

A Research Agenda to Address Cancer-Related Financial Hardship

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National Cancer Institute*

Talking points

1

The high cost of cancer care, other cancer-related expenses and employment disruption can lead to financial hardship

2

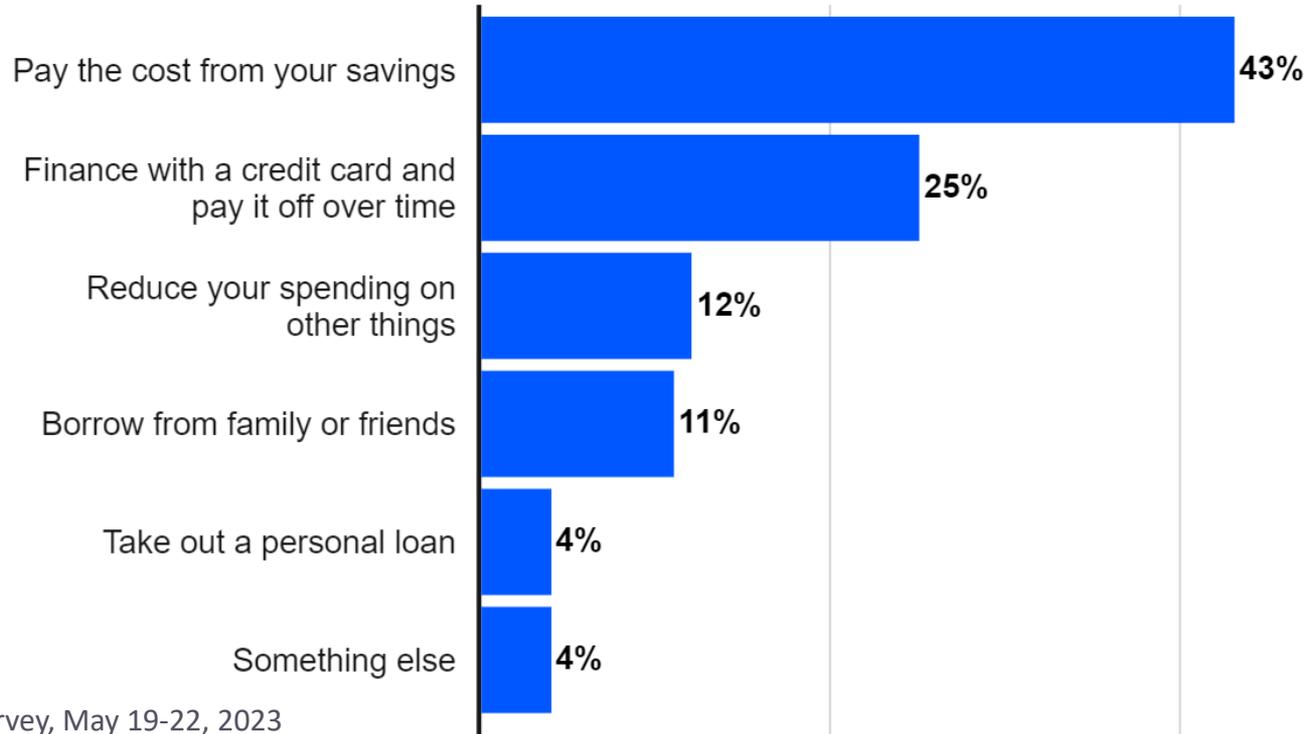
NCI priorities for research to address cancer-related financial hardship

3

Ongoing research to identify and address financial concerns among cancer patients and their families

Economic well being of households in the United States

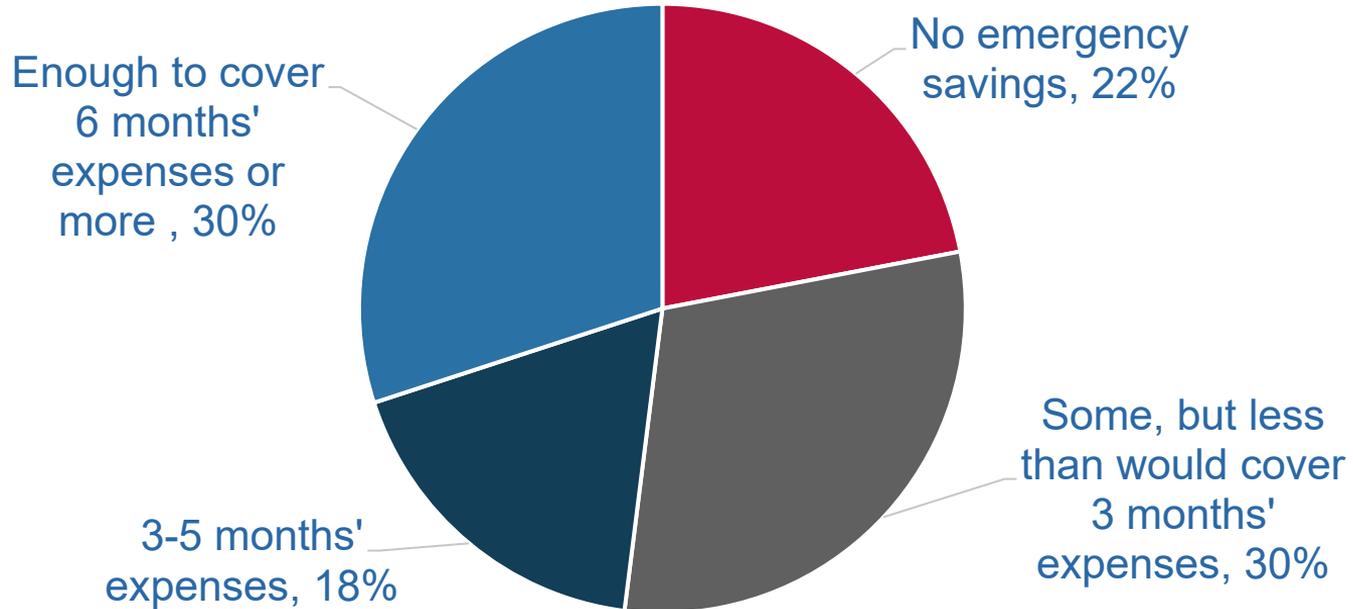
- How households would pay for a \$1,000 surprise expense.



Source: Bankrate survey, May 19-22, 2023

Economic well being of households in the United States

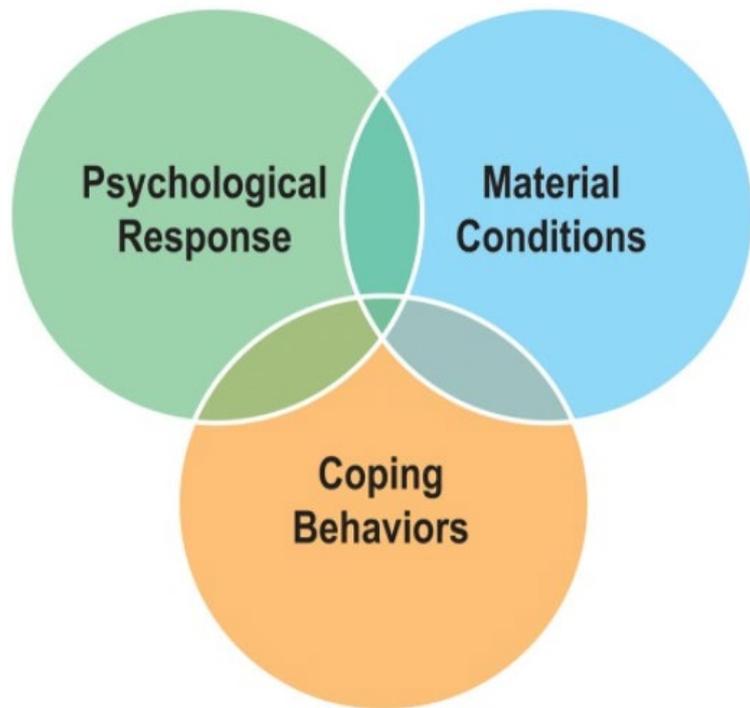
- Money in emergency savings (e.g., money readily available in a checking account, savings account, or money market)



Percentage of civilian workers with access to paid leave by income strata

Leave benefit	Lowest 10 percent	Lowest 25 percent	Second 25 percent	Third 25 percent	Highest 25 percent	Highest 10 percent
Family	6%	14%	26%	30%	41%	48%
Holidays	46%	60%	84%	90%	85%	86%
Personal	15%	26%	49%	56%	67%	67%
Sick	40%	58%	84%	88%	95%	96%
Vacation	43%	55%	83%	90%	82%	84%

Conceptual framework for thinking about the financial burden of cancer



>50% of working age survivors report at least 1 material, psychological or behavioral domain of financial hardship

(Cancer Epidemiol Biomarkers Prev (2020) 29 (2): 308–317.)

- **Material conditions:** OOP costs for medical care and other cancer-related expenses, lost wages.
- **Psychological response:** distress and poor quality of life.
- **Coping behaviors:** delaying or forgoing recommended medical care to save money.

Conceptual framework for thinking about the financial burden of cancer

Over 41% of cancer survivors report making employment changes such as taking extended time off, making schedule changes or switching to a less demanding job (J Natl Cancer Inst. 2020;113(5):641-4.)

Annual patient time costs among those <2 years from diagnosis were \$1,229 for adults aged <65 and \$1,623 for adults aged 65+ (J Natl Cancer Inst, Volume 113, Issue 12, December 2021, Pages 1670-1682)

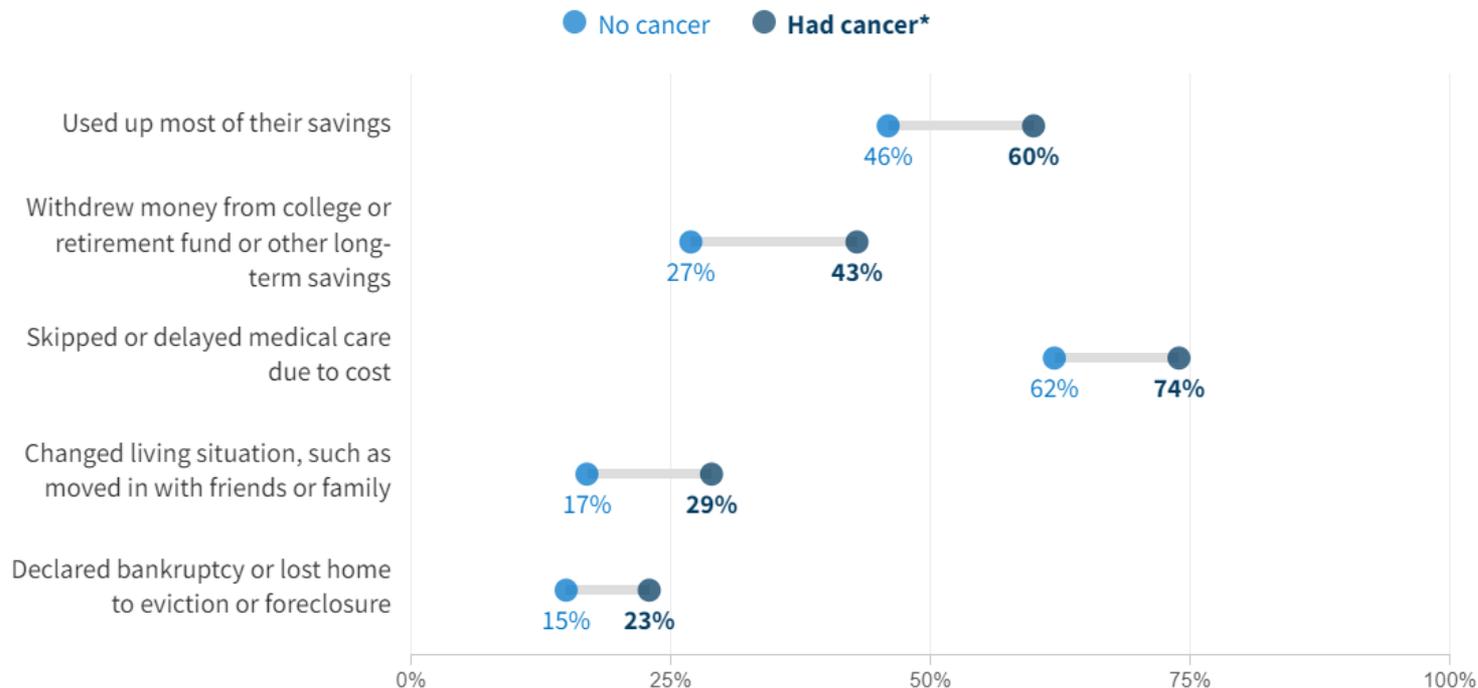


Annual patient out-of-pocket costs among those <2 years from diagnosis were \$1,560 for adults aged <65 and \$1,854 for adults aged 65+ (J Natl Cancer Inst, Volume 113, Issue 12, December 2021, Pages 1670-1682)

