



# Impact of Patient Assistance Programs on Financial Toxicity in Cancer Patients Managed Through Health System Specialty Pharmacies

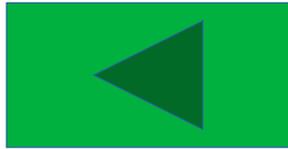
Virtual Platform

June 13, 2022

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## STUDY OBJECTIVES

Gain advisors' perspectives on

- > Financial toxicity, the role of the health system specialty pharmacy, and barriers associated with patient assistance programs

# Report Snapshot: Session Overview



A moderated roundtable discussion was held with oncologists and pharmacists in 8 states in the US in a virtual setting on **June 13, 2022**

A PAPs overview was presented along with insights into financial hardships attributed to prescription drug regimens, and discussion on charitable foundations was led by **Bryan Schuessler**, director of Specialty Pharmacy Solutions at Rx Savings Solutions in Overland Park, KS, and **Michelle McCourt**, executive director of the CancerCare Co-Payment Assistance Foundation, in conjunction with content developed by the Aptitude Health clinical team

Insights were obtained on **factors impacting PAP selection, impact of barriers leading to financial toxicity, and PAP support needs**

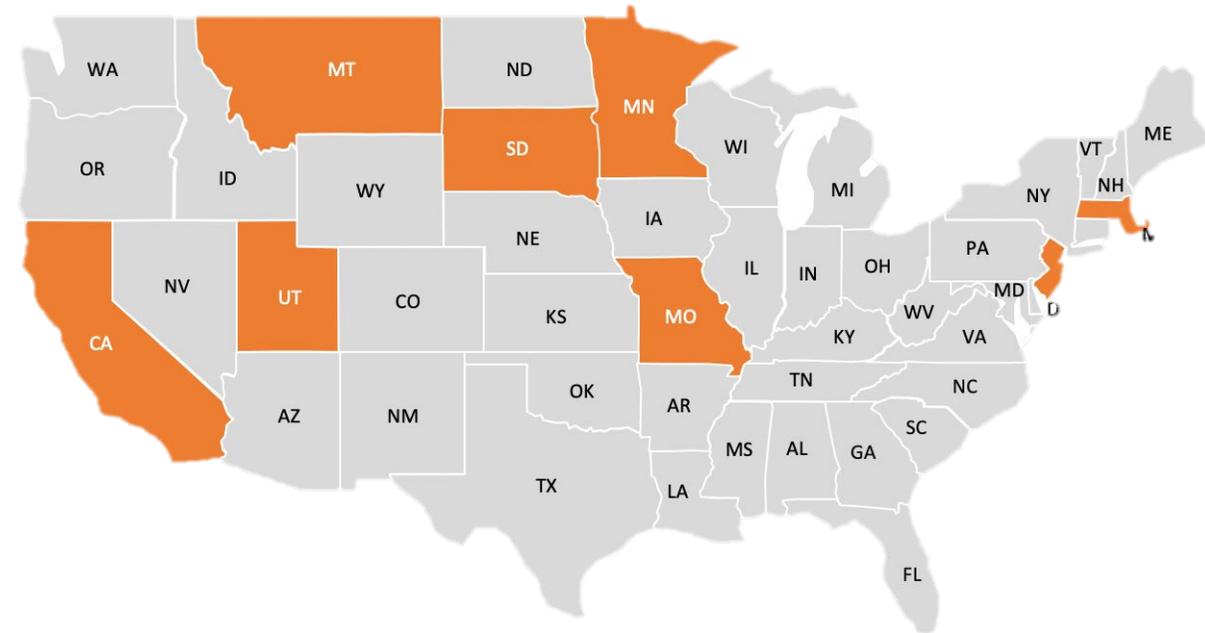
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

# Report Snapshot: Attendee Overview



- > The group of advisors comprised 14 doctors of pharmacy (PharmD) and pharmacy technicians from 8 states across the US

INSTITUTION	NO. OF PARTICIPANTS	CITY	STATE
Avera Cancer Institute	3	Sioux Falls	SD
Billings Clinic	2	Billings	MT
Fairview Health Services	1	Minneapolis	MN
Intermountain Healthcare	2	Salt Lake City	UT
MD Anderson Cancer Center at Cooper	1	Camden	NJ
Shields Health Solutions	3	Stoughton	MA
St. Luke's Cancer Institute	1	Kansas City	MO
Sutter Health	1	Sacramento	CA



