

Best Practices: Oral Chemotherapy Access and Management

Emily Eastman, PharmD, MBA, CSP
UK Specialty Pharmacy and Infusion Services
Lexington, KY

Jeannie Patrick, PharmD, BCOP
Baptist Health Lexington
Lexington, KY

KENTUCKY HEMATOLOGY/ONCOLOGY
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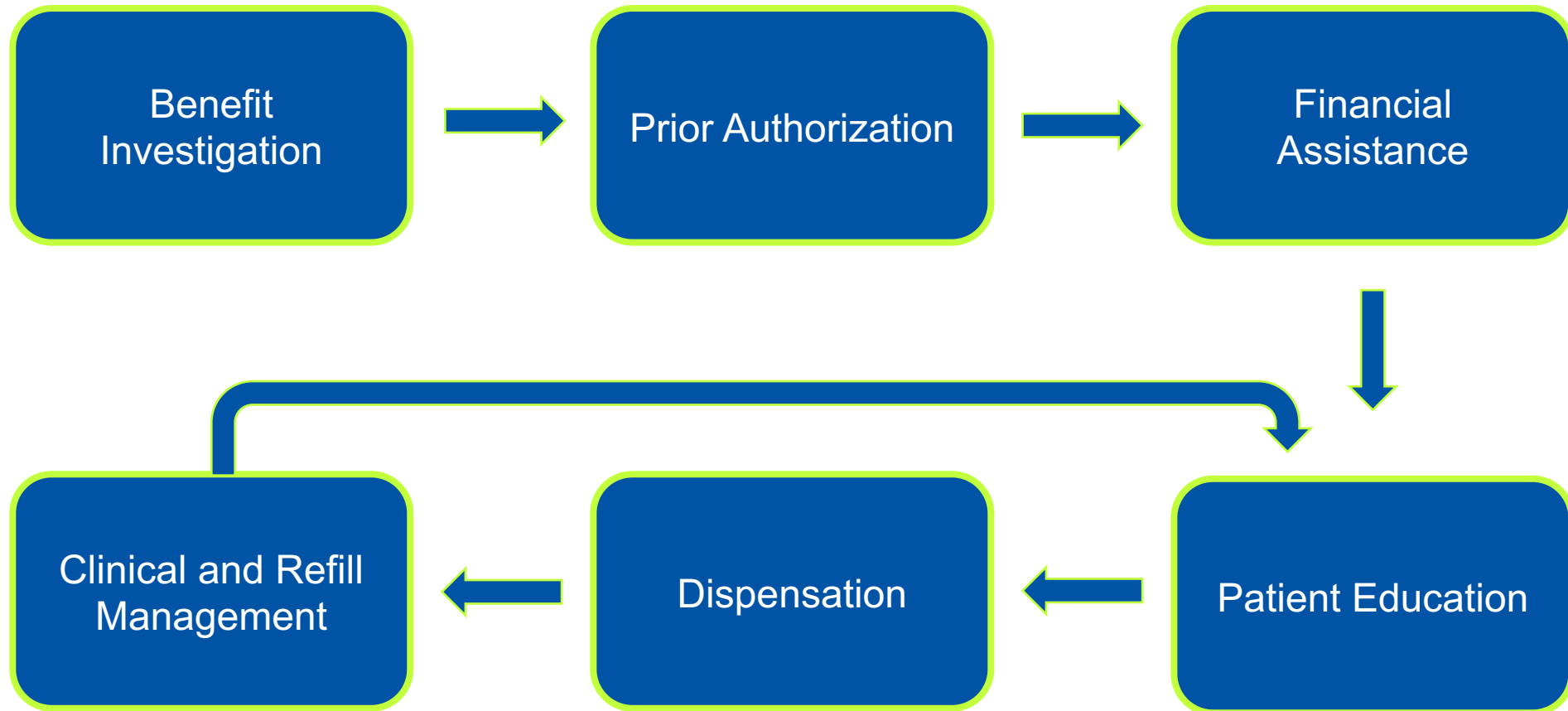
Disclosures

- These individuals have the following to disclose concerning possible financial or personal relationships with commercial entities (or their competitors) that may be referenced in this presentation:
- Emily Eastman, PharmD, MBA, CSP: Nothing to disclose
- Jeannie Patrick, PharmD, BCOP: Nothing to disclose

Learning Objectives

1. Describe the medication acquisition process for prescribed oral chemotherapy agents
2. Recognize the potential acquisition barriers patients prescribed oral chemotherapy may encounter
3. Identify strategies to overcome barriers to improve patient access to prescribed oral chemotherapy agents