Patient travel expenses for each cycle of outpatient treatment have been estimated as \$40-\$100 (J Clin Oncol. 2013;31(31_suppl):270.)

The High Financial Toll of Cancer

Share of indebted adults who say they or someone in their household have done the following due to health care debt:



Note: *They or an immediate family member received treatment for cancer in the past five years.

Source: KFF Health Care Debt Survey of 2,375 U.S. adults, including 1,674 with current or past debt from medical or dental bills, conducted Feb. 25 through March 20. The margin of sampling error for the overall sample is 3 percentage points.

Credit: Alyson Hurt/NPR and Noam N. Levey/KHN

Risk factors for financial hardship

Demographic

Younger age groups
Lower socioeconomic status
Rural residence
Minority race/ethnicity
Assets/debt

Health insurance

Less than age 65 with public insurance
Uninsured
High cost-sharing

Employment

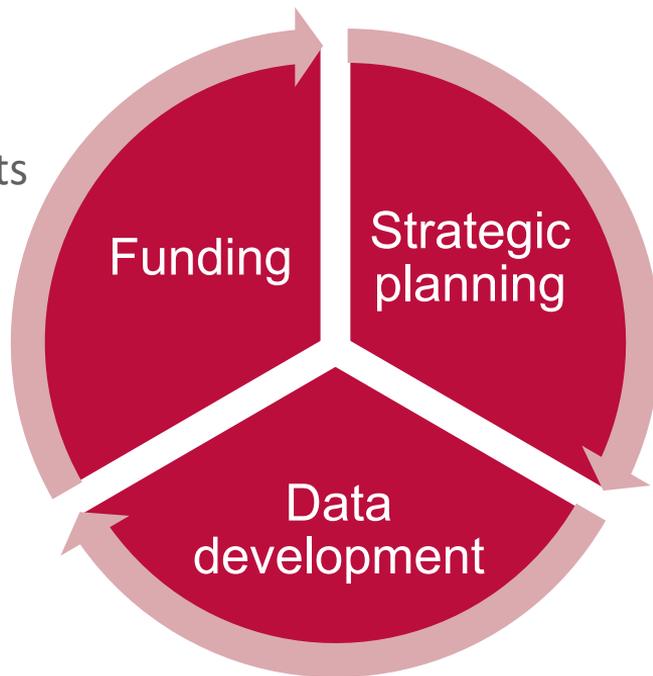
Wage-earner status
Lack of employer accommodations
Employment disruption due to cancer

Clinical

Advanced disease
Greater treatment intensity and duration

Cancer health economics research at the National Cancer Institute

- Grants
- Cooperative agreements
- Administrative supplements



- Convening relevant stakeholders
- Scientific priority setting

- National surveys
- Data linkages
- Clearinghouse



**CANCER HEALTH
ECONOMICS**



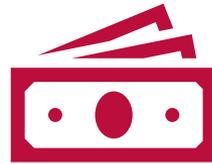
Priority areas to address cancer-related financial hardship



Identify patients at risk for cancer-related financial hardship



Develop and test sustainable models of financial navigation



Integrate financial hardship screening and service delivery into care

Need for financial hardship screening

- Out-of-pocket costs for treatment are high due to the cost of cancer care and insurance cost-sharing requirements.
- Many patients with financial need are currently not being identified.
 - Patients are reluctant to ask for help when they need it.
 - Oncologists are reluctant to discuss financial issues with patients.
- Screening normalizes discussions about financial concerns and removes the burden for patients initiate a conversation.
- Screening is the first step towards linking patients to available resources.

Availability of screening programs in cancer care delivery

- Studies describing the availability of financial hardship screening find that most practices have some level of screening.
 - 72% of NCI's Community Oncology Research Program practices (Cancer Epidemiol Biomarkers Prev. 2021 Apr; 30(4): 669–675)
 - 75% National Comprehensive Cancer Network (NCCN) centers (J Natl Compr Canc Netw. 2020 Jul;18(7):825-831)
 - 95% of NCI-designated cancer centers (unpublished data).
- Outstanding research questions
 - What is the best way to screen patients for financial hardship?
 - What patients are falling through the cracks?
 - What is needed to integrate screening and subsequent referral into clinical workflows?

Financial navigation definition and goals

- Financial navigation focuses on treating and preventing financial toxicity by guiding patients through the healthcare system to help them gain access to care by reducing financial barriers. (adapted from the Patient Access Network Foundation)
- Goals of financial navigation (Association of Community Cancer Centers)
 - Help patients understand insurance benefits, financial liability for care and available resources.
 - Help patients make insurance coverage decisions that align with their goals.
 - Increase patient adherence to treatment by removing barriers to care.
 - Improve access to care and ensure equitable care.

Current landscape of financial navigation

- **Integrated delivery:** Screening and service delivery are conducted on-site. Activities need to be integrated into clinical workflow. Potential to efficiently identify patients in need and tailor treatment plans where appropriate.
- **Remote delivery:** Financial navigation provided by third-party organizations. Can decrease the administrative burden to cancer centers and serve as a venue for patients to seek assistance from an organization not involved with medical billing.
- **Tech and app solutions:** Patient-facing apps can facilitate identification of financial assistance resources and out-of-pocket cost reduction. Effectiveness depending upon patient engagement. Potential to interface with the electronic health record and other hospital systems.

Barriers to financial navigation

	% Strongly agree or agree	% Neither agree nor disagree	% Disagree or strongly disagree
It is difficult to determine how much a cancer patient's treatment will cost.	72	16	12
Oncologists are reluctant to discuss financial issues with cancer patients.	70	21	9
The applications for financial assistance are complex and time consuming.	67	10	23
Cancer patients are reluctant to ask for help when they need it.	54	27	19
The pathways or workflows to connect cancer patients with existing financial services are unclear.	46	28	26
Staff do not have enough time or capacity to coordinate financial navigation services for cancer patients	44	18	38
There is a lack of staff awareness about available financial navigation services for cancer patients.	40	16	44
There are few financial navigation services available to offer cancer patients.	40	11	49
Staff are not equipped to discuss financial issues with cancer patients (e.g. due to lack of relevant information)	39	23	38

Cancer center supplements to address cancer-related financial hardship (n=11)

- ✓ Characterize facilitators and barriers to financial hardship screening
- ✓ Develop and test new screening tools
- ✓ Collect and document information about financial hardship
- ✓ Implement financial navigation

Challenges and Opportunities for Addressing Financial Hardship as Part of Cancer Care Delivery

Home / News & Events / Events / Challenges and Opportunities for Addressing Financial Hardship as Part of Cancer Care Delivery

Challenges and Opportunities for Addressing Financial Hardship

October 6, 2022
12:00 - 4:30 PM ET

Overview

Overview

Agenda & Recordings

Background Materials

Speakers



Select findings



Screening tool development: The Dan L Duncan Cancer Center at Baylor St. Luke's Medical Center developed and validated a 5-item screening tool (FINTOX) with stakeholder input. Financial hardship more common among patients treated in safety net system. Tool used to screen patients who are eligible for treatment trials and connect to existing financial support program.



Screening with existing tools: O'Neal Comprehensive Cancer Center at the University of Alabama at Birmingham combined a question about difficulty affording medication (asked at intake), the NCCN distress thermometer, the COST + financial needs checklist (both asked by lay navigators). Clear referral pathways were established depending on responses. Easy to incorporate screening into practice using lay navigators.



Establishing new workflows: Iterative study at the James Cancer Hospital and Solove Research Institute at the Ohio State University where clinic staff use a question in the EMR to trigger a referral to social work or patient navigation. Developed a process dictating who was responsible for referrals, referral modality, and responsibility for follow up.



Testing a financial navigation intervention: The Lineberger Comprehensive Cancer Center at UNC Chapel Hill tested the *Lessening the Impact of Financial Toxicity* Intervention in 9 community practices. Intervention connects patients to assistance with pharmaceuticals, help with insurance and payment and/or resources available on-site or through foundations.



Referral to existing services: Georgetown Lombardy Comprehensive Cancer Center used the NCCN Distress Thermometer and other information gathered during patient intake and clinical interactions to screen for financial and health-harming legal needs. Patients referred to financial navigation or the *Cancer LAW Project*.

