

Review of an in-house specialty pharmacy financial assistance program at a rural academic medical center

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Background

Cancer is considered one of the most expensive medical conditions in the US.

Financial toxicity (FT), which is best described as harm caused by the cost of treatment, has risen in both prevalence and severity. FT can lead to increased prescription abandonment rates, reduced adherence, and poorer outcomes.

Medically integrated dispensing provides a multitude of patient benefits:

- Increased patient adherence and satisfaction
- Improved continuity of care
- Reduction in medical and pharmacy costs
- Decreased healthcare resource utilization

Objective

Describe patient assistance provided through a health-system integrated specialty pharmacy (SP) financial assistance program

Assess the impact and sustainability of such financial assistance program

Methods

Retrospective review of prescriptions filled by Billings Clinic Specialty Pharmacy (BCSP) that applied to, and qualified for, the in-house financial assistance program

Inclusion Criteria:

- Age >18 years
- Prescription for oral oncolytic dispensed by BCSP between 1/1/2024 – 12/31/2024
- Received BCSP financial assistance for oral oncolytic at least once during pre-defined timeframe
- Prescription utilized BCSP financial assistance or was dispensed after BCSP financial assistance was applied

Results

Figure 1. Selection and data inclusion / exclusion

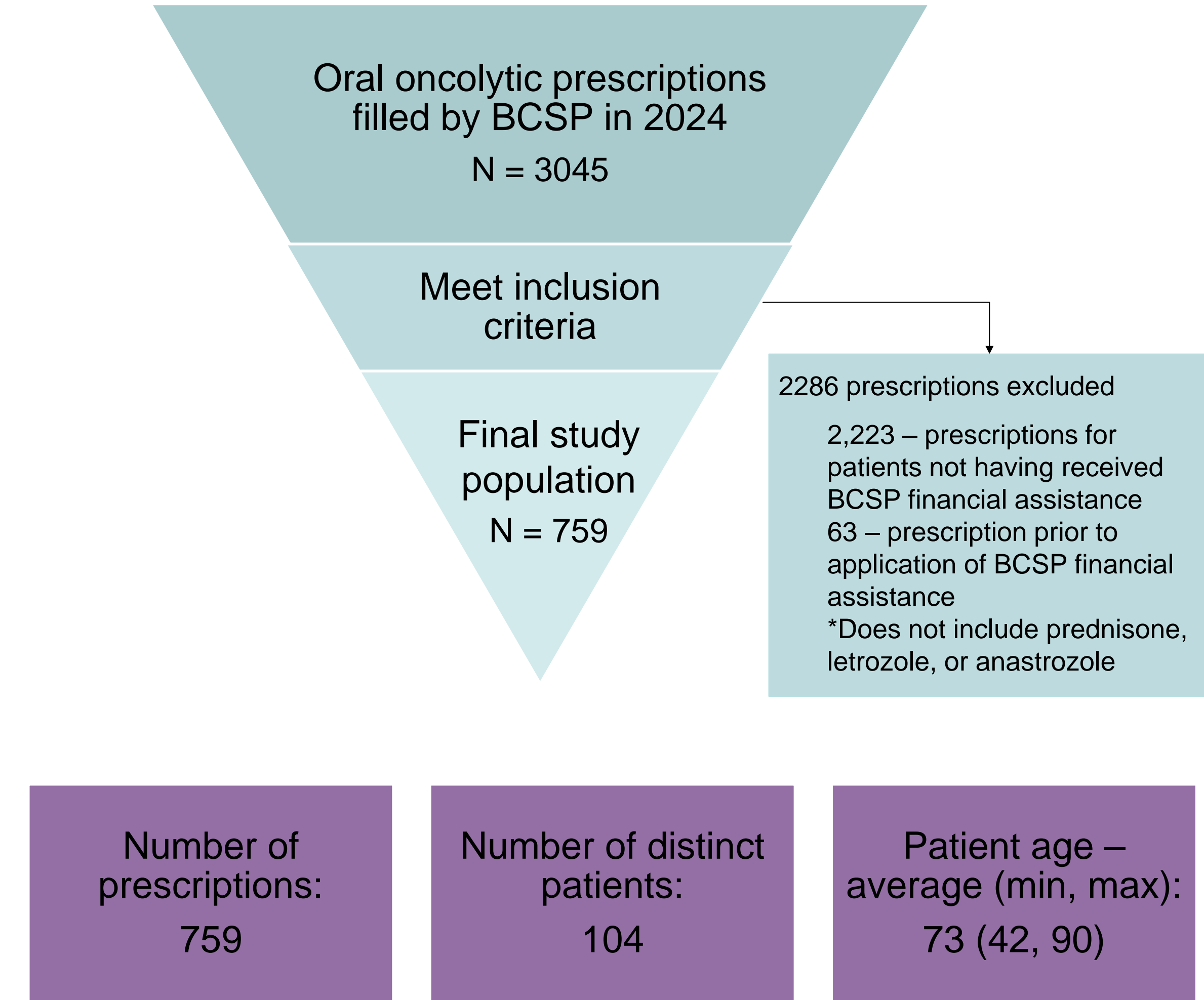


Table 1. Financial Analysis of BCSP Financial Assistance Program

Prescriptions eligible for 340B	724 (95.3%)
Financial assistance provided	\$253,674.55
Prescription costs (340B eligible + ineligible)	\$3,987,974.96
Primary insurance payments	\$7,226,690.46
Net profit	\$2,985,040.95

Results Cont.

The use of an in-house financial assistance program helped to reduce patient out of pocket expenses by an average of \$2,434 per year. This allowed these patients to receive medication through medically integrated dispensing, further enhancing access to improved continuity of care and support patient adherence and satisfaction.

This program showed financial sustainability while allowing patients to maintain medically integrated dispensing.

Discussion

Financial viability of this program is expected to increase in year 2025 given reduction in Medicare Part D maximum out of pocket.

Further evaluation of clinical outcomes, time to initiation of therapy, and persistence on therapy would be valuable to show additional benefits of this program.

References

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