



The Challenge of Financial Toxicity in Cancer Care: a Focus on Oral Oncology

HOW INTEGRATED HEALTH SYSTEM SPECIALTY
PHARMACY CAN ALLEVIATE THE BURDEN

KEY CONCEPTS

- Financial toxicity is a significant risk for all patients, but especially for those with cancer.
- Patient assistance programs (PAPs) are often available to help cover the cost of oral oncology agents.
- An integrated health system specialty pharmacy (HSSP) model is best able to identify and address the risk of financial toxicity early in a patient's treatment journey.
- Shields Health Solutions (Shields) can help reduce financial toxicity in oncology care by connecting patients to PAPs; we secured \$672 million in financial assistance (FA) for oncology patients in 2022.

INTRODUCTION

The high out-of-pocket (OOP) costs of oral oncology agents frequently place financial burden on patients and their families. Fortunately, PAPs are often available to defray prescription costs for patients. However, it can be a complex process to identify available PAPs, screen for eligibility requirements, and ultimately enroll into a program to access the needed FA.

WHAT IS FINANCIAL TOXICITY?

Financial toxicity refers to the economic and other hardships that the cost of medical care, particularly the cost of prescription medications, can cause, both during treatment and for years after.¹ Financial resources can be depleted by a lack of health insurance, a lack of coverage for a specific therapy or benefit, high out-of-pocket costs, loss of work productivity, and the inability to save money. Patients experiencing financial toxicity often employ financial coping mechanisms such as skipping doses to extend their medication supply.² When patients skip doses to save money or are anxious about the cost of medical care, it can negatively impact their overall health outcomes.

According to the National Cancer Institute, patients with cancer and survivors of cancer are more likely to experience financial toxicity than are people without cancer.³ In fact, the term financial toxicity emerged from the context of cancer care.

WHAT DRIVES FINANCIAL TOXICITY IN ONCOLOGY CARE?

Cancer is one of the most expensive diseases to treat.¹ While there have been significant treatment advancements over the years through expanded use of



Financial toxicity refers to the economic and other hardships that the cost of medical care, particularly the cost of prescription medications, can cause, both during treatment and for years after.¹



When patients skip doses to save money or experience severe stress about the cost of medical care, it can affect their health outcomes.



The high cost of oral oncology agents can lead to financial toxicity that degrades the well-being and quality of life of patients and their caregivers.⁴

precision medicine and novel oral oncology agents, the financial burden of developing these therapies is being passed down to patients and the health care system as a whole. The high cost of these drugs, often \$10,000 a month or more, can lead to financial toxicity that degrades the well-being and quality of life of patients and their caregivers.⁴ Furthermore, a patient's total financial burden is compounded by diagnostic and imaging fees, copays for numerous provider and specialist office visits, not to mention associated travel and other expenses to caregivers.

Increasingly, pharmacy benefit plan design is shifting costs to patients. For example, high-deductible health plans (HDHPs) trade lower premiums for higher OOP costs; after the deductible is met, copays and co-insurance continue to be charged until OOP maximums are reached. In addition, some plan designs incorporate copay accumulator or maximizer programs, which can restrict manufacturer assistance programs from counting toward the patient's deductible or OOP maximum.⁵

Federal attempts to reduce patient cost burden have been limited in their success. Despite a narrowing of the doughnut hole, copays for Medicare Part D medications have increased and the overall OOP costs for oral oncology agents have increased at a rate greater than inflation.⁶

Furthermore, a rebate-driven market for branded drugs provides incentives to payers while leaving patients to pay more up front. When generic versions of specialty drugs are available, pricing can be highly variable, without any incentives.

THE IMPACT OF FINANCIAL TOXICITY ON PATIENT OUTCOMES

Financial toxicity can lead patients and their families to implement coping mechanisms to manage the hardship. The effects can be cumulative, affecting patients and their families long after treatment has ended. Dose conservation strategies such as skipping or omitting doses and non-adherence in general places patients at risk for negative health outcomes.¹ Some patients reduce spending on food, clothing, and leisure activities.¹ Long-term financial outcomes may be impacted when patients borrow money or refinance their homes to offset the financial hardship of cancer care.^{1,7}

Patients may experience reduced quality of life in the form of depression, stress, and anxiety,^{1,4} and the effects can also extend to caregivers who have reported distress as a result of the financial burden placed on them and their families.⁶ Financial toxicity is a stark reminder of disparities in health equity. The cost burden of cancer treatment can affect patients' credit, resulting in a lasting impact on both the patient and their family. A great deal is yet to be learned about how to best address financial toxicity of cancer treatment.