Among the 11 supplement projects, 5 studies used items from the COST, two projects used the NCCN distress thermometer, two screened patients using sociodemographic data from the EHR, and two developed new screening instruments

COST – FACIT (Version 2)

Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

		Not at all	A little bit	Somewhat	Quite a bit	Very much
FT1	I know that I have enough money in savings, retirement, or assets to cover the costs of my treatment.....	0	1	2	3	4
FT2	My out-of-pocket medical expenses are more than I thought they would be	0	1	2	3	4
FT3	I worry about the financial problems I will have in the future as a result of my illness or treatment	0	1	2	3	4
FT4	I feel I have no choice about the amount of money I spend on care.....	0	1	2	3	4
FT5	I am frustrated that I cannot work or contribute as much as I usually do.....	0	1	2	3	4
FT6	I am satisfied with my current financial situation	0	1	2	3	4
FT7	I am able to meet my monthly expenses	0	1	2	3	4
FT8	I feel financially stressed.....	0	1	2	3	4
FT9	I am concerned about keeping my job and income, including paid work at home.....	0	1	2	3	4
FT10	My cancer or treatment has reduced my satisfaction with my present financial situation	0	1	2	3	4
FT11	I feel in control of my financial situation	0	1	2	3	4
FT12	My illness has been a financial hardship to my family and me	0	1	2	3	4



National Comprehensive Cancer Network®

**NCCN Guidelines Version 2.2023
Distress Management**

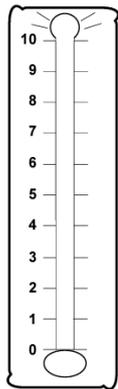
[NCCN Guidelines Index](#)
[Table of Contents](#)
[Discussion](#)

NCCN DISTRESS THERMOMETER

Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

Extreme distress



No distress

PROBLEM LIST

Have you had concerns about any of the items below in the past week, including today? (Mark all that apply)

Physical Concerns

- Pain
- Sleep
- Fatigue
- Tobacco use
- Substance use
- Memory or concentration
- Sexual health
- Changes in eating
- Loss or change of physical abilities

Emotional Concerns

- Worry or anxiety
- Sadness or depression
- Loss of interest or enjoyment
- Grief or loss
- Fear
- Loneliness
- Anger
- Changes in appearance
- Feelings of worthlessness or being a burden

Social Concerns

- Relationship with spouse or partner
- Relationship with children
- Relationship with family members
- Relationship with friends or coworkers
- Communication with health care team
- Ability to have children

Practical Concerns

- Taking care of myself
- Taking care of others
- Work
- School
- Housing
- Finances
- Insurance
- Transportation
- Child care

Spiritual or Religious Concerns

- Sense of meaning or purpose
- Access to medicine
- Treatment decisions
- Changes in faith or beliefs
- Death, dying, or afterlife
- Conflict between beliefs and cancer treatments
- Relationship with the sacred
- Ritual or dietary needs

Other Concerns:



Global lessons learned from 11 pilot studies

- Screening for financial hardship can be integrated into existing clinical workflows. However, strong staff, provider and patient engagement are key.
- Specific tool matters less than the process.
- Clearly outlined pathways to direct patients to national, state, local, and institutional resources such as grants, social workers, financial counselors, or navigators should be determined before screening.
- Training, staff turnover, staff shortages, changes in project leadership, working across institutions are challenges.



Ongoing clinical trials to address financial hardship

- NCI is currently funding 5 pragmatic trials to test patient-facing interventions to address different aspects of financial hardship.
- 3 studies evaluate personalized financial navigation embedded into the oncology or community setting (Lessening the Impact of Financial Toxicity (LIFT): a protocol for a multi-site, single-arm trial examining the effect of financial navigation on financial toxicity in adult patients with cancer in rural and non-rural settings; The Cancer Financial Experience (CAFÉ) study: randomized controlled trial of a financial navigation intervention to address cancer-related financial hardship; Addressing Cancer-Related Financial Hardship through Delivery of a Proactive Financial Navigation Intervention)
- 2 additional trials are evaluating interventions to address health insurance coverage and employment disruption (An interactive mobile application versus an educational booklet to promote job retention in women undergoing adjuvant chemotherapy for breast cancer: a randomized controlled trial; HIAYA CHAT study protocol: a randomized controlled trial of a health insurance education intervention for newly diagnosed adolescent and young adult cancer patients)

Summary



Due to the high costs of cancer care, patient out-of-pocket costs for treatment can lead to financial hardship. Other cancer related expenses and employment disruption exacerbate financial burden.



Financial hardship can lead patients to delay or forego recommended medical care to save money, leading to poor patient outcomes.



The National Cancer Institute is current funding differnet types of studies to identify patients at risk for financial hardship, develop and test financial navigation interventions and to support the integration of screening and service delivery into care.



Priorities for future research include addressing the economic impact and patient outcomes associated with healthcare innovations and changes in how and where care is delivered.

Thank you



**NATIONAL
CANCER
INSTITUTE**

www.cancer.gov

www.cancer.gov/espanol

The High Cost of Cancer Drugs and What we Need to do about it

S. Vincent Rajkumar
Professor of Medicine
Mayo Clinic
[@VincentRK](#)



Scottsdale, Arizona



Rochester, Minnesota



Jacksonville, Florida



No conflicts to disclose



COMMENTARY

The High Cost of Cancer Drugs and What We Can Do About It

Mustaqeem Siddiqui, MD, and S. Vincent Rajkumar, MD



~20 trials (8 RCTs)

Regulatory trials:

- Celgene (Thalidomide)
- Takeda (Ixazomib)
- Amgen (Carfilzomib)
- Janssen (Daratumumab)



**Number of new myeloma patients in the US
in 2017: 30,000**

**Total lifetime costs to treat all patients
diagnosed in 2017 : \$22.4 billion**

Excludes spending on hospital, infusion,
laboratory, imaging, physician, nursing, and
ancillary costs





FACTS

Drug	Approximate annual cost
Thalidomide	\$69,000
Lenalidomide	\$213,000
Pomalidomide	\$243,000
Carfilzomib 27mg/m2 dose	\$184,000
Carfilzomib 56 mg/m2 dose	\$360,000
Ixazomib	\$138,000
Daratumumab SQ	\$192,000

FACTS

Regimen	Approx. Annual cost (US)	Approx. Annual Cost (Outside US)
Len Maintenance	\$216,000	\$1200 / \$12,000
Dara-Len Maintenance	\$400,000	\$150,000
VRd	\$225,000	\$3600 / \$15,000
KRd (27 mg/m2 dose of K)	\$397,000	\$102,000
KRd (56 mg/m2 dose of K)	\$573,000	\$202,000
DRd**	\$400,000	\$115,000
Dara-VRd**	\$486,000	\$120,000
Dara-KRd** (27 mg/m2 dose of K)	\$589,000	\$215,000
Dara-KRd** (56 mg/m2 dose of K)	\$765,000	\$315,000
CAR-T and Bispecifics	~\$450,000*	

*Depends on whether estimated PFS is one year vs 2 years

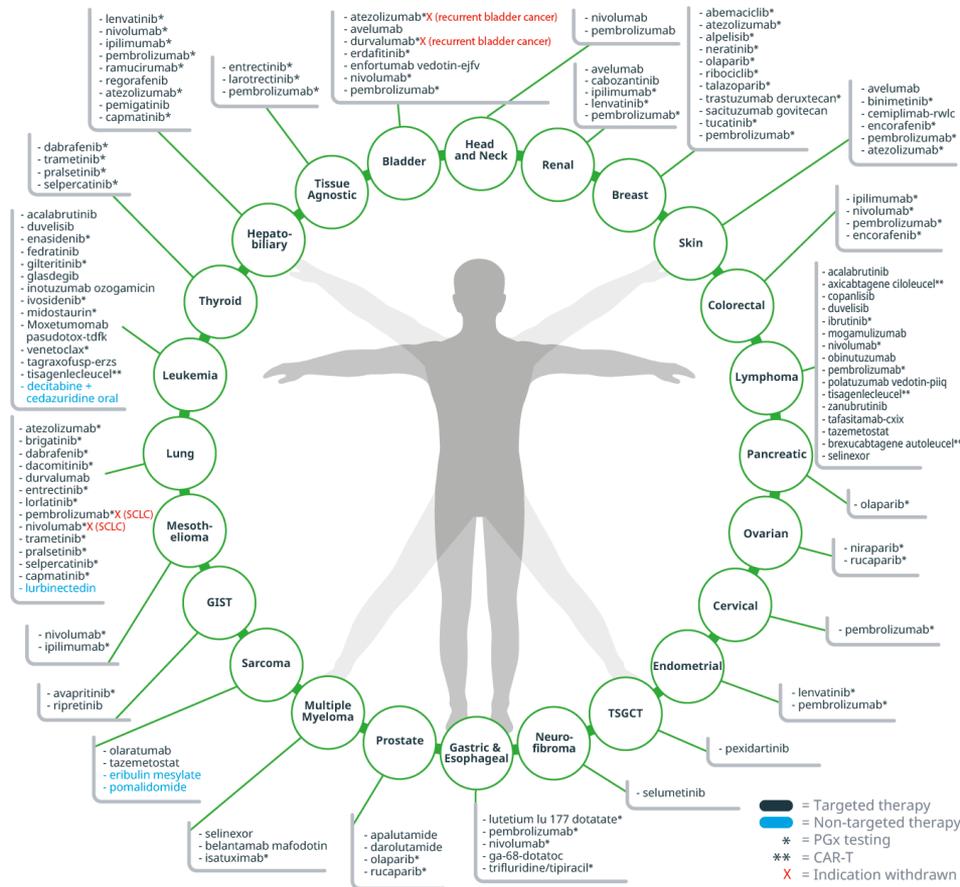
** SQ Dara

<https://www.goodrx.com/thalidomides>

<https://www.drugs.com/price-guide/>

All accessed April 20, 2022

New Active Substances in Oncology Launched 2016-2020 with Indications Including Those Granted after Initial Launch



Source: IQVIA Institute, May 2021

Exhibit Notes: Oncology excludes supportive care. Targeted therapies is a cancer treatment that uses drugs to target specific genes and proteins that are involved in the growth and survival of cancer cells. PGx testing is a type of genetic test that assesses a patient's risk of an adverse response or likelihood to respond to a given drug, informing drug selection and dosing. Skin cancer includes melanoma, merkel cell carcinoma, cutaneous squamous cell carcinoma and basal cell carcinoma. Hepatobiliary cancers includes hepatocellular carcinoma and cholangiocarcinoma. Leukemia includes acute/chronic myeloid and lymphoid leukemia, hairy cell leukemia, blastic plasmacytoid dendritic cell neoplasms (BPDCN), myelodysplastic syndrome (MDS) and myelofibrosis (MF). TSGCT = tenosynovial giant cell tumor; GIST = Gastrointestinal stromal tumor.

Report: Global Oncology Trends: Outlook to 2025. IQVIA Institute for Human Data Science, June 2021



Gene Therapy

- Voretigene neparvovec (Leber congenital amaurosis): \$850,000
- Spinal muscular atrophy: \$2.1 million
- Beta thalassemia: \$1.8 million

US Prices Higher

Monthly Price of Six Top-Selling Prescription Drugs

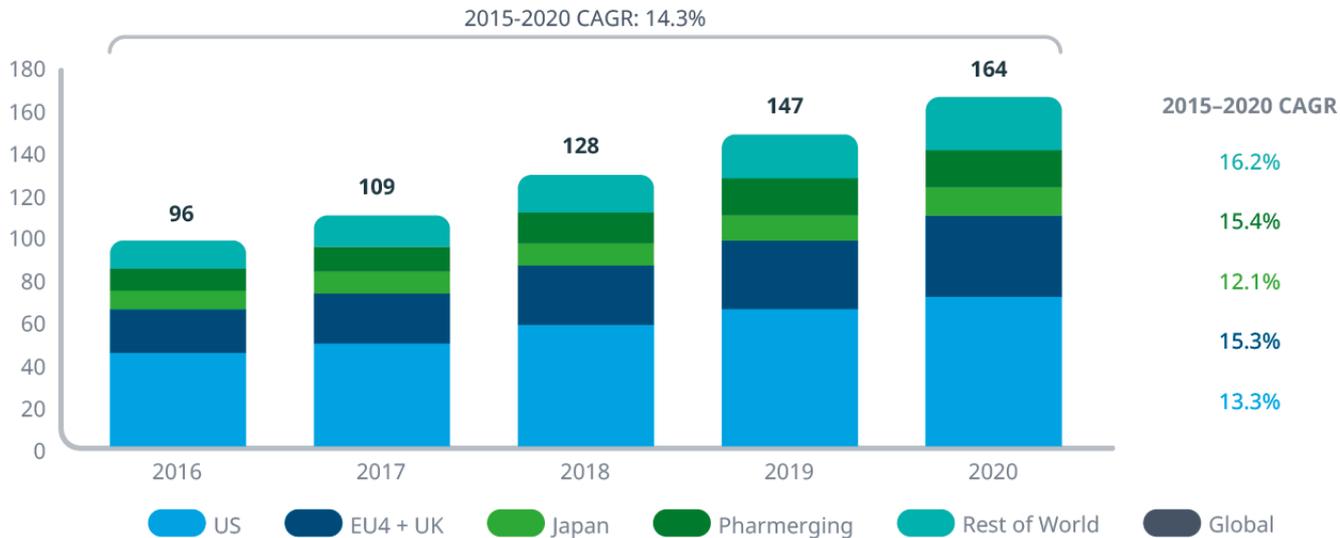


Note: Data not available for the Netherlands, Norway, or Sweden, nor for Australia in the case of Sovaldi.

