****Coalition to Improve   
Access to Cancer Care (CIACC)

**Fact Sheet**

The way we treat cancer is changing rapidly. The way we cover cancer treatment is not. The Coalition for Improved Access to Cancer Care wants to change that by restoring the doctor-patient relationship and giving patients access to the best treatments. Currently, patients are limited by affordability due to the way in which new, innovative oral chemotherapy drugs are placed on a prescription benefit with a high level of cost-sharing from the patient.

**ORAL TREATMENTS ARE THE FUTURE**

* Oral cancer treatments account for roughly 25% of the cancer drugs in development, according to a [study](http://ww.ajmc.com/journals/supplement/2016/improving-patient-access-to-critical-therapies-in-the-age-of-cost-sharing/in-office-dispensing-of-oral-oncolytics-a-continuity-of-care-and-cost-mitigation-model-for-cancer-patients) by the National Community Oncology Dispensing Association.[[1]](#footnote-1)
* Oral cancer medications are often more convenient for patients to take.[[2]](#footnote-2)
* In many cases, there is no alternative to oral medication.[[3]](#footnote-3)

**Yet, Access Barriers Exist for Patients**

* Higher out-of-pocket costs increase the likelihood that patients don’t fill prescriptions, according to a study by Avalere Health and The West Clinic.[[4]](#footnote-4)
* Many health plans require patients to pay higher coinsurance or copays for oral cancer medicines.
* Some 84% of oncologists said high out-of-pocket costs influenced what medicines they prescribe, according to a national survey conducted by researchers at Tufts University, Baylor University and the University of Michigan.2
* In the same survey, 64% of oncologists saidreimbursement rules for oral chemotherapy limited their ability to offer those therapies.2

**Parity Legislation Works**

* Since 2007, 43 states and the District of Columbia have enacted laws preventing insurance companies from applying different co-pays to oral cancer medicine.
* The proportion of prescriptions filled at $0 for oral cancer medicines jumped to 53% from 15% in states that enacted parity legislation, according to a [study](https://jamanetwork.com/journals/jamaoncology/article-abstract/2661763?resultClick=1) in the Journal of the American Medical Association (JAMA).[[5]](#footnote-5)
* There is no evidence that insurers incurred additional costs as the result of this increased access to cancer care, according to the same study.5
* The Cancer Drug Parity Act wouldprotect the approximately 100 million patients not covered by these state laws.

The Coalition for Improved Access to Cancer Care is a patient-focused organization representing patients, health-care professionals, care centers and life sciences industry committed to ensuring cancer patients have equal access to all approved anticancer regimens, including (but not limited to) oral and intravenous drugs, injections, etc.



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2. Henrikson, N. B., Tuzzio, L., Loggers, E. T., Miyoshi, J., & Buist, D. S. (2014, April). Retrieved March 02, 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3943697/> [↑](#footnote-ref-2)
3. High Out-of-Pocket Costs May Place Oral Cancer Medications Out of Reach – PR News. (n.d.). Retrieved March 02, 2018, from https://www.pennmedicine.org/news/news-releases/2017/december/high-costs-may-place-oral-cancer-medications-out-of-reach [↑](#footnote-ref-3)
4. 4Streeter, S. B., Schwartzberg, L., Husain, N., & Johnsrud, M. (2011). Patient and Plan Characteristics Affecting Abandonment of Oral Oncolytic Prescriptions. Journal of Oncology Practice, 7(3S). doi:10.1200/jop.2011.000316 [↑](#footnote-ref-4)
5. Dusetzina, S. B., PhD. (2017, November 09). Spending Changes for Oral Anticancer Therapy After State Parity Laws. Retrieved March 02, 2018, from https://jamanetwork.com/journals/jamaoncology/article-abstract/2661763?resultClick=1 [↑](#footnote-ref-5)