Oral Chemo Parity Status in the United States

Allison Reed, PharmD, BCPS

Background

- Development of oral oncolytics has greatly increased in the last 20 years.
- Allowed for an increasingly large percentage of patients to stay out of the infusion center.
- Oral chemotherapy has been used longer than recognized with medications such as capecitabine, cyclophosphamide, and temozolomide. 1
- With older oral therapies, insurance may prefer to pay for the intravenous formulation as opposed to the oral formulation.
- Intravenous chemotherapy are covered under patients’ medical insurance while oral chemotherapy is covered under prescription benefits. 2

Legislation

- 2017-2018: H.R. 1409 was introduced, mandating that “group and individual health plans that cover anticancer medications administered by a health care provider to provide no less favorable cost sharing for patient-administered anticancer medications.” 3
- Referred to the Subcommittee on Health and died in committee.
- Prior to this bill, more than half of the United States had created state legislation about oral chemotherapy parity. 4
- 2019-2020 Congress: the Cancer Drug Parity Act of 2019 (H.R 1730) was introduced. 5
- Referred to the Subcommittee on Health and died in committee.
- As of 2019, the District of Columbia and 43 states have passed oral chemotherapy parity laws (Figure 1). 6,7
- 2021-2022 Congress: the Cancer Drug Parity Act of 2021 (H.R. 4385) was introduced.
- Referred to the House Committee on Education and Labor. 8

Figure 1

What Can Be Done

- Write to state representatives about how changing laws would affect your patients’ lives positively.
- Lobby at your state capital. Lawmakers make a better connection when seeing constituents’ faces.
- Vote for representatives that support decreasing drug prices and have a positive record for being reliable.

Issues

- Approximately one quarter of the medications in development are oral chemotherapy. 9
- With oral chemotherapy parity laws, only oral chemotherapy with intravenous equivalents are covered.
- Oral oncolytics in development and most of the oral oncolytics that were developed in the past 20 years do not have an intravenous formulation.
- This means that patients taking oral chemotherapy that does not have an intravenous formulation can still be charged tens of thousands of dollars.
- This leaves patients exposed to financial toxicity, risk of non-adherence, and potential for lapse in treatment.
- If clinics are unable to find ways to help patients pay for their oral chemotherapy, they will have to opt for a less favorable treatment.
- Because the Cancer Drug Parity Act has not yet been signed into law on a federal level, patients must depend on the law passed at the state level, if one has been passed. 6
- State laws have similar backbones.
- Some states have provisions for how much the oral formulations can cost.
- Some states have provisions that the intravenous formulation’s price cannot be increased in order to charge more for the oral formulation. 7
- By not including similar provisions, patients remain unprotected and are still at risk of paying thousands of dollars every month for their medication if drug manufacturers increase the price of the intravenous formulation in order to increase the price of the oral formulation.
- They are at the mercy of their insurers and the drug manufacturers.

References


