytics.⁴
- Literature cites rising OOP costs and negative effects of financial toxicity on cancer patients;¹⁻³ however the integrated care model of health system specialty pharmacies (HSSPs) is optimally positioned to access PAP funds for patient benefit.
- The purpose of this analysis was to describe the impact of PAPs on OOP costs for cancer patients filling oral oncolytics through HSSPs.

Methods



Study Design: This was a retrospective analysis of adult and pediatric patients with oncology clinic visits and receiving three or more fills of an oral oncolytic medication through a HSSP from January 1, 2020, to September 30, 2022.



Data Identification: Data included patient demographics, medication data, ICD-10 code, prescription fills, patient OOP cost, presence of financial assistance (FA), and primary insurance type.



Medication Cost Determination: Package price for each drug was calculated using a weighted average of all NDCs of each drug dispensed. Medication AWP were obtained for each NDC through Medi-Span.



Analysis: Descriptive statistics were used to analyze the number of patients receiving FA within specific copay ranges, for different insurance types, and for brand vs. generic medications.

Results

Table 1. Within the study period, there were a total of 33,697 medication fills for 3,084 distinct patients. The top 20 most frequently dispensed medications are listed with frequency of fill, average package price of drug, and average OOP cost per fill. Median OOP cost per fill was \$0 for all medications listed in table 1, with the exception of Orgovyx (median OOP cost/fill \$7.00). **Figure 2.** Of the 33,697 distinct fills, 81% had an OOP cost of less than five dollars. Within those fills that had an OOP cost of less than five dollars, 89% had FA secured. **Table 2.** Out of pocket costs for patients by type of insurance

Table 1: Out-of-Pocket Cost by Medication (Top 20)

Drug	Percentage of Fills (%)	Number of Rx Fills	Distinct Patients	Average Package Price	Average OOP cost per fill
Imbruvica	20	6,751	412	\$19,522	\$66.81
Venclexta	10.2	3,441	393	\$16,100	\$37.67
Abiraterone	7.5	2,528	243	\$11,642	\$34.12
Calquence	7.5	2,512	214	\$17,905	\$45.57
Xtandi	7	2,342	260	\$15,601	\$67.51
Ibrance	6.7	2,240	200	\$18,093	\$68.40
Jakafi	6.2	2,081	155	\$19,442	\$107.35
Tagrisso	4.4	1,484	131	\$19,365	\$159.66
Orgovyx	4	1,362	175	\$3,939	\$57.48
Capecitabine	3	1,005	135	\$4,684	\$20.97
Lynparza	2.3	761	94	\$17,173	\$96.80
Imatinib	2.1	708	67	\$10,941	\$40.84
Verzenio	2	681	86	\$4,360	\$336.76
Sprycel	1.8	620	62	\$20,226	\$133.66
Inlyta	1.8	601	64	\$23,016	\$26.44
Mekinist	1.4	473	47	\$15,314	\$79.48
Lenvima	1.4	472	72	\$25,576	\$38.25
Tafinlar	1.4	461	46	\$15,903	\$104.85
Nubeqa	1.4	461	56	\$15,440	\$133.66
Erleada	1	343	41	\$16,232	\$81.67

Figure 1: FA Secured by Copay Groups

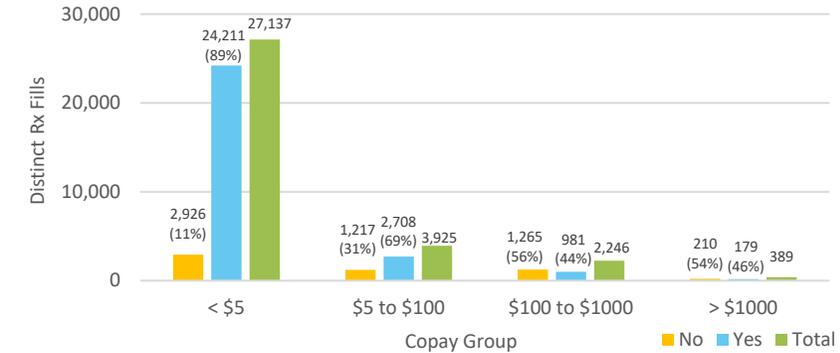


Table 2: Out-of-Pocket Cost by Insurance Type

Insurance Type Group		Distinct Patients	Number of Rx Fills	Average Package Price	Average OOP cost per fill	Percentage with FA
Government	Brand	1,186	14,560	\$17,471	\$56.21	92%
	Generic	263	2,641	\$10,104	\$26.94	83%
	Total	1,404	17,152	\$16,344	\$51.80	91%
Non-Government	Brand	1,302	13,111	\$16,810	\$97.35	81%
	Generic	213	1,724	\$8,880	\$40.88	49%
	Total	1,491	14,821	\$15,889	\$90.84	77%
No Insurance	Brand	154	1,405	\$16,533	\$157.28	66%
	Generic	42	326	\$9,723	\$49.21	48%
	Total	189	1,724	\$15,243	\$136.29	63%
Total		3084	33,697	\$16,088	\$73.29	83%

Conclusions

- This observational analysis demonstrates the impact of a HSSP model on access to PAP funding for oral oncolytic medications.
- Patients with government insurance filling brand medications received FA 92% of the time, compared to 83% of fills for generic medications. By contrast, in the non-government group, 81% of patients filling brand medications had FA secured, compared to 49% of patients filling generic medications.
- This highlights the role of manufacturer support in lowering OOP costs for brand medications and the importance of grant funding and other PAPs for government-insured patients receiving generic medications.

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