A NOVEL SCORING FRAMEWORK TO ANALYZE & IMPROVE ACCESS PATHWAYS TO ORAL ONCOLOGY THERAPIES

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In the evolving landscape of oncology care, the shift toward oral therapies has introduced new opportunities for patient outcomes, while also introducing new challenges. One of the most pressing concerns is the persistent issue of timely access to specialty medications. Prompt initiation is crucial for optimal oncology care, representing an essential element of effective treatment delivery.[1]

For many patients, the journey from prescription to initiation of oral oncology treatment comes with delays caused by complex distribution models, financial hurdles and inconsistent support mechanisms. These delays further restrict dispensing to select specialty pharmacies and can impede or delay medication access. These hurdles not only pose logistical inconveniences, they can directly impact clinical outcomes by prolonging disease progression and diminishing survival rates.[1,2]

Recognizing the urgent need for a structured approach to evaluate and improve access pathways, our team at Moffitt Cancer Center Specialty Pharmacy developed a novel scoring framework: a standardized scorecard designed to assess the real-world accessibility of oral oncology therapies. The following sections outline the rationale, design and implementation of the scorecard, and examine its potential to transform access-informed decision-making in oncology care. This initiative also aligns with the broader industry need for consistent measurement of specialty pharmacy accessibility.[1]

UNDERSTANDING THE BARRIERS TO ACCESS

Access to oral oncology medications is shaped by a multitude of factors, many of which lie outside the clinicians' immediate control. Limited distribution networks, variable manufacturer contracts, and disparate patient assistance programs with restrictive eligibility criteria create complex and burdensome barriers for healthcare teams.

Medically Integrated Pharmacies (MIPs) — also referred to as Integrated Health-System Specialty Pharmacies — are designed to streamline patient access and improve adherence to specialty medications, often resulting in higher rates of access and adherence rates within the health system.[2] Factors such as prior authorization delays, high out-of-pocket costs, and fragmented communication between clinicians and insurers all contribute to slower turnaround times in patients accessing their medications, which are known to correlate with poorer health outcomes.[1] MIPs help alleviate these issues by providing essential financial assistance and leveraging their expertise in patient assistance programs to overcome cost barriers.

Clinicians, however, are still left to navigate these complexities without a centralized resource to compare access pathways across therapies. The absence of standardized tools means that prescribing decisions are often made without full visibility into the logistical and financial implications for patients. This disconnect can lead to treatment delays, increased patient distress, and added burden on care teams.

Healthcare providers have reported that navigating factors like prior authorizations and limited distribution networks interfere with clinic workflow and patient care, creating extensive administrative tasks that ultimately create a burden on the clinical team.[2]

DESIGNING A STRUCTURED SCORECARD

To address this gap, Moffitt Cancer Center's integrated Specialty Pharmacy developed a structured scorecard to evaluate oral oncology therapies based on key access-related variables. The tool is designed for real-time clinical use to support informed, patient-centered treatment decisions.

The scorecard incorporates multiple dimensions of access (**Figure 2**), including:

- **Cost of medication** (contracts and discounts status);
- **Patient assistance program availability**;
- **Federal poverty level thresholds** for patient assistance eligibility;

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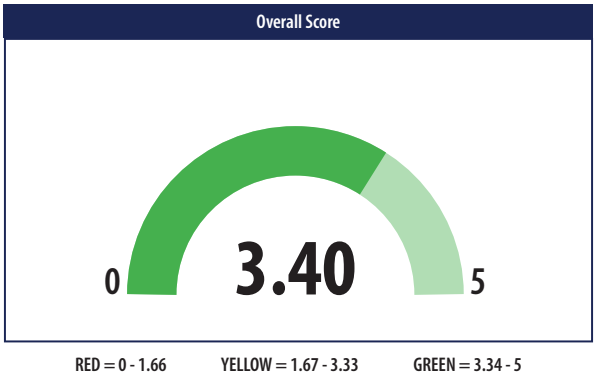
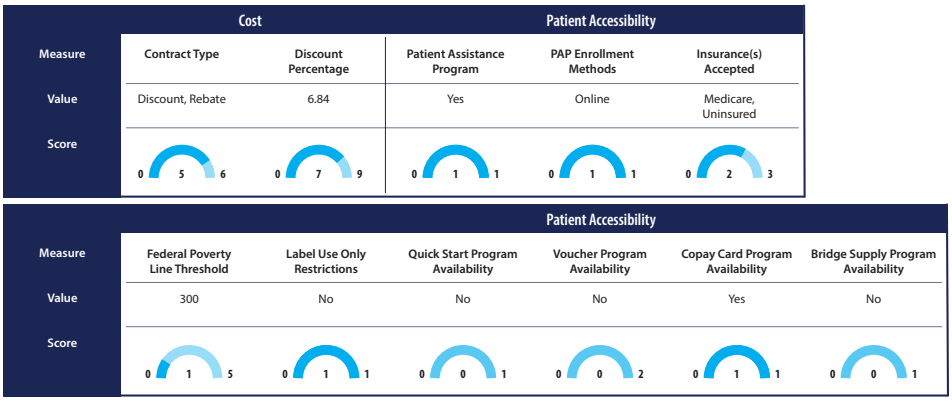
FIGURE 1 (right): This graphic illustrates the overall score a medication has received. The green segment indicates a high accessibility rating, suggesting that there are less barriers to patient treatment acquisition.

