

Introduction

- It is estimated that 22% of cancer patients are using an oral anticancer agent¹.
- The number of cancer patients eligible for targeted therapy has increased from 5.13% in 2006 to 13.6% in 2020².
- The majority of oncology patients prefer to receive oral over intravenous therapy³.
- The price of oral anticancer agents averages around \$10,000 per month⁴.
- One study⁵ showed that 47% of Medicare Part D patients received financial assistance and 79% had an out-of-pocket cost exceeding \$1,000 for the first prescription.

Objectives

Evaluate the prevalence of financial toxicity in patients with Medicare and identify the corresponding impact on treatment outcomes.

Methods

- Retrospective chart review was conducted for patients managed by St. Luke's Oncology Specialty Pharmacy from January 1, 2022 through February 28, 2022.
- Patients were included if they were at least 65 years of age, on an active Medicare plan, and with a new or refill prescription for an oral anticancer agent.
- Patients were excluded if they did not meet age requirement, were uninsured, or had their oral anticancer agent billed under a commercial or government-sponsored plan.
- Financial toxicity was defined as a out-of-pocket cost greater than \$50 prior to financial assistance per institutional practice.
- Data collection included patient demographics, medication, cancer diagnosis, planned and actual treatment start dates, Medicare plan, financial assistance options, and co-pays.

Results

Table 1. Baseline Characteristics

Characteristic	Patients (N = 297)
Median Age, years (range)	74 (65-93)
Cancer Diagnosis, no. (%)	
Leukemia	78 (26.3%)
Prostate	68 (22.9%)
Multiple Myeloma	41 (13.8%)
Breast	27 (9.1%)
Other	83 (27.9%)
Medicare Plan	
B+D	139 (46.3%)
C+D	147 (49.3%)
Part B Only	11 (3.7%)

Table 2. Delay In Therapy

Prescription Type	Delay in Therapy, no. (%)
New (N = 41)	22 (53.7%)
Refill (N = 256)	9 (3.5%)
Total (N = 297)	31 (10.4%)