Data: R. Langreth, B. Migliozi, and K. Gokhale, "The U.S. Pays a Lot More for Top Drugs Than Other Countries," Bloomberg, Dec. 18, 2015.

Source: D. O. Samak, D. Squires, G. Kuzmak, and S. Bishop, *Paying for Prescription Drugs Around the World: Why is the U.S. an Outlier?* The Commonwealth Fund, October 2017.

Oncology Spending by Region, US\$Bn



Source: IQVIA MIDAS, Dec 2020

Exhibit Notes: Therapeutic oncologics include those classified by EphMRA (European Pharmaceutical Market Research Association) as cytotoxics in the L1 or L2 classes, as well as radiotherapeutics (V3C) and specific molecules classified elsewhere but used primarily in cancer.

Report: Global Oncology Trends: Outlook to 2025. IQVIA Institute for Human Data Science, June 2021

Price Increases

Revlimid, Pomalyst Pricing History

WAC Package Price	Revlimid Change	Date
\$69,547.81	5.00%	7/9/2018
\$66,236.01	9.00%	10/19/2017
\$60,766.98	1.75%	7/10/2017
\$59,721.85	8.00%	1/10/2017
\$55,298.01	3.00%	8/19/2016
\$53,687.39	6.80%	3/9/2016
\$50,269.09	4.00%	10/1/2015
\$48,335.66	3.00%	6/24/2015
\$46,927.83	3.00%	12/22/2014
\$45,561.00	3.00%	9/2/2014
\$44,234.48	4.00%	3/5/2014
\$42,533.15	3.00%	9/30/2013
\$41,294.32	3.00%	3/29/2013
\$40,091.57	6.00%	10/31/2012
\$37,822.24	6.00%	11/28/2011
\$35,681.36	4.00%	12/10/2010
\$34,309.03	4.90%	1/4/2010
\$32,706.42	4.00%	12/4/2008
\$31,448.48	3.50%	1/4/2008
\$30,385.00	3.00%	1/3/2007
\$29,500.00	-	6/30/2006

WAC Package Price	Pomalyst Change	Date
\$79,165.53	5.00%	7/9/2018
\$75,395.74	9.00%	10/19/2017
\$69,170.40	8.00%	4/4/2017
\$64,046.67	3.00%	8/19/2016
\$62,181.23	6.80%	3/9/2016
\$58,222.13	4.00%	10/1/2015
\$55,982.82	3.00%	06/24/2015
\$54,352.25	3.00%	12/22/2014
\$52,769.17	3.00%	7/9/2014
\$51,232.20	3.00%	1/10/2014
\$49,740.00	0.00%	2/11/2013

Note: List prices for Revlimid 25mg, 100 capsule bottle; Pomalyst 3mg, 100 capsule bottle
 Source: Wolters Kluwer PriceRx

Price Increases

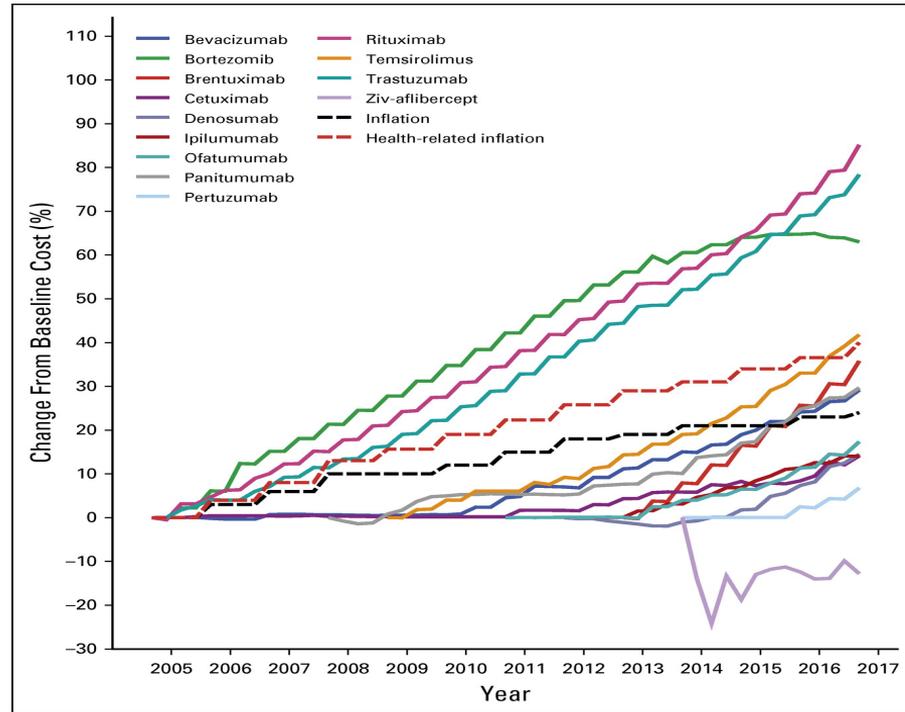


Fig 1. Cost trajectories of targeted therapies. Cumulative change (%) from baseline mean monthly cost by year. General inflation rates are plotted as black dotted line; health-related inflation is plotted as red dotted line.

Published in: Noa Gordon; Salomon M. Stemmer; Dan Greenberg; Daniel A. Goldstein; JCO 2018, 36, 319-325.

DOI: 10.1200/JCO.2016.72.2124

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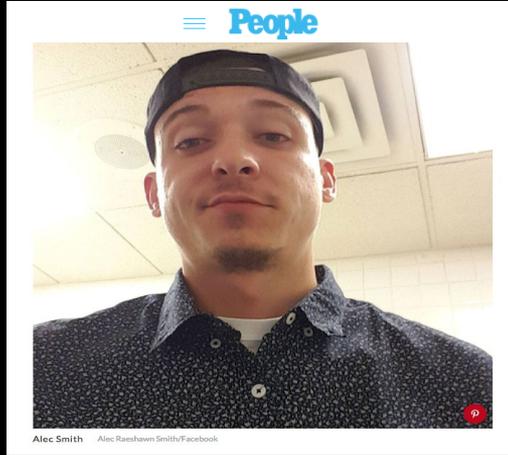
Pharma's Arguments

High Cost of
Development

Cost-Benefit of
New Drugs

Market Forces
will Decide

Stifle
Innovation



Alec Smith



Why are prescription drug prices
so high ?



wtop.com

#1 Vulnerable Population, willing to spend anything to get access to life-saving drugs

#2





#3 Overt and Covert Patent Evergreening

Insulin Discovered 1921

- 1923 First Insulin patented (Patent sold for \$3)
- 1946 Improved NPH patented
- 1950s Improved Lente versions patented
- 1970s Improved pure insulins patented
- 1980s Recombinant human insulin patented
- 1990s Analog insulin patented
- 2000s Long acting analog insulin patented

#4 Planned Obsolescence



THE NEW ENGLAND JOURNAL of MEDICINE

MEDICINE AND SOCIETY

Debra Malina, Ph.D., Editor

**Why Is There No Generic Insulin? Historical Origins
of a Modern Problem**

Jeremy A. Greene, M.D., Ph.D., and Kevin R. Riggs, M.D., M.P.H.



Greene JA, Riggs KR. N Engl J Med 2015;372:1171

Imatinib



Nilotinib

Medicare Part D 2019 Top 10 Spend

Trade Name	Spending (\$ Billions)
Eliquis	7.3
Revlimid	4.6
Xarelto	4.0
Januvia	3.5
Lantus Solostar	2.5
Imbruvica	2.4
Trulicity	2.3
Lyrica	2.0
Symbicort	2.0
Novolog Flexpen	1.8

#5 Generic/ Biosimilar Approval Process is Slow



Where

**ARE ALL THE GENERIC
INSULINS HIDING?**

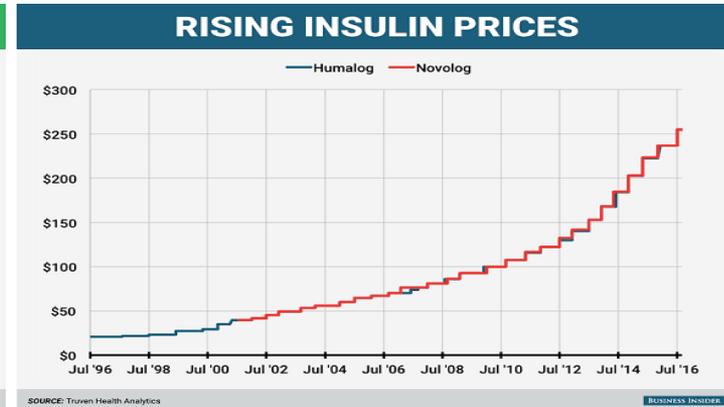
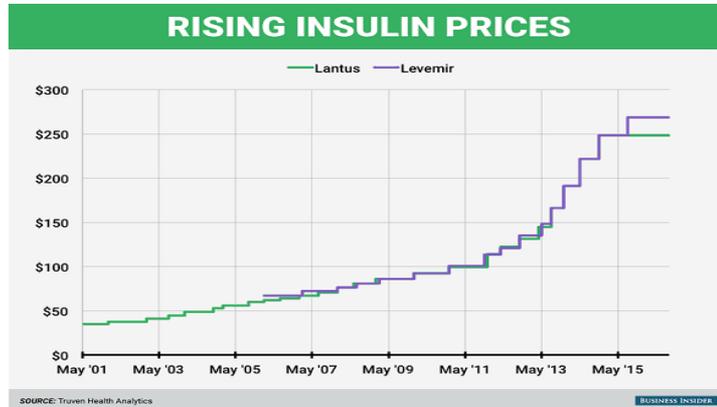


WHERE ARE ALL THE GENERIC INSULINS HIDING?