# Report Snapshot: Agenda



Time (ET)	Topic
6.00 PM – 6.15 PM (15 min)	<b>Introduction</b> <ul style="list-style-type: none"><li>• Program overview</li></ul>
6.15 PM – 7.15 PM (60 min)	<b>Financial Toxicity and PAP Overview</b> <ul style="list-style-type: none"><li>• Financial hardship attributed to prescription drug regimens</li><li>• Charitable foundations</li></ul>
7.15 PM – 7.25 PM (10 min)	<b>BREAK</b>
7.25 PM – 8.45 PM (80 min)	<b>Moderated Discussion</b> <ul style="list-style-type: none"><li>• Health system specialty pharmacy (HSSP) role</li></ul>
8.45 PM – 9.00 PM (15 min)	<b>Key Takeaways and Meeting Evaluation</b>



## Discussion Takeaways

## PAP PROCESS – INSIGHTS AND DATA

*“We pretty much screen everybody. We have our technicians and our local liaisons.”*

1. Treatment success in frontline (N=200)

The overall success rate is very high. This is not necessarily because the disease is curable, but because we are using PAP. I would say that we are seeing a significant improvement in survival. I would say that we are seeing a significant improvement in survival. I would say that we are seeing a significant improvement in survival. I would say that we are seeing a significant improvement in survival.

2. Data needed to confirm from NCI in frontline

What are all the things that we need to know? We need to know the overall survival. We need to know the overall survival.





## PAP OPTIONS – INSIGHTS AND DATA

*"I have a handful who are Medicare or their income takes them outside of requirements. If they're specialty, they're*

1. Treatment success in Specialty (N=20)

The overall success rate was 85%. This is a significant increase from the 65% success rate in the non-specialty group. The overall success rate was 85% in the specialty group, which is a significant increase from the 65% success rate in the non-specialty group. The overall success rate was 85% in the specialty group, which is a significant increase from the 65% success rate in the non-specialty group.

2. Data needed to support from 2020 in Specialty

This data is needed to support from 2020 in Specialty. The overall success rate was 85% in the specialty group, which is a significant increase from the 65% success rate in the non-specialty group. The overall success rate was 85% in the specialty group, which is a significant increase from the 65% success rate in the non-specialty group.



## PAP OPTIONS – INSIGHTS AND DATA

*“I feel like the HUB programs are more useful to non-pharmacy personnel.”*

1. Treatment success in HUB vs. PAP

The overall success rate was higher in the HUB program compared to the PAP program. This was particularly true for patients with a history of hospitalization. In the HUB program, 75% of patients achieved a successful outcome, compared to 60% in the PAP program. This difference was statistically significant (p < 0.05). The HUB program also had a lower rate of hospitalization (15%) compared to the PAP program (25%). This suggests that the HUB program is more effective in managing patients with a history of hospitalization and reducing the need for hospitalization.

2. Costs associated with PAP vs. HUB

The overall cost of care was lower in the HUB program compared to the PAP program. This was particularly true for patients with a history of hospitalization. In the HUB program, the average cost of care was \$10,000, compared to \$15,000 in the PAP program. This difference was statistically significant (p < 0.05). The HUB program also had a lower rate of hospitalization (15%) compared to the PAP program (25%). This suggests that the HUB program is more cost-effective in managing patients with a history of hospitalization and reducing the need for hospitalization.

## CHALLENGES AND BARRIERS – INSIGHTS AND DATA

*[Regarding ways to expedite the application process] “We offer the patient the option of signing a letter allowing*

*the patient to sign a letter that says we need this as our primary disease. This is a primary disease, so we need expedited service.”*

*“One of the ways of things have been done, getting a letter that says I have a primary disease, so we need expedited service.”*

1. Treatment success in frontline (N=200)

2. Data needed to support front line (N=200)

## FOLLOW-UP FUNDING – INSIGHTS AND DATA

*“If the funds run out or the pharmacy I’m affiliated with for these specialty meds says the patient has exhausted*

1. Treatment success in 2019 (N=100)

The overall success rate was 85%. This is a significant increase from the 70% success rate in 2018. The success rate was significantly higher for patients who had a PAP in place compared to those who did not. The success rate was also significantly higher for patients who had a PAP in place for more than 1 year compared to those who had a PAP in place for less than 1 year. The success rate was also significantly higher for patients who had a PAP in place for more than 6 months compared to those who had a PAP in place for less than 6 months.