Acquisition Process for Oral Chemotherapy



Benefits Investigations

- Insurance Plans:
 - Commercial
 - Medicaid
 - Medicare
 - Military
- Projected Patient Costs:
 - Deductible
 - Amount paid by policy holder prior to insurance paying any covered expenses
 - Out of Pocket
 - Amount paid by policy holder prior to insurance paying all covered expenses

TABLE 2 Out-of-Pocket Costs of Oral Cancer Medications					
Cost	Imatinib	Erlotinib	Thalidomide	Anastrozole	Letrozole
Mean	22.90	28.35	37.47	2.96	3.10
[SD]	[17.26]	[16.82]	[29.15]	[1.83]	[2.01]
Median	16.58	20.51	25.79	2.82	2.77
Range	(10.30, 129.57)	(4.31, 84.29)	(8.08, 147.78)	(0.31, 9.16)	(0.17, 9.30)
Annual OOP cost (\$)ª	8,358.50	10,347.75	13,676.55	1,080.40	1,131.50

ªAnnual OOP costs were calculated as daily costs multiplied by 365.
OOP = out of pocket.

Use of Medicare Insurance for Oral Chemotherapy Billing

- B
 - Covers 80% of costs
 - Busulfan, Capecitabine, Cyclophosphamide, Etoposide, Fludarabine, Melphalan, Methotrexate, Temozolomide, Topotecan
 - ICD-10 Code Supports Medical Necessity
 - Assignment of Benefit (AOB) required prior to dispense
- D
 - Prescription Drug Plan
 - Initial Phase vs. Coverage Gap vs. Catastrophic Phase
- C
 - Advantage Plan
- F or G
 - Medicare Supplement
 - Covers remaining 20% of costs



“What Kind of Medicare Cards Do You Have?: Medicare Made Clear.” *Medicare News and Updates*, United Healthcare, 18 Oct. 2017, blog.medicaremadeclear.com/what-kind-of-medicare-coverage-cards-do-you-have/.

Audience Response Question

Which of the following oral chemotherapy medications are billed through Medicare part B?

- A. Temozolomide
- B. Chlorambucil
- C. Etoposide
- D. A and C
- E. B and C

Prior Authorizations

- Insurance Specific Formularies
 - Preferred medications in each drug class
 - Ex: abiraterone vs. abiraterone (micronized)
- Electronic Prior Authorizations
 - CoverMyMeds
 - Insurance Specific Portals
 - New Century Health
 - Eviti
 - Evicore
- Appeals
 - 1st vs. 2nd Level
 - Appointment of Representative Forms

▼ Afinitor CMK STD 04-2018 **CAS WEB** ePA Auto

Afinitor CMK STD 04-2018 **CAS WEB** ePA Auto

?	Is this an urgent request? <input checked="" type="radio"/> YES <input type="radio"/> NO
?	Does the patient have a diagnosis of renal cell carcinoma? <input type="radio"/> YES <input checked="" type="radio"/> NO
?	Does the patient have a diagnosis of recurrent or metastatic breast cancer? <input type="radio"/> YES <input checked="" type="radio"/> NO
?	Does the patient have a diagnosis of subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis complex (TSC)? <input type="radio"/> YES <input checked="" type="radio"/> NO

Financial Assistance

- Copay Cards
- Grant Foundations
- Manufacturer Free Drug Programs



Patient Education

- Multiple education sessions
- Initial Medication Education:
 - Administration
 - Storage/Handling
 - DDI (complete medication reconciliation)
 - Comorbidities and Contraindications
 - Warnings, Potential Side Effects and Mitigation Strategies



Dispensation

- Pharmacy Restriction
 - Limited Distribution Drug (LDD)
 - Insurance Restrictions
 - Medicare Plans are unable to restrict their beneficiaries...
 - Best Pricing
- Delivery Options
 - Pick Up
 - Mail Order
 - Courier/Personal Delivery



Clinical and Refill Management

- Develop a Communication Plan with Patient
 - 1 week post therapy start
 - 1-3 months thereafter
- What to Assess:
 - Appropriateness
 - Adherence
 - Side Effects
 - Clinical Benefits
- Refill Management
 - 1 week prior to end of therapy supply

Acquisition Barriers

- Cost
 - Payer approval
 - Insurance restrictions
 - Financial navigation
 - Enrollment in financial assistance program (copay card, grant)
 - Enrollment in manufacture patient assistance program
- Patient contact/delivery