WRITTEN BY: Grea Brown

<https://beyondtype1.org/where-are-all-the-generic-insulins-hiding/>

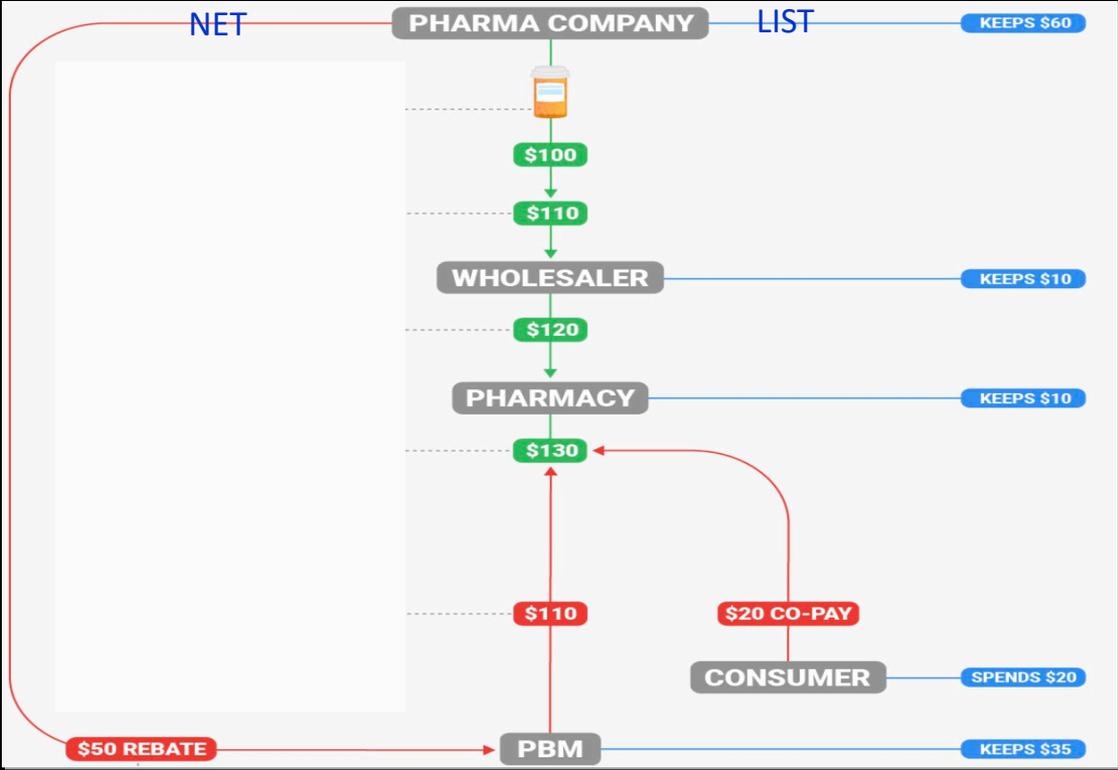
#6 “Collusion”



Price change occurs lock-step

Andy Kiersz, Business Insider

7. The Middlemen



#8 Influence of Pharma Lobby

≡ FORTUNE

HEALTH • DRUG PRICES

How High Drug Prices and Big Lobbying Budgets Go Together for Big Pharma





Why are prices so insanely high?

4 reasons unique to USA

- Medicare cannot negotiate at laubch
 - No equivalent of Health Authorities
- Reimbursement System encourages more expensive option
- Liberal Off-Label use

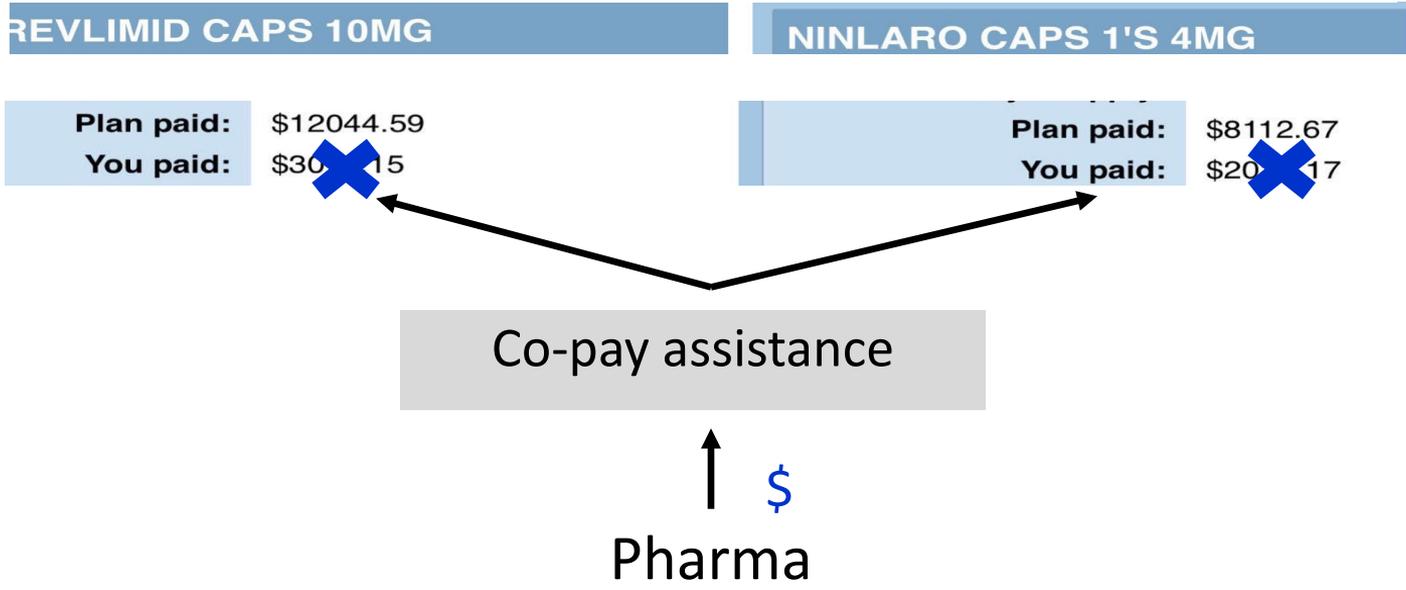


Why are prescription drug prices so insanely high?

Lack of Allies

- Physicians
- Professional Organizations/ Societies
- Patient care organizations
- PBMs

Patients Silenced...



What can we do?

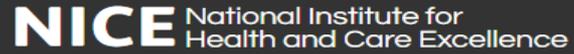
(Government Policy Level)





1. Value-Based Pricing

- Post-FDA approval review mechanism



2. Medicare Negotiation for Lower Prices

Medicare Prescription Drug, Improvement, and Modernization Act



Long title An act to amend title XVIII of the Social Security Act to provide for a voluntary prescription drug benefit under the medicare program and to strengthen and improve the medicare program, and for other purposes.

Acronyms
(colloquial) Medicare Modernization Act or MMA

Citations

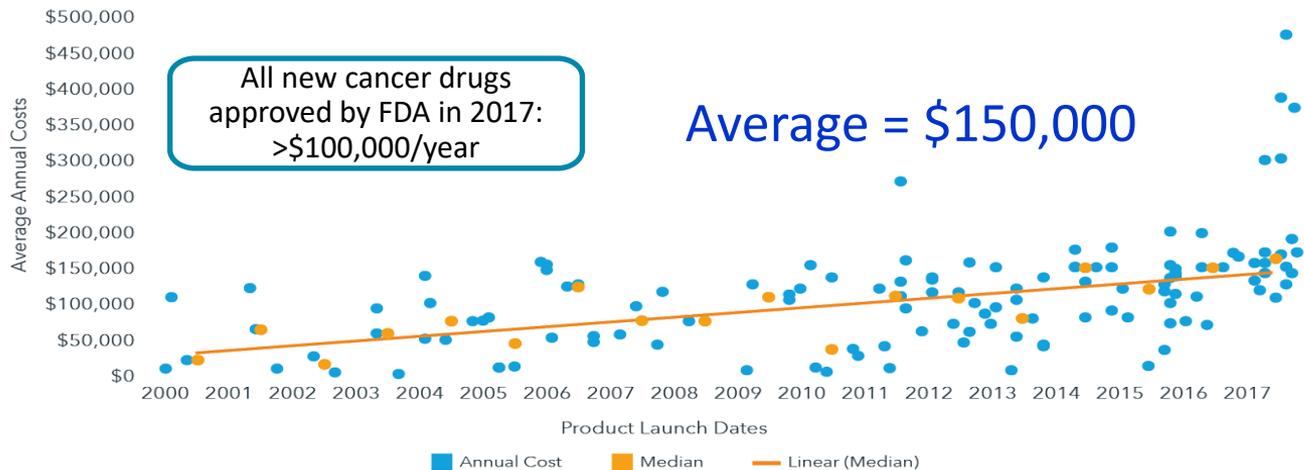
Public law 108 - 173 [🔗](#)

Legislative history

- **Introduced in the House** as Medicare Prescription Drug and Modernization Act of 2003 by Representative Dennis J. Hastert on June 25, 2003
- **Passed the House** on June 27, 2003 (216 - 215, 1 Present)
- **Passed the Senate** on July 7, 2003 (Unanimous Consent)
- **Reported by the joint conference committee** on November 21, 2003; **agreed to by the House** on

CBS News. Under the Influence. April 1, 2007. <http://www.cbsnews.com/news/under-the-influence/>

Average Annual Costs For Oncology Products by Launch Year in the United States



Source: IQVIA Institute, Apr 2018

Notes: If published annual costs are available they have been included, and if not, annual costs were estimated based on IQVIA Institute interpretation of the most-common dosing in the approved label and available product unit pricing information.

Report: Global Oncology Trends 2018: Innovation, Expansion and Disruption. IQVIA Institute for Human Data Science, May 2018

US Pricing Policies

Affect Europe



- Delays
- Higher prices

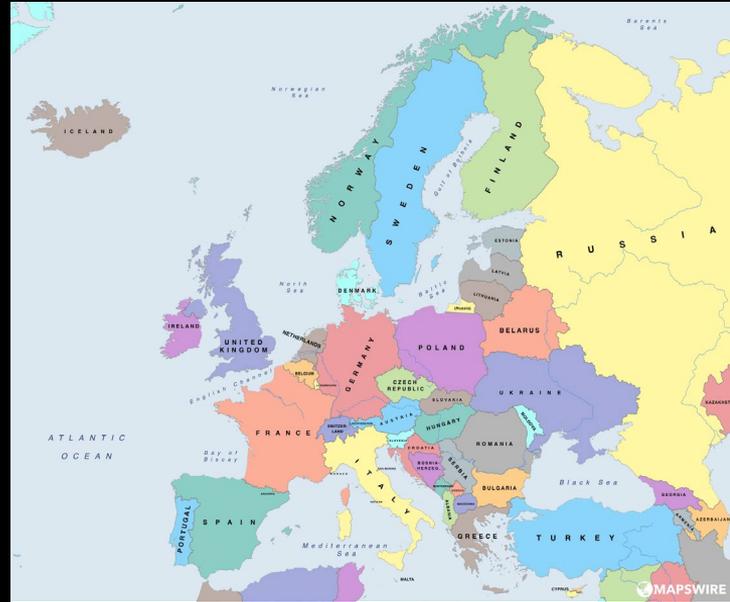
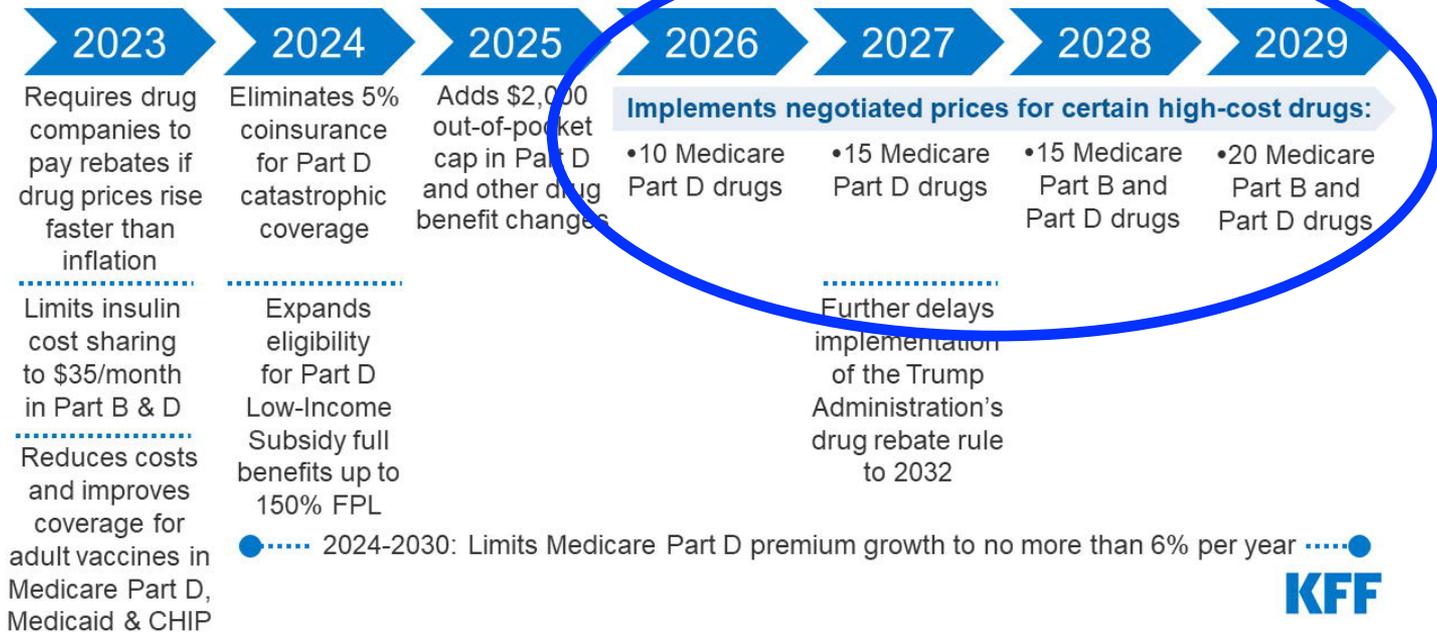


