Chapter: New York City Society of Health-system Pharmacists

Topic: **Pharmacists’ involvement in cancer care to optimize patient access to anticancer therapy**

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Whereas, Oral anticancer medications have demonstrated similar efficacy to their intravenous (IV) counterparts by inhibiting tumor growth or totally killing cancer cells,

Whereas, Oral anticancer medications can be used throughout the disease spectrum, from induction to maintenance therapy,

Whereas, Oral anticancer treatment requires fewer health care resources as patients can administer the medication at home, following the guidance of skilled health care professionals,

Whereas, IV anticancer medication is administered in an outpatient infusion clinic, it is usually covered through the medical benefit, however, oral medication is covered under the pharmacy benefit,

Whereas, Injectable and oral anticancer medications have different dispensing sites, which often dictate which portion of a patient’s health insurance provides coverage creating a disparity in out-of-pocket payments required of patients with cancer,

Whereas, Financial disparity between oral and IV anticancer reimbursement can create serious barriers to care when orally administered anticancer therapy can be a more appropriate treatment option,

Whereas, Most insurance plans place orally administered anticancer treatment into a “specialty tier,” which may require a cost-sharing responsibility for the patient anywhere between 25 to 33 percent of the drug cost, leading to copays that can be over $2000 per month1,

Whereas, Many patients remain ineligible for assistance based on the type of insurance, income requirements, or availability of copayment assistance program funding,

Whereas, The financial constraints imposed by out-of-pocket expenses may force patients to choose an alternative IV treatment, which may not be the most effective therapy for their specific type of cancer, or abandon their therapy all together,

Whereas, To ensure selection of therapy is based on scientific evidence rather than route of administration, it is critical to support legislation that will address the oral anticancer medication disparity,

Whereas, This specific bill has an impact on people with insurance plans that are federally regulated under the Employee Retirement Income Security Act,

Whereas, Forty-four states and the District of Columbia have passed oral anticancer medication access legislation, known as the Cancer Drug Parity Act of 2023, and an additional six states have legislation pending, including New York 2,3; therefore be it

**Resolved That:**

The New York State Council of Health-system Pharmacists supports national legislation to require insurance plans to provide no less favorable coverage for orally administered anticancer therapy covered by prescription component of insurance plans than they do for IV anticancer therapy through medical benefit component of insurance plans (Cancer Drug Parity Act of 2023).

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**References**

1. Jalpa A. Doshi et al. Association of Patient Out-of-Pocket Costs With Prescription Abandonment and Delay in Fills of Novel Oral Anticancer Agents.*JCO* **36**, 476-482(2018).
2. H.R. 6301 — 118th Congress: Cancer Drug Parity Act of 2023. Retrieved January 12th, 2024 from https://www.govtrack.us/congress/bills/118/hr6301
3. *S.2039 - 118th Congress (2022-2023): Cancer drug parity act of 2023*. (n.d.). Retrieved January 12th, 2024 from https://www.congress.gov/bill/117th-congress/senate-bill/3080