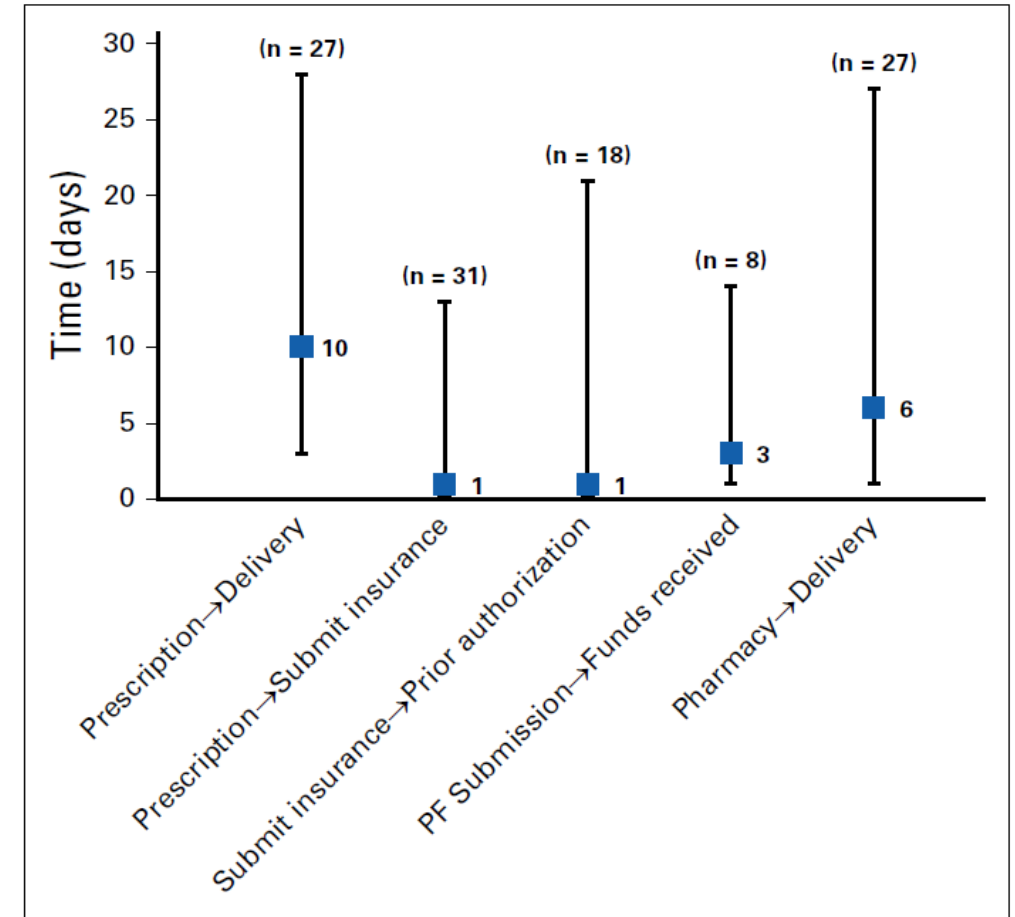


FIG 2. Time to acquire medication. Median and range in days for each point. Not all patients were eligible for each end point, so the number for each time point is also displayed. PF, private foundation.

Audience Response Question

Which of the following are potential barriers that may affect patients' time to initiation of oral chemotherapy treatment according to a study by Niccolia et al?

- A. Pharmacy processing time
- B. Prescription submission
- C. Prior authorization
- D. Receipt of financial assistance
- E. All of the above

Pharmacy Spending and Patient Cost

- Pharmacy benefit managers (PBMs) report specialty medications:
 - Comprised 1-2% of prescription claims in the US in 2019
 - Accounted for 48% of pharmacy spending in the US in 2019
- Medicare Part D beneficiary
 - Mean price per fill in 2010 was \$7,438 vs \$13,992 in 2018
 - Mean 12-month out-of-pocket spending in 2010 was \$8794 and in 2019 was estimated to be \$10,470

