

Financial Toxicity in Multiple Myeloma and Helpful Resources

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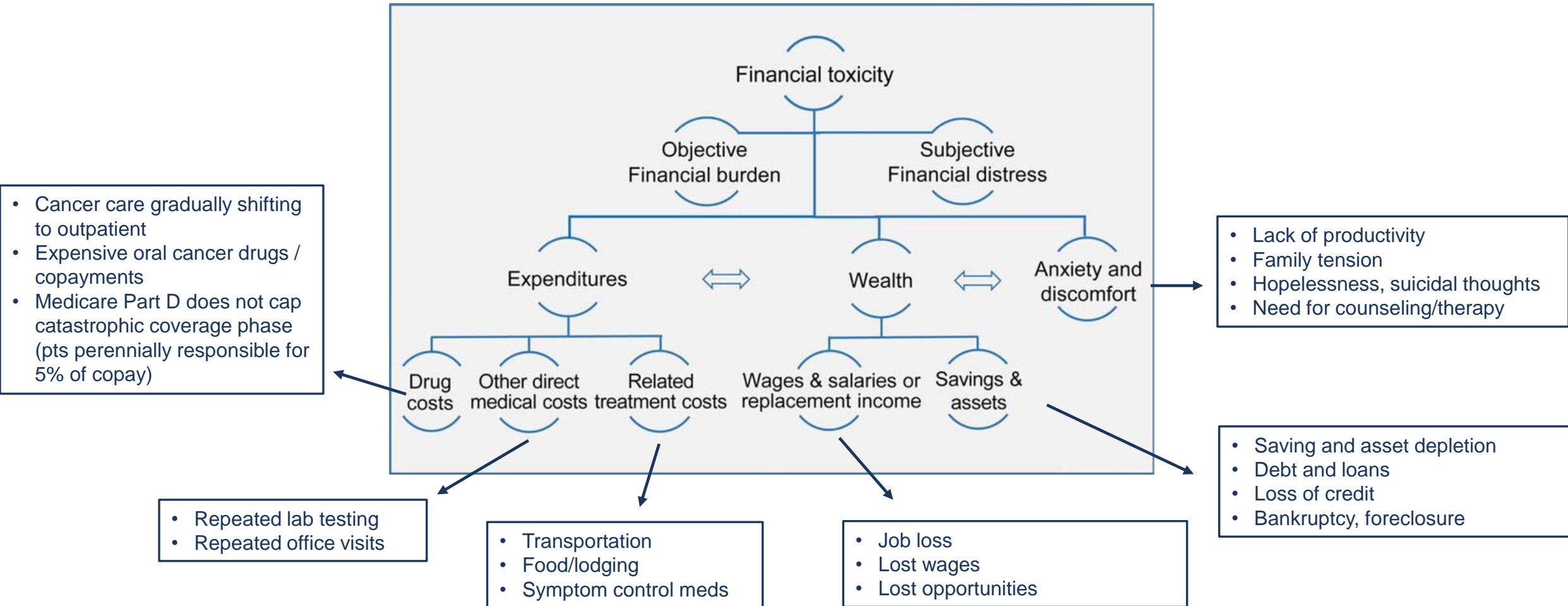
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MMFighters Presentation

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“The unintended – but not necessarily unanticipated – objective financial burden on and subjective financial distress experienced by patients with cancer as a result of their treatment.”

Financial toxicity is NOT only drug copayment



- Cancer care gradually shifting to outpatient
- Expensive oral cancer drugs / copayments
- Medicare Part D does not cap catastrophic coverage phase (pts perennially responsible for 5% of copay)

- Repeated lab testing
- Repeated