



Up to 1 in 4 Patients Skip Oral Cancer Drugs on Costs **Cheryl Clark , May 19, 2011**

High co-payment costs prompt between 6% and 25% of oncology patients to walk away from the pharmacy counter without filling their prescriptions for eight oral cancer drugs, according to a report funded by five large pharmacy manufacturers.

According to the report, 6% of oncology patients whose prescription co-payment was \$100 or less decided to void the purchase after learning the cost. About 25% didn't purchase the prescription medication when they learned co-payments or cost-sharing would require them to pay more than \$500.

The report was authored by researchers from the Washington, D.C. based Michael Johnsrud, senior vice president of the healthcare advisory company, Avalere Health.

"The point we are making is that co-payment amounts in pharmacy benefit plans may influence whether the patient doesn't take the drug," Johnsrud said in a telephone interview. "As healthcare reform initiatives evolve, policymakers and stakeholders should take that into consideration so they don't pose a barrier."

The drug associated with the highest rate of patient abandonment at the drug counter, 27.2% of 460 patients, was seen for the drug sorafenib, which is used to treat advanced renal cell cancer. The second highest rate, 13.5% of 1,380 patients, was seen for prescriptions for imatinib, which treats certain forms of leukemia.

Other medications associated with abandonment rates between 6.2% and 12.8% were, capecitabine, temozolomide, lenalidomide, sunitinib, lapatinib, erlotinib, which treat cancers of the breast and colon, brain and skin, bone marrow, gastrointestinal system, breast and lung.

The researchers drew their conclusions from a pharmacy claims database for 10,508 Medicare and commercial insurance patients whose cancer treatment prescriptions were written between 2007 and 2009.

Eligible patients were those who had no prior cancer drug prescription claims, and who did not have subsequent substitution oral cancer drug claims, so as to eliminate those who may have had replacement drugs prescribed.

The database, however, showed that they did have other drug claims, so the researchers were able to tell that they were still alive and seeking treatment for other conditions.

Johnsrud noted that the study could not tell how many patients who left the drug counter were able to obtain their cancer drugs through charitable organizations or patient assistance programs, such as those run through pharmaceutical companies. Also, some of the patients may also have selected infusion forms of treatment, which could have no or much lower co-payment amounts.

The study was done in part because until the last few years, cancer therapy has been primarily administered through intravenous infusion. However, oral medications are increasingly being prescribed because they are more easy to use and convenient for the patient, even though they may be more expensive, than intravenous therapy.

"Recent reports suggest [oral medications] account for approximately 25% of the current oncology pipeline," the authors wrote.

A contributing factor could have been that some of the patients decided not to buy the drugs after hearing their side-effects, he acknowledged.

Of all the patients, the study found, "10% of patients abandoned their anticancer medicine and another quarter had some delay in initiating another oncolytic," the researchers said. They added that the amount of a pharmacy plan's required cost-sharing to purchase those drugs, and the complexity of the drug therapy were "significant drivers" of the patients not taking filling their prescriptions.

The researchers said that the more drugs the patients took for other conditions, the more likely they were to decline co-payments for expensive cancer medication prescriptions.

"Patients with more than five claims for non-cancer medicines in the previous month had an abandonment rate of 12%, as compared to 9% for patients with no claims in the previous month," the report said.

Having lower levels of income and being on Medicare were also associated with higher rates of abandonment.

"The results of this study highlight the importance of indentifying strategies to minimize the impact of high cost-sharing requirements in prescription drug plans so that they do not pose a barrier to access to newer oral therapies for patients diagnosed with cancer, thereby denying patients the potential benefits of these effective agents."

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