2. Data needed to support 2020 in 2019

The data needed to support 2020 in 2019 was significantly higher for patients who had a PAP in place compared to those who did not. The data needed to support 2020 in 2019 was also significantly higher for patients who had a PAP in place for more than 1 year compared to those who had a PAP in place for less than 1 year. The data needed to support 2020 in 2019 was also significantly higher for patients who had a PAP in place for more than 6 months compared to those who had a PAP in place for less than 6 months.



# Advisor Key Takeaways

# Advisor Key Takeaways (1/2)



## ADVISOR

## ADVISOR

> After participating in the discussion, this advisor feels

- There is a better understanding of investigational therapies
- I really enjoyed the session with professional and educational but not have a better understanding of these drugs and have a better idea of when to use them in my practice

- There is a better understanding of some of my clinical options
- I'm particularly interested in the educational and hope that you and they would be interested in a second day option for my own clinical practice
- There is a lot more information to be gained through this type of educational that may offer more value

- It was great to hear about innovations and what's coming down the pipeline for investigational therapies

- There is a lot of great options for second line that you could try and manage with decent side effect profile and great response rates
- Immunology is an issue

- The investigational therapies address the need to have different options besides FOLFIRI and what is going to come next

- It's hoping that some of these investigational agents will get added into practice and hopefully improve the outcomes

- It's interesting to learn about all these investigational treatments, especially the specific antibodies
- A lot of options coming up in the future. The only issue will be to learn how to improve these drugs

- IBC to CCRP is the standard

# Advisor Key Takeaways (2/2)



## ADVISOR

> Feels the presentation was informative and

- I have a better understanding of upcoming therapies
- I really enjoyed the format with educational and educational but not "have a better understanding of these drugs and have a better idea of when to use them in my practice"

- I have a better understanding of some of my current options
- I'm particularly interested in the educational and how the info and how would be translated to a commercial option for my own office practice
- There's a lot more information to upcoming therapies and to things the professional that may offer some side effects

- It was good to hear about innovations and what's coming down the pipeline for immunomodulators

- There's a lot of good options for various low than just CAR T and treatment with several side effect profile and good response rates
- Immunology is an area

## ADVISOR

> Relieves that electronic processes such as those described

- The immunomodulatory options for use in hematological options besides CAR T and what is going to come?

- In hoping that some of these immunomodulatory agents will get added into practice and hopefully improve the look up

- It's interesting to learn about all these immunomodulatory treatments, especially the specific antibodies
- A lot of options coming up in the future. The only issue will be to learn how to improve these drugs

- CAR T is still the standard



# Insights Into PAPs on Financial Toxicity in Cancer Patients

ARS Results

# For Nearly 80% of These Advisors, at Least Half of Their Oral Chemotherapy Patients Apply for PAP



FOR EXAMPLE PURPOSES ONLY



# According to All but 1 Advisor, $\leq 25\%$ of Their Oral Chemotherapy Patients Do Not Receive Support After Applying to PAP; That Single Advisor Was Unsure

CASES

FOR EXAMPLE PURPOSES ONLY



# For 2/3 of the Advisors, Up to 50% of Their Patients Are Subject to Copay Accumulators or Maximizers When They Apply for Copay Assistance

FOR EXAMPLE PURPOSES ONLY



# Free Product and Commercial Copay Are the Most Valued Features of PAP for These Advisors

FOR EXAMPLE PURPOSES ONLY



# The Advisors Indicated That Up to 25% of Their Oral Chemotherapy Patients Experience Treatment Disruption Due to Financial Toxicity and Patient Access Issues

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# Most Advisors Do Not Rely Heavily on Manufacturer HUB Services for Patient Support; When They Do, It Is Used for <10% of Patients

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\*One advisor did not respond.



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