Figure 1. Financial Assistance Type

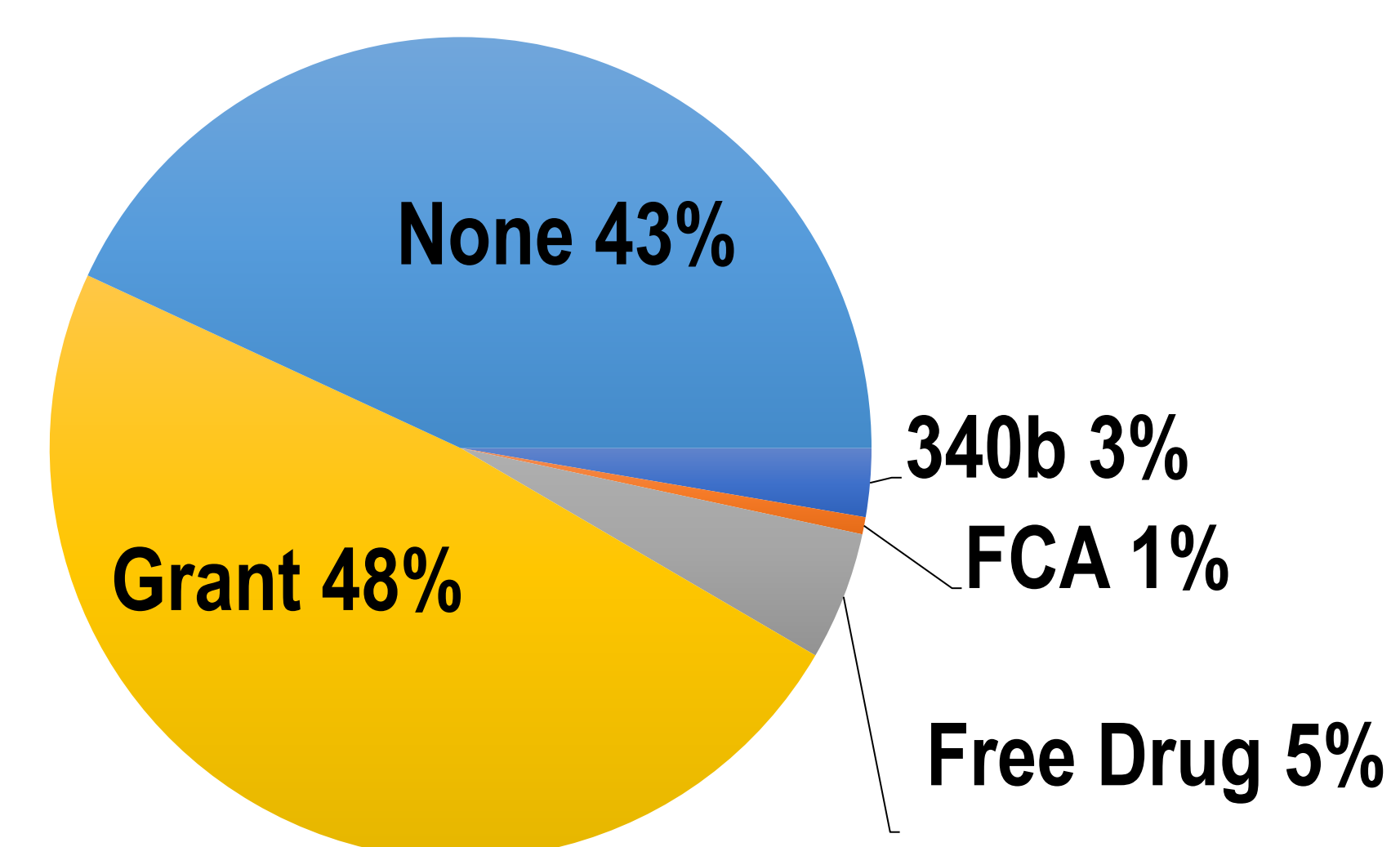
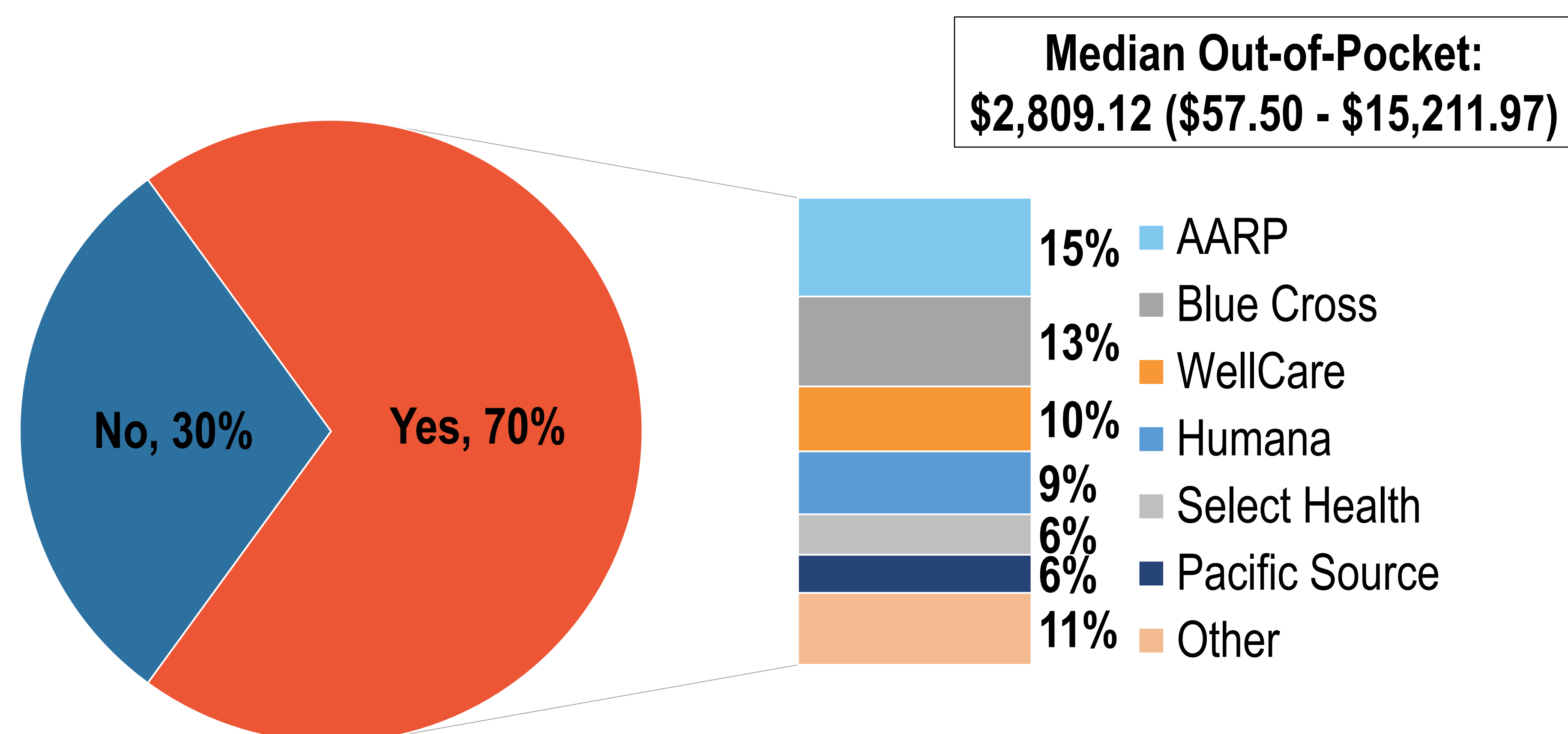


Figure 2. Prevalence of Financial Toxicity



Disclosures

Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject of this presentation.

Discussion

- A total of 297 oral anticancer prescriptions were analyzed for financial toxicity outcomes in patients with a Medicare plan.
- The majority of patients relied on either insurance or a grant for adequate coverage prior to filling their prescription.
- Delays in therapy were seen more in new prescriptions with a median delay of 10 days, whereas a out-of-pocket >\$50 occurred more frequently in patients who were refilling existing/active oral anticancer prescriptions (59.9%).
- Utilization of patient financial advocates was key in obtaining the prescribed agent in 57% of patients who required financial assistance in addition to the provided Medicare coverage.
- Limitations to this evaluation include: the short time period for data collection; an institution-specific out-of-pocket dollar amount of \$50; and exclusion of Medicare-aged patients covered by government-sponsored plans (e.g. Tricare).

Conclusions

- Patients enrolled in an Idaho Medicare plan that were prescribed an oral anticancer agent were likely to experience a delay in therapy or require financial assistance to receive care.
- Future directions for this project will include longer follow up for financial and clinical outcomes given varying out-of-pocket cost and assistance availability.

References

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