FIGURE 2: (below): Panels display each dimension of access used to score a medication. These are averaged together to create an overall score as seen in Figure 1.





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▲ **Restrictions on off-label use**;

▲ **Logistics of patient support programs** (copay cards, vouchers, and free trial programs); and

▲ **Manufacturer contract types** (e.g., limited distribution vs. open access).

Each therapy is categorized by a therapeutic class to facilitate comparison and assigned a composite accessibility score (1-5) (**Figure 1**). Scores are color-coded to enhance interpretability.

Green (3.34–5): High accessibility

Yellow (1.67–3.33): Moderate accessibility

Red (0–1.66): Low accessibility

This scoring system allows clinicians to quickly identify therapies that are more likely to be accessible to their patients, helping to reduce delays and financial toxicity.

PILOTING THE SCORECARD: A CASE STUDY FROM MOFFITT

The scorecard was initially piloted in the Thoracic Clinic at Moffitt Cancer Center, leveraging financial and contractual data from the institution's medically integrated specialty pharmacy. This setting provided a rich source of real-world data and allowed for close collaboration between clinical and pharmacy teams.

While the initial design was based on site-specific data, the scorecard was intentionally built for adaptability. Core access components such as copay cards and manufacturer vouchers are determined by pharmaceutical companies and therefore not institution-specific. This enhances the tool's transferability, allowing other institutions to customize the framework by integrating their own formulary and financial contract data.

Following successful implementation in the thoracic clinic, the scorecard is now being expanded to additional clinics across Moffitt Cancer Center. Initial clinician feedback has been positive, with members of the clinic team noting that the tool supports decision-making and improves communication with patients regarding access-related concerns.

EMPOWERING CLINICIANS AND PATIENTS

A key advantage of the scorecard is its ability to bring access considerations directly into clinical conversations. Traditionally, discussions about financial support and distribution logistics occur separately from treatment planning. The scorecard bridges this gap, enabling clinicians to incorporate access data into prescribing decisions.

For example, when choosing between two therapies with similar efficacy profiles, clinicians can consult the scorecard to determine which option is more accessible for the patient based on factors such as copay assistance and patient assistance eligibility criteria (**Figure 2**). This not only reduces delays but also fosters a more transparent and supportive patient experience.

Furthermore, by clearly outlining available manufacturer support programs, the scorecard clarifies the access landscape. Patients are better informed about their options, and care teams are better equipped to advocate on their behalf.

STANDARDIZATION AND BROADER IMPACT

While the scorecard was developed with oral oncology therapies in mind, its underlying framework has broader applicability. Principles such as contract transparency, financial burden, support logistics are relevant across therapeutic areas. As such, the scorecard could be adapted to other specialties — including rheumatology, neurology and infectious disease — where specialty medications face similar access challenges.

Future efforts will focus on formal validation of the scorecard, including inter-rater reliability and its predictive value for treatment initiation timelines. We also envision cross-institutional

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collaboration to support broader standardization, enabling benchmarking and the sharing of best practices.

In addition, integration with electronic health records and clinical decision support systems could further enhance the scorecard's utility. Embedding access data into clinical workflows would allow real-time alerts and recommendations, helping clinicians make access-informed decisions without disrupting care delivery.

CONCLUSION

Timely access to oral oncology therapies is not just a logistical concern, but also a clinical concern. Delays in treatment initiation can have profound consequences for patient outcomes, and the complexity of the access landscape demands a structured, data-driven approach.

The scorecard developed at Moffitt Cancer Center provides a novel and practical solution to this challenge. By evaluating therapies based on real-world accessibility and financial burden, the scorecard empowers clinicians to make informed, patient-centered decisions while offering a replicable framework for other institutions seeking to improve equity and efficiency in oncology care.

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As we continue to refine and expand the scorecard, we remain committed to the principle that access is a critical component of quality care. Through collaboration, innovation and a shared commitment to patient well-being, we can build a more transparent and equitable system one score at a time.

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