

A large, modern multi-story building with a glass and metal facade. The building has a prominent horizontal band of reddish-brown panels. The Cleveland Clinic logo and name are visible on the upper left side of the building.

Cleveland Clinic
Taussig Cancer Center

Managing the Costs of Cancer Care

James P. Stevenson, MD

2017 GRACE Targeted Therapies
in Lung Cancer Forum
Cleveland, OH

To Discuss Today:

- **What does financial toxicity look like?**
 - **Toxicity=Side Effect of Cancer and Treatment**
- **How can specialty pharmacies and financial navigators help?**
- **Share your experiences and questions**

**MANAGING
CANCER CARE**

Finding Health Care Services +

Costs & Medical Information

Advance Directives

Using Trusted Resources

Financial Toxicity and Cancer Treatment (PDQ®)-Health Professional Version

[Go to Patient Version](#)

Financial Toxicity Associated with Cancer Care—Background and Prevalence

• [Introduction](#)

SECTIONS

Financial Toxicity Associated with Cancer Care—Background and Prevalence

https://www.cancer.gov/about-cancer/managing-care/track-care-costs/financial-toxicity-hp-pdq#link/_225_toc

Association of Financial Strain With Symptom Burden and Quality of Life for Patients With Lung or Colorectal Cancer

Christopher S. Lathan, Angel Cronin, Reginald Tucker-Seeley, S. Yousuf Zafar, John Z. Ayanian, and Deborah Schrag

WILEY

CANCER

This Article

For Authors

Learn More

Submit

[Cancer](#). 2017 Feb 1; 123(3): 476–484.

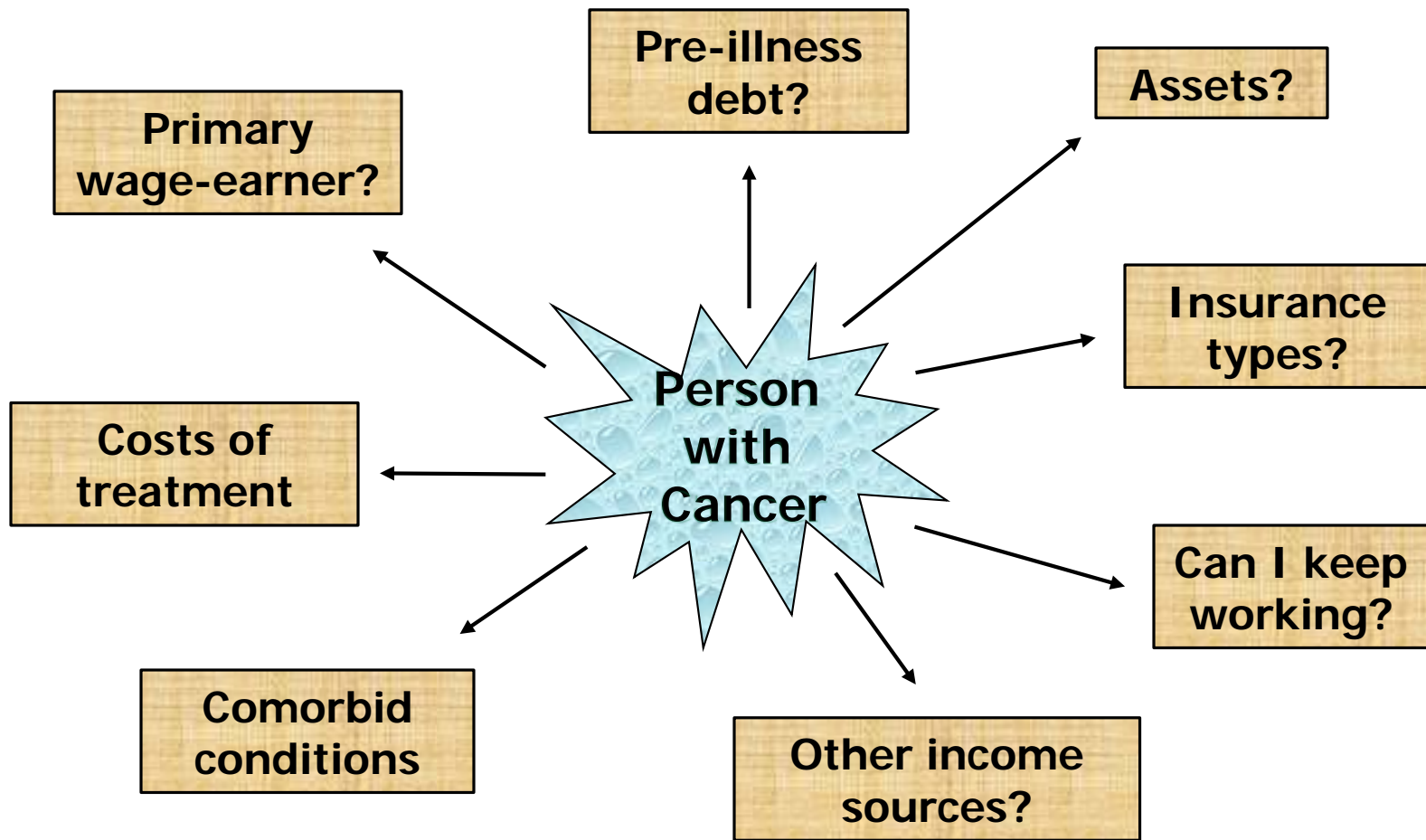
PMCID: PMC5298039

Published online 2016 Oct 7. doi: [10.1002/ncr.30369](https://doi.org/10.1002/ncr.30369)