Payer Approval and Insurance Restrictions

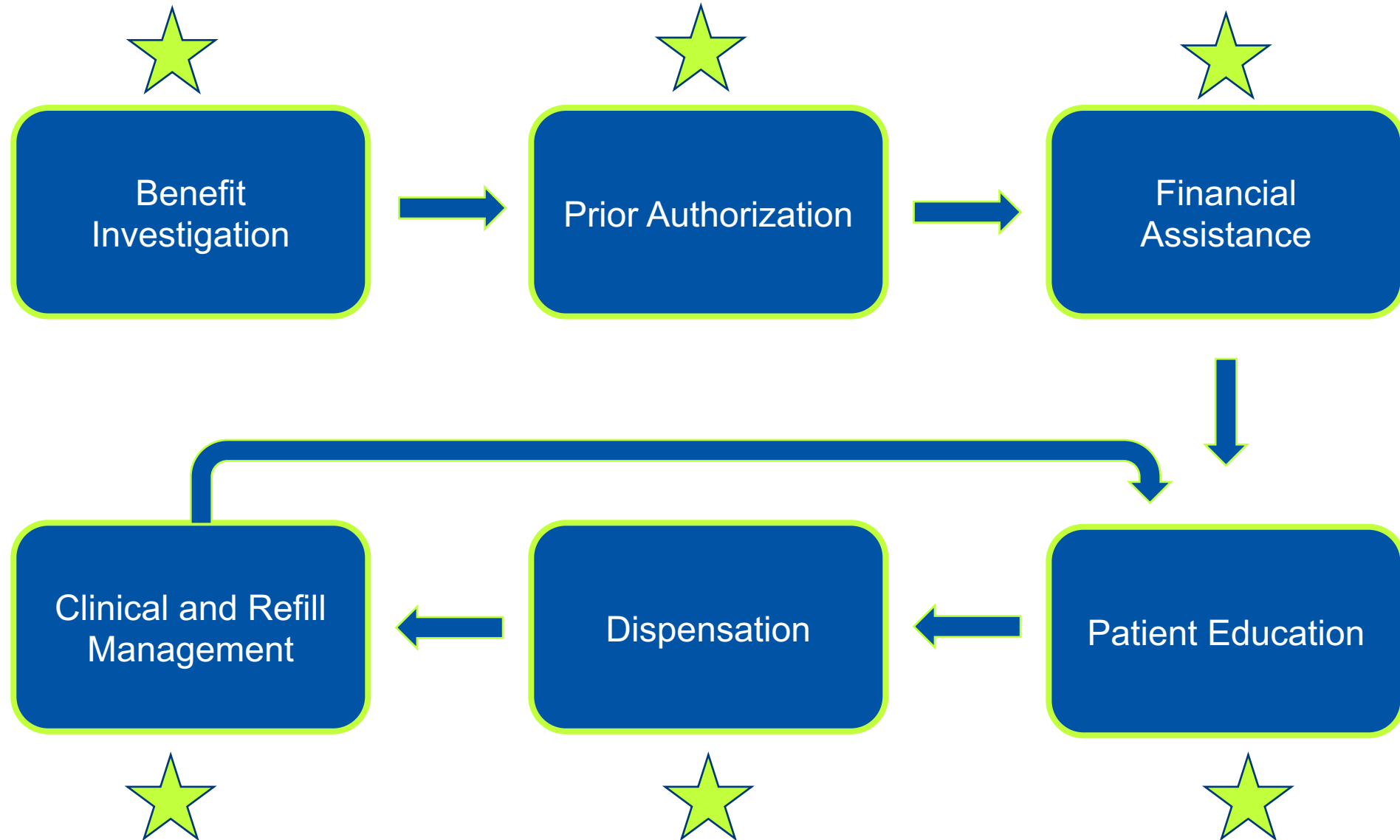
- Prior authorizations
 - Goal: Improve appropriate use of prescription medications and reduce unnecessary medical spending
 - Pitfalls: time consuming for ordering provider, may result in delay of care
- Insurance restrictions
 - Step therapy
 - Prescriber restrictions
 - Pharmacy restrictions



Financial Navigation

- Doshi et al. 2018
 - Higher out-of-pocket (OOP) costs associated with higher incidences of treatment abandonment:
 - 49% of patients whose OOP costs were > \$2,000 (n = 4,765)
 - 32% of patients whose OOP costs were \$100 to \$500 (n = 1,888)
 - 10% of patients whose OOP cost were < \$10 (n = 21,990)
- Seetasith et al. 2019
 - Average copay assistance applied to the first fill of an anaplastic lymphoma kinase inhibitor was \$1,930
 - Patients who received copay assistance (n = 570) picked up their oral anticancer therapy sooner than patients without copay assistance (n = 2,573) (2.6 days vs 25.7 days) and had a reported 88.2% lower risk of abandoning therapy

Identify strategies to overcome barriers to improve patient access



Integration of Health-System Specialty Pharmacist

- Bridge gaps in care transitions
 - Site of care
 - Provider types
 - Specialty medications
 - Financial coverage
- Navigate medication access
- Promote persistence to therapy
- Coordinate communication between patients, providers, insurers, and manufacturers

Impact of Pharmacy Intervention on Prior Authorization Success

- Prospective observational study comparing sequential PA requests at UC Davis Health System (UCDHS)

	Intervention (Pharmacy-run PA clinic)	Control (Usual care UCDHS clinics)	P-value
PA processing time	0.53 days	7.02 days	<0.001
PA approval rate	93%	68%	<0.002
Mean time to fill	2.49 days	5.52 days	0.02

Benefits of Integration

- Results from an observational study at Vanderbilt University Medical Center
 - Integration of specialty pharmacy services into individual clinics
 - Staffed with at least 1 clinical pharmacist and 1 pharmacy technician
 - The following benefits were observed:

Decreased provider
and clinic burden

Decreased time to
medication approval
and initiation

Improved patient
and provider
satisfaction

Provides patient
cost savings

Improved
medication
adherence

Improved continuity
of care for patients
on specialty
medications

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