Figure 1

Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act



3. Cap Price Increases

Revlimid, Pomalyst Pricing History

WAC Package Price	Revlimid Change	Date
\$69,547.81	5.00%	7/9/2018
\$66,236.01	9.00%	10/19/2017
\$60,766.98	1.75%	7/10/2017
\$59,721.85	8.00%	1/10/2017
\$55,298.01	3.00%	8/19/2016
\$53,687.39	6.80%	3/9/2016
\$50,269.09	4.00%	10/1/2015
\$48,335.66	3.00%	6/24/2015
\$46,927.83	3.00%	12/22/2014
\$45,561.00	3.00%	9/2/2014
\$44,234.48	4.00%	3/5/2014
\$42,533.15	3.00%	9/30/2013
\$41,294.32	3.00%	3/29/2013
\$40,091.57	6.00%	10/31/2012
\$37,822.24	6.00%	11/28/2011
\$35,681.36	4.00%	12/10/2010
\$34,309.03	4.90%	1/4/2010
\$32,706.42	4.00%	12/4/2008
\$31,448.48	3.50%	1/4/2008
\$30,385.00	3.00%	1/3/2007
\$29,500.00	-	6/30/2006

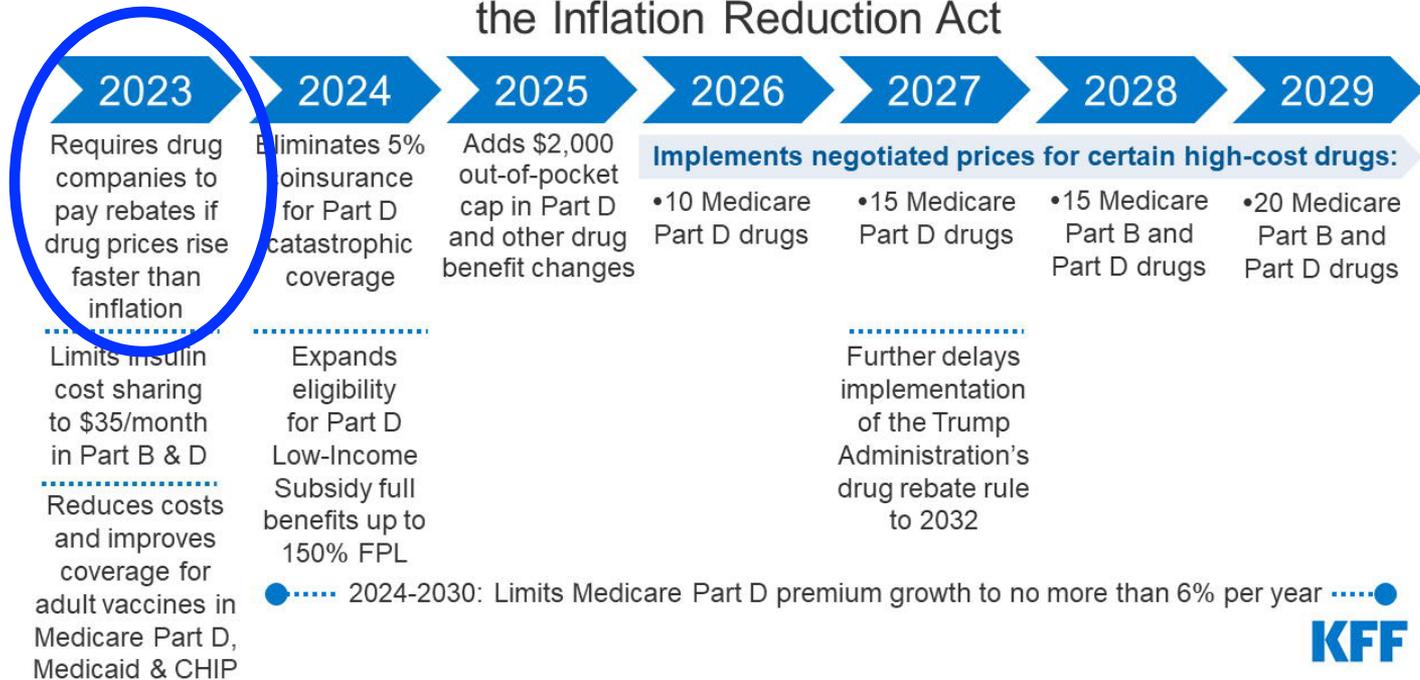
WAC Package Price	Pomalyst Change	Date
\$79,165.53	5.00%	7/9/2018
\$75,395.74	9.00%	10/19/2017
\$69,170.40	8.00%	4/4/2017
\$64,046.67	3.00%	8/19/2016
\$62,181.23	6.80%	3/9/2016
\$58,222.13	4.00%	10/1/2015
\$55,982.82	3.00%	06/24/2015
\$54,352.25	3.00%	12/22/2014
\$52,769.17	3.00%	7/9/2014
\$51,232.20	3.00%	1/10/2014
\$49,740.00	0.00%	2/11/2013

Note: List prices for Revlimid 25mg, 100 capsule bottle; Pomalyst 3mg, 100 capsule bottle

Source: Wolters Kluwer PriceRx

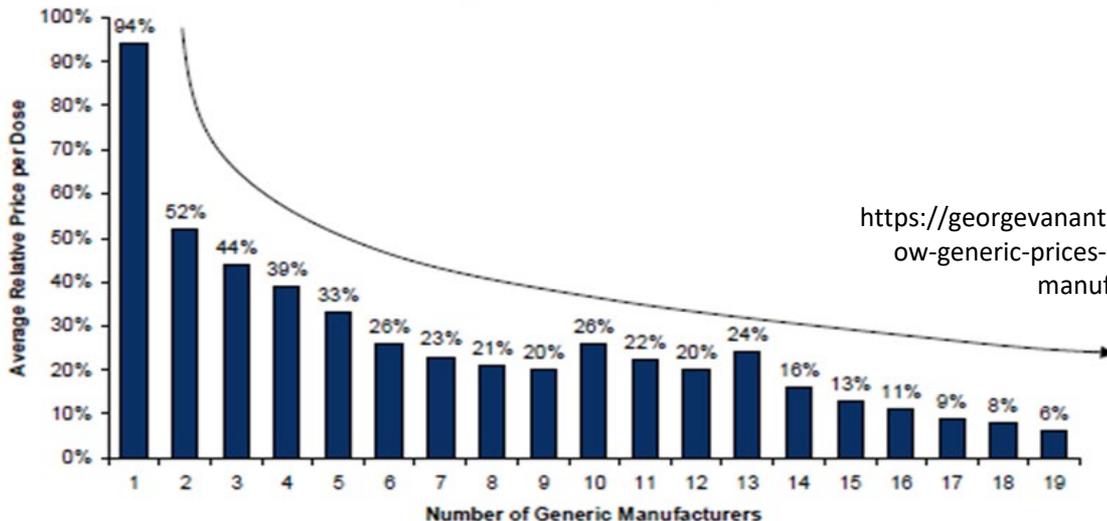
Figure 1

Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act



4. Facilitate easy entry of generics & biosimilars

Generic Competition and Drug Prices



<https://georgevanantwerp.com/2010/11/18/how-generic-prices-drop-with-number-of-manufacturers/>

Cost & Number of Companies Making Product

Drug	Approximate Cost per cycle USA	Approximate Cost per cycle India	Number of companies selling drug in USA	Number of companies selling drug in India
Thalidomide	\$5,000	\$20	1	Many
Lenalidomide	\$14,000	\$110	1	16-18
Pomalidomide	\$16,000	\$125	1	12
Bortezomib	\$2500	\$200	2	25
Carfilzomib	\$11,000	\$1000	1	2
Daratumumab	\$10,000	\$7500	1	1

RELATED TOPICS:

[PRESCRIPTION DRUGS](#) | [MARKETS](#) | [PHARMACEUTICALS](#) | [FDA APPROVALS PROCESS](#) | [DRUG PRICING](#)
| [PRESCRIPTION DRUG COSTS](#) | [LEGISLATION](#) | [DRUG SHORTAGES](#) | [PATENTS](#) | [PHARMACEUTICAL INDUSTRY](#)

Policy Options For Increasing Generic Drug Competition Through Importation

Matthew Cohen, Ravi Gupta, Thomas J. Bollyky, Joseph S. Ross, Aaron S. Kesselheim

JANUARY 7, 2019

[10.1377/hblog20190103.333047](https://www.brookings.edu/blog/health-affairs/2019/01/07/policy-options-for-increasing-generic-drug-competition-through-importation/)