Measuring financial toxicity as a clinically relevant patient-reported outcome: The validation of the **COMprehensive Score for financial Toxicity (COST)**

[Jonas A. de Souza](#), MD, MBA,¹ [Bonnie J. Yap](#), MS,¹ [Kristen Wroblewski](#), MS,² [Victoria Blinder](#), MD, MSc,³ [Fabiana S. Araújo](#), PhD,⁴ [Fay J. Hlubocky](#), PhD,¹ [Lauren H. Nicholas](#), PhD,⁵ [Jeremy M. O'Connor](#), MD,¹ [Bruce Brockstein](#), MD,⁶ [Mark J. Ratain](#), MD,¹ [Christopher K. Daugherty](#), MD,¹ and [David Cella](#), PhD⁷

Factors that influence financial burden after a diagnosis of cancer



Financial Toxicity

- **Medicare-only beneficiaries with cancer had mean out of pocket expenses that were 23.7% of household income¹**
 - Hospitalization costs contributed to over 40% of this
 - If supplemental insurance OOP costs still approx. \$5500/yr
- **Cancer survivors aged 18-64 twice as likely to experience financial hardship than those 65 or greater²**
- **Cancer survivors 2.7 times more likely to file for bankruptcy³**

Financial Toxicity 2

- **Survey of 140 patients receiving radiation and/or chemotherapy at a single cancer center¹**
 - 1) 31% felt they were well-informed about costs of cancer care prior to their treatment**
 - 2) 73% rarely talked to their oncologist about cost of care**
 - 3) 20% felt that they should receive this information from their oncologist**
 - 4) 28% would want lower-cost treatment regimen if equally effective**

Financial Toxicity – Targeted Therapies

- **Chronic myelogenous leukemia (CML) patients aged 18-64 were more likely to be nonadherent to TKI therapy imatinib if associated with higher copayments¹**
- **For medicare-beneficiaries with CML median time to TKI initiation was 58 days if receiving cost-sharing subsidies vs 108 days for those who did not²**
- **Estimated yearly out of pocket costs of \$8,800-\$12,500 for Medicare Part D beneficiaries with chronic lymphocytic leukemia (CLL) receiving TKI therapies³**

Financial Toxicity – Targeted Therapies 2

- **Lung cancer accounted for highest percentage of medicare part D beneficiaries receiving targeted oral anticancer drugs; 31% from 2007-2012¹**
- **Median monthly oral drug costs per part D patient rose from \$3484 in 2007 to \$7673 in 2012¹**
- **Median monthly out of pocket costs rose to \$869 per month in 2010 and declined to \$652/month in 2012¹**
 - **Impact of changes to the “donut-hole” coverage gap**

ERLOTINIB **CRIZOTINIB**
ALECTINIB **GEFITINIB**
DABRAFENIB **AFATINIB**
CERITINIB **TRAMETINIB**
OSIMERTINIB **BRIGATINIB**
CABOZANTINIB

Financial Toxicity – Specialty Pharmacies

- **Ideal role is to coordinate and expedite intake, fulfillment, financial, and clinical management with oral medication delivery.**
- **Ease burden of prior authorization and financial navigation from clinicians and patients/families**
- **Coordinate education, follow-up for drug adherence/side effects, and refills for ongoing therapy with primary oncology team**
 - **Benefit of access to same electronic medical record:**

TIMELY COMMUNICATION IS KEY!

Financial Toxicity – Specialty Pharmacies 2

- **Many academic medical centers now have their own “in-house” specialty pharmacies**
 - **CCF Specialty staffed by 5 pharmacists, 3 nurses, 10 pharmacy technicians**
- **Handle prior authorization and appeals**
 - **Use outside of approved indications**
- **Manage co-pay assistance programs**
- **Apply to manufacturer programs for free drug**
- **Do this as quickly as is possible!**
 - **Decrease time to treatment start**

Financial Toxicity – Financial Navigators

- **Pharmacy drug costs just one aspect of care delivery in cancer**
 - Hospitalizations
 - Imaging
 - Laboratory
 - Clinician visits
 - Travel/parking
- **Financial navigators/counselors**
 - Prior authorizations, cost of care estimates, assistance programs, free drug replacement
- **Critical component of “comprehensive” cancer centers¹**

Financial Toxicity – Proposed Solutions

- **Macro**
 - **Value-based drug pricing**
 - Refund if no benefit?
 - **Allow CMMS to negotiate drug pricing directly with pharma**
 - **Eliminate cost-sharing by insurers**
 - **Eliminate pharma grant and foundation support**
- **Micro**
 - **Shared decision making between oncologists and persons/families with cancer**
 - **Break down barriers to discussions about cost/finances**
 - **Physician awareness!**

**Thank You for
Being Here!**

**More Questions
Than Answers?**