HOW PATIENT ASSISTANCE PROGRAMS FIT INTO THE PICTURE

PAPs can significantly reduce patient OOP costs for oral oncolytic therapies. Support through PAPs can be generous, potentially covering the entirety of the medication cost for patients receiving high-priced oral oncology agents.⁵ However, PAPs can be confusing and difficult to access.

Loosely defined, PAPs fall into three categories: manufacturer-funded copay cards/vouchers, manufacturer free drug programs, and charitable foundations (grant programs).

Copay cards

Funded by manufacturers and available only to commercially insured patients. Individuals receiving government-funded insurance are not eligible.

Free drug programs

Also funded by manufacturers, these programs are limited to uninsured or under-insured patients. However, they have strict income eligibility requirements that even those experiencing financial hardship may not always meet.

Charitable foundations

A variety of charitable foundations and nonprofit organizations offer grants to eligible patients in need that can be used to fund cancer treatment. Some organizations may also help cover other expenses such as travel costs, mortgage payments, and pet care as well as link patients to the best resources to address financial and other hardships resulting from their diagnosis. The CancerCare website, for example, regularly updates a page listing these programs.⁸

HOW A HEALTH SYSTEM SPECIALTY PHARMACY MODEL CAN ADDRESS FINANCIAL TOXICITY

While many sources of financial help are available, navigating the complexities of accessing program funding requires time, energy, and the knowledge that they exist. The integrated care model of health system specialty pharmacy is optimally positioned to access PAP funds for patient benefit. This patient-centered model, including embedded liaisons, monthly refill calls, and frequent clinical pharmacist assessments, allows direct communication between the pharmacy and the rest of the healthcare team to identify patients with high copays and secure FA sooner than if these patients were filling prescriptions at a non-integrated pharmacy.

In an integrated HSSP model, the pharmacy liaison is often the first member of the interdisciplinary healthcare team to speak to the patient about the cost of their medication and to inform them about options for assistance. As the experts in accessing available funding, the liaisons navigate patients through the enrollment process to reduce delays to start therapy. Ideally embedded in specialty clinics, the liaisons provide ongoing comprehensive support to assess financial needs with every refill, directly coordinate drug delivery, and monitor for adherence.

The benefit of an integrated model in addressing financial toxicity—and other health disparities, for that matter—is that the risks will be identified as early as possible, at the time of the very first fill. Furthermore, all of the relevant resources of the health system, including outreach to a PAP will be targeted toward solving the problem or heading it off before the clinical outcome is compromised.

THE SHIELDS IMPACT

With its collaborative care model, Shields works with its health system partners to embed pharmacy liaisons into specialty clinics to manage prior authorization, FA, and other issues. A combination of local and centralized support surrounds the patient with a personalized care management program that includes refill reminders and monitoring for adherence.

An additional advantage of the Shields model is the ability to identify FA for health system patients, regardless of the pharmacy at which they fill. If a prescription is transferred to an external pharmacy due to insurance mandates or other reasons, the Shields liaison still coordinates the PAP with the patient and works with the external pharmacy to ensure that the patient receives their medication in a timely manner. Because the liaison has visibility to the electronic medical record and communication with the clinic, these patients are followed through the process by the HSSP regardless of the location of their fill.

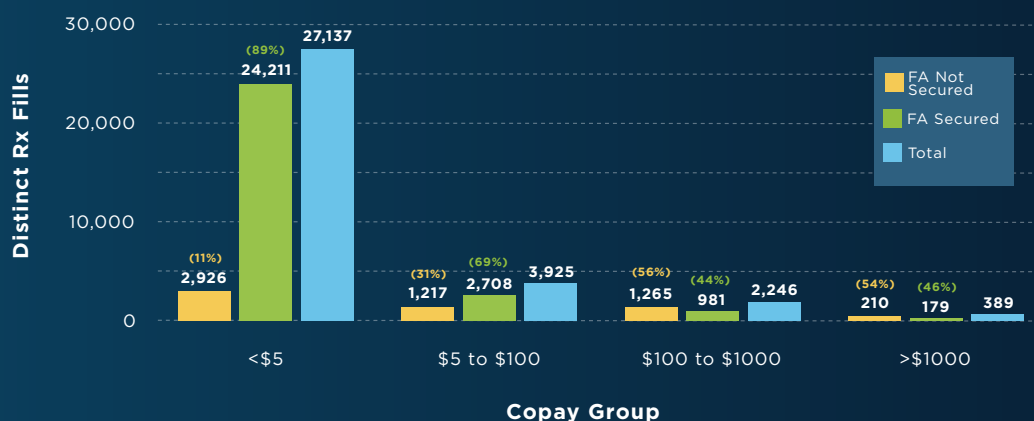
In 2022, the Shields Care Model resulted in industry-leading metrics for FA within an oncology population. As a result of the FA support provided, liaisons within oncology clinics completed over 21,000 FA applications and secured over \$672M. Alleviating OOP costs for cancer patients can reduce barriers to medication access and potentially improve adherence and clinical outcomes.