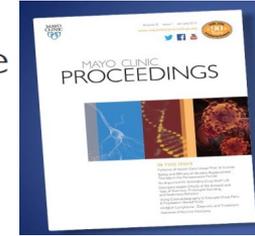




COMMENTARY

The High Cost of Cancer Drugs and What We Can Do About It

Mustaqeem Siddiqui, MD, and S. Vincent Rajkumar, MD



- **Non Profit Generic/Biosimilar Manufacturers**

CIVICA

5. Reduce the cost of drug development



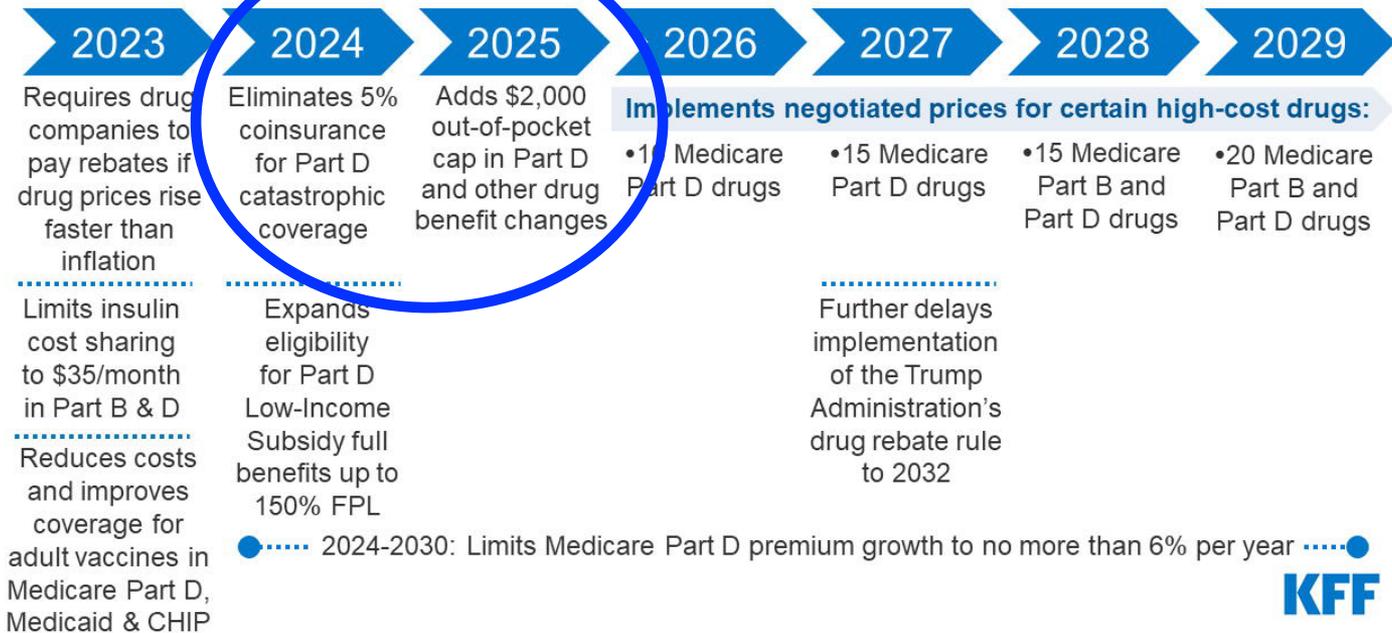
6. Patent Reform



7. Reduce Copays

Figure 1

Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act



But what can we do?

(as professional organizations, institutions, and physicians)





1. National Guidelines

- Develop drug Rx pathways that incorporate “value”
- Hold experts/societies to higher standards in publicizing benefits of new drugs

What we say matters

Drug	Zoledronic Acid	Denosumab
ASP	60	2150

Be careful with words like “Standard of Care”



2. Conduct Strategic Trials

- Modified Dosing: to reduce cost
 - SAKK 39/16 OptiPOM Trial
 - Thilo Zander
- Limited Duration Therapy



3. Find lowest cost options

- **Choose generics/ biosimilars**

Check Online Resources



Retailer	Price (\$)					Total Price
	Pioglitazone (Actos)	Celecoxib (Celebrex)	Duloxetine (Cymbalta)	Atorvastatin (Lipitor)	Clopidrogel (Plavix)	
Costplusdrugs.com		6	5	4	6	25-30
Healthwarehouse.com	15	17	16	11	10	69
Walmart with discount	15	15	15	15	26	86
Costco with GoodRx coupon	15	8	8	15	11	57
Grocery Stores with GoodRx coupon	11	11	11	9	9	51
Walgreens with GoodRx coupon	92	62	51	21	18	244
CVS Target with GoodRx coupon	78	56	54	30	33	251
Costco retail price	77	35	20	24	11	167
Grocery Stores retail price	19	226	208	13	13	479
Walgreens retail price	210	217	214	128	114	883
CVS Target retail price	200	207	214	127	113	861

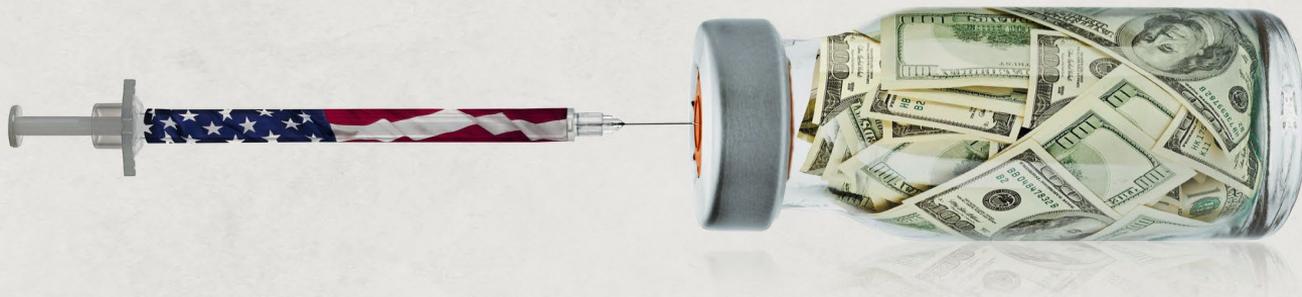
4. Advocacy:

Harness the power of social media



5. Talk to your patients about affordability

WHAT PRICE WOULD YOU PUT ON A HUMAN LIFE?



PAY OR DIE



DIRECTED BY SCOTT ALEXANDER RUDERMAN & RACHAEL DYER **PRODUCED BY** RACHAEL DYER, SCOTT ALEXANDER RUDERMAN & YAEL MELAMEDE

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THE TEAM





Navigating Financial Toxicities of Cancer Treatment

Call to Action

Cori Chandler, MPA

Senior State & Local Campaigns Manager, ACS CAN

Navigating Financial Toxicities of Cancer Treatment

1 **The Scope of the Problem**

2 **Policy Change**

- Access to Care
- Prescription Drugs
- Medical Debt

3 **What can you do?**





The Scope of the Problem



The Impact of Cancer on Rhode Island

Estimated new cases,
2023

7,030

Estimated deaths, 2023

2,150

Incidence rates, 2015-
2019

476.2

Average annual rate per 100,000,
age adjusted to the 2000 US
standard population.

Death rates, 2016-2020

151.6

Average annual rate per 100,000,
age adjusted to the 2000 US
standard population

American Cancer Society. *Cancer Facts & Figures 2023*. Atlanta: American Cancer Society; 2022.

Estimated Number of Cancer Survivors in Rhode Island (as of January 2022)

65,630

American Cancer Society. *Cancer Treatment & Survivorship Facts & Figures 2022-2024*. Atlanta: American Cancer Society; 2022

The Cost of Cancer

- **Treatment of cancer is complex – varies by patient**
- **Cost varies by:**
 - **Insurance status**
 - **Insurance type and plan**
 - **Geographic location**
 - **Treatment setting**

Tom–
Colorectal Cancer
Medicare



Carla–
Breast Cancer
Small Employer, High Deductible Health Plan



Franklin–
Prostate Cancer
Large Employer Plan



Shonda–
Pancreatic Cancer
Medicare



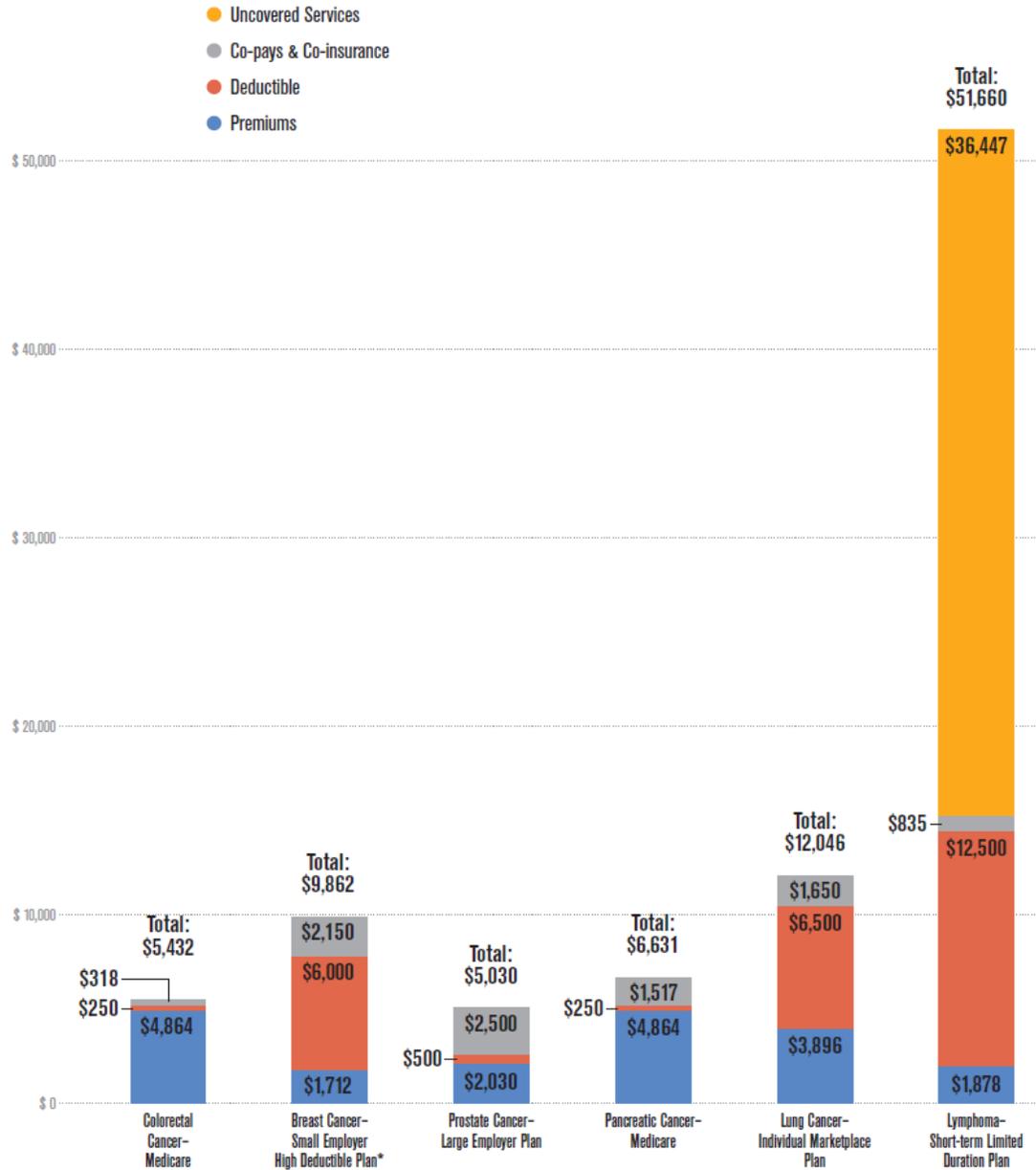
Kathy–
Lung Cancer
Individual Market Plan



