

## Introduction

- It is estimated that 22% of cancer patients are using an oral anticancer agent<sup>1</sup>.
- The number of cancer patients eligible for targeted therapy has increased from 5.13% in 2006 to 13.6% in 2020<sup>2</sup>.
- The majority of oncology patients prefer to receive oral over intravenous therapy<sup>3</sup>.
- The price of oral anticancer agents averages around \$10,000 per month<sup>4</sup>.
- One study<sup>5</sup> 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

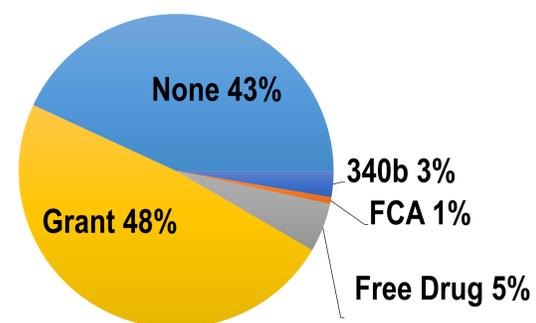
**Table 1. Baseline Characteristics**

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%)

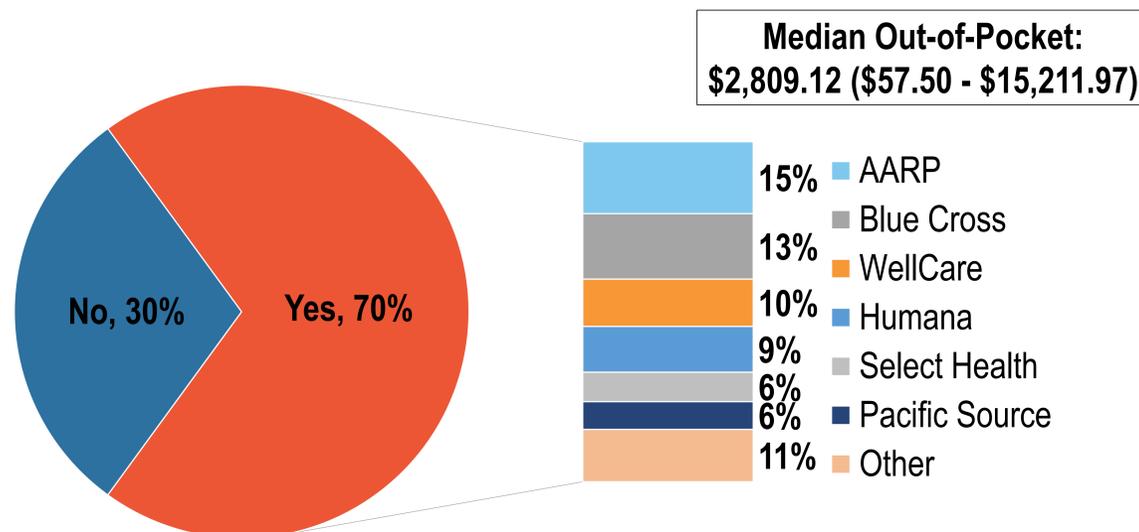
**Table 2. Delay In Therapy**

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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