A retrospective analysis of Shields prescription fill data was conducted to describe the impact of PAPs on OOP costs for cancer patients filling oral oncology agents through HSSPs. These included adult and pediatric patients with oncology clinic visits who received three or more fills of an oral oncology agent through an HSSP from January 1, 2020, to September 30, 2022.

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 in the table to the right with frequency of fill, average package price of drug, and average OOP cost per fill. The average OOP cost varied by medication but was significantly skewed by high outliers as evidenced by a median OOP cost of \$0 for all but one of the top 20 medications listed. As shown in the graph below, 81% (27,137/33,697) of the distinct fills were associated with a OOP cost less than five dollars. Of those patients that had an OOP cost of less than five dollars, 89% had FA secured.

Top 20 Out-of-Pocket Cost by Medication

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	\$56.81
Venclexta	10.2	3,441	393	\$16,100	\$37.67
Abiratarone	7.5	2,528	243	\$11,542	\$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	\$58.40
Jakafi	6.2	2,081	155	\$19,441	\$107.35
Tagrisso	4.4	1,484	131	\$19,365	\$159.65
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	\$20,225	\$133.65
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	\$133.65
Erleada	1	343	41	\$16,232	\$81.67



Top 20 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%

Shown in the table above, 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. This observational analysis demonstrates the impact of the Shields model on access to PAP funding for oral oncology agents.

CONCLUSION

While financial toxicity in cancer care is a significant problem, the use of PAPs can reduce the burden to patients. Health system specialty pharmacies and the Shields model are optimally positioned to access PAP funds, as demonstrated by the applications completed and funds secured in 2022. The integrated nature of our care model helps identify eligible patients sooner and provides resources and expertise that help remove barriers to secure patient funds. Alleviating OOP costs for cancer patients can reduce barriers to medication access and potentially improve adherence and clinical outcomes.

REFERENCES

¹ Hussaini SM, Gupta A, Dusetzina SB. Financial toxicity of cancer treatment. JAMA Oncol. 2022;8(5):788. doi:10.1001/jamaoncol.2021.7987.

² Doherty M, Gardner D, and Finik J. The financial coping strategies of US cancer patients and survivors. Support Care Cancer. 2021 Oct;29(10):5753-5762.

³ Coughlin SS, Dean LT, Cortes JE. Financial assistance programs for cancer patients. Curr Cancer Rep. 2021;3(1):119-123.

⁴ Abrams HR et al. Financial toxicity in cancer care: origins, impact, and solutions. Transl Behav Med. 2021;11(11):2043-2054.

⁵ Olszewski AJ, Zullo AR, Nering CR, Huynh JP. Use of charity financial assistance for novel oral anticancer agents. JCO Oncol Pract. 2018;14(4):221-228.

⁶ Lieberman S, Ginsburg P, Trish E. Sharing drug rebates with medicare part d patients: why and how. health affairs forefront. <https://www.brookings.edu/articles/sharing-drug-rebates-with-medicare-part-d-patients-why-and-how/> (Accessed June 2, 2023).

⁷ Dusetzina SB, Huskamp HA, and Keating NL. Specialty drug pricing and out-of-pocket spending on orally administered anticancer drugs in medicare part d, 2010 to 2019. JAMA. 2019;321(20):2025-2027

⁸ Cancer care news. free grants for patients and families. <https://cancercarenews.com/more-cancer-freebies/grants/> (Accessed June 2, 2023).

ABOUT SHIELDS HEALTH SOLUTIONS

Shields is the premier specialty pharmacy accelerator in the country. The Shields Performance Platform, an integrated set of solutions, services and technology, is intentionally designed to elevate payer and drug access for specialty pharmacies, elevate health outcomes for complex patients, and elevate growth throughout the entire health system. As the foremost experts in the health system specialty pharmacy industry, Shields has a proven track record of success including access to over 80 percent of all limited distribution drugs (LDDs) and most (health insurance) payers in the nation; and a clinical model proven to lower total cost of care by 13%. In partnership with more than 80 health systems across the country through national-scale collaboration, Shields has a vested interest in delivering measurable clinical and financial results for health systems.



To learn more visit Shieldsrx.com



100 Technology Center Dr.
Stoughton, MA 02072

© Shields Health Solutions. All rights reserved.