Brian–
Lymphoma
Short-term Limited Duration Plan

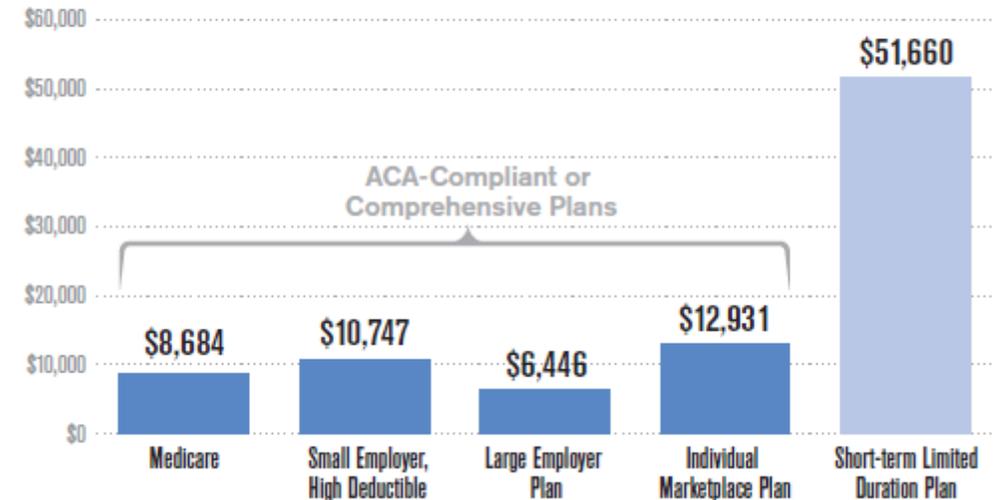


Patient Out-of-Pocket Costs Vary Widely



Patient Out-of-Pocket Costs Vary Widely, Even for the Same Patient

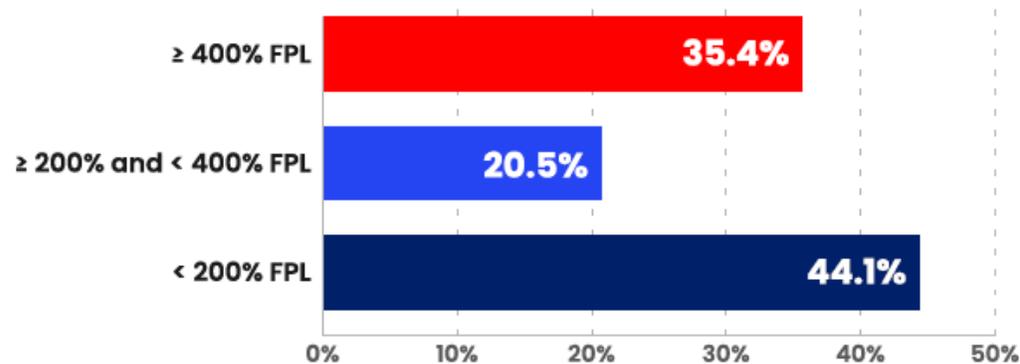
Total Annual Costs Paid by Brian, Lymphoma Patient in Each Plan Type



*Annual costs for year 1 of breast cancer treatment

Financial costs of cancer do not impact all people with cancer equally.

Income Distribution of LGBTQ+ Individuals with a History of Cancer, Ages 18–64

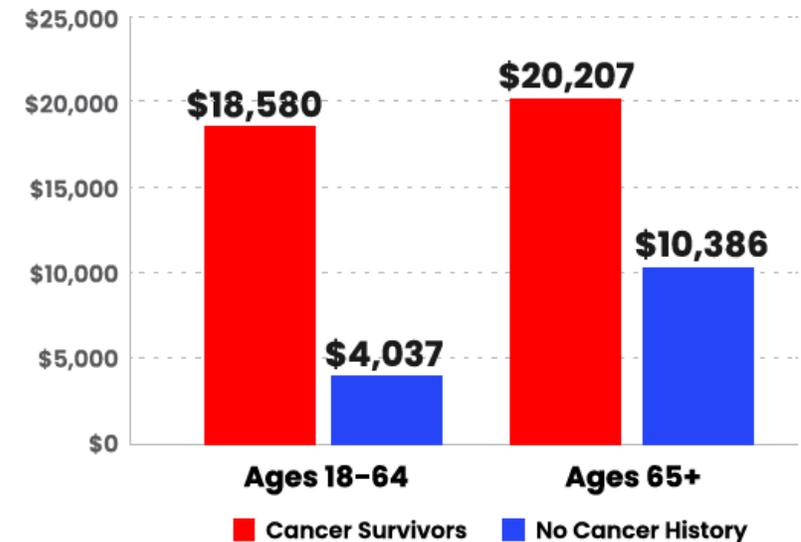


Source: Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2018–2020. Public-use data file and documentation. Retrieved from: https://meps.ahrq.gov/mepsweb/data_stats/download_data_files.jsp. July 2023.

Note: LGBTQ+ are those who are gay or lesbian, bisexual, or something else. Gender identity not available in this data.

All analyses incorporated complex survey design.

Annual Average Health Care Expenditures for People of Color, 2018–2020

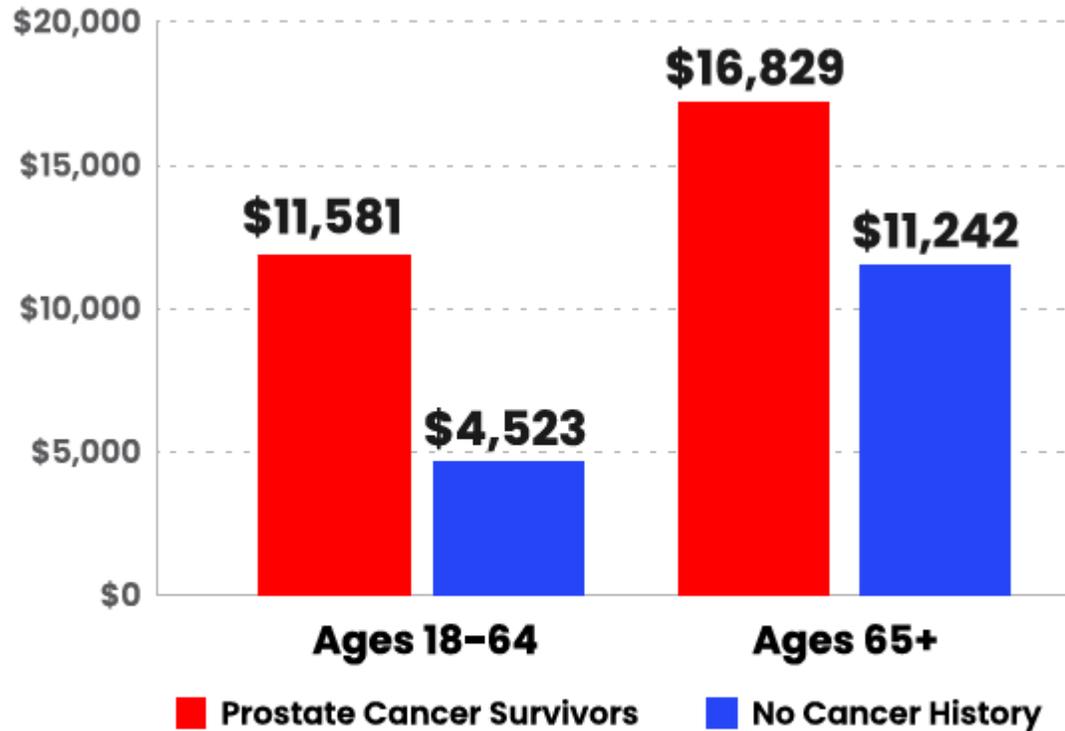


Source: Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2018–2020. Public-use data file and documentation. Retrieved from: https://meps.ahrq.gov/mepsweb/data_stats/download_data_files.jsp. July 2023.

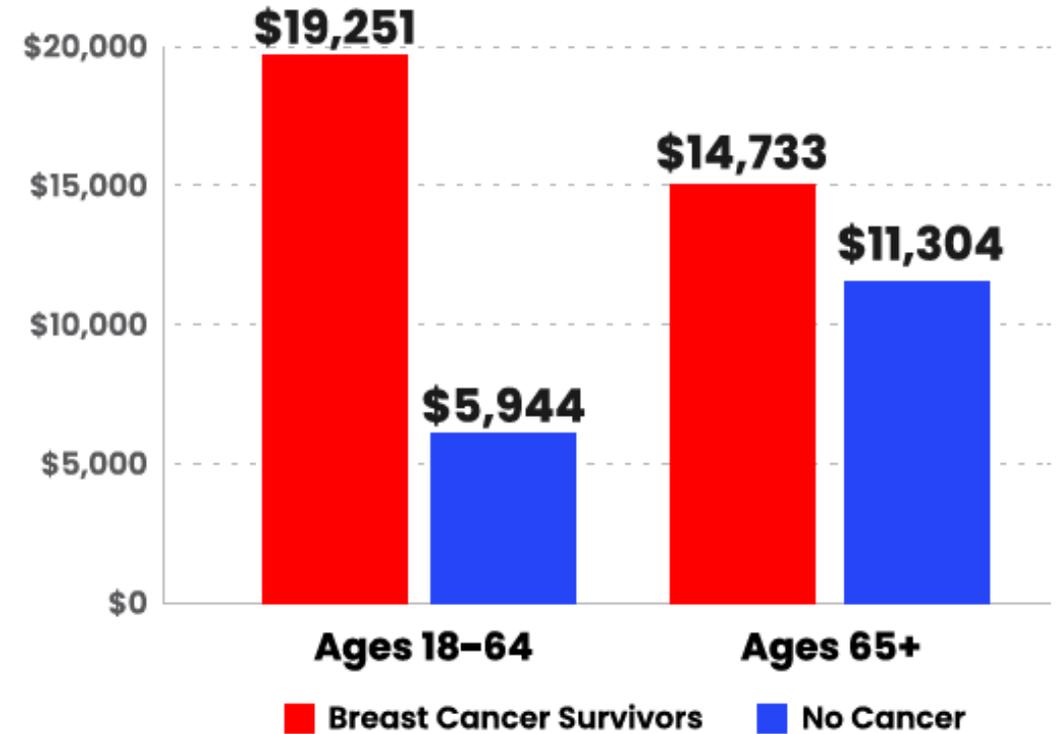
All analyses incorporated complex survey design.

The Cost of Cancer Doesn't End With Treatment

Annual Average Health Care Expenditures, 2018-2020



Annual Average Health Care Expenditures for Women, 2018-2020



Source: Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2018-2020. Public-use data file and documentation. Retrieved from: https://meps.ahrq.gov/mepsweb/data_stats/download_data_files.jsp. July 2023.

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All analyses incorporated complex survey design.



CANCER A

CANCER IS

NON-PARTISAN

Policy Solutions

The affordability of cancer care is a multi-faceted problem that requires multi-faceted solutions.

Access to Care

- Ensure access to affordable comprehensive insurance coverage for all
- Limit costs by preventing cancer through screening and preventive services

Prescription Drugs

- Prohibiting use of copay accumulator adjustment programs
- Copay cap on specialty drugs (after deductible is met)

Medical Debt

- Prevent patients from incurring medical debt
- Reduce the impact of incurred medical debt on patients and families



Call to Action



What can you do?

- 1 Connect with ACS CAN**
We have staff on the ground covering all 50 states, Puerto Rico and Guam.
- 2 Get to know your lawmaker**
Your voice makes a difference – support policies and encourage change.
- 3 Spread the word**
Talk with other stakeholders and encourage them to get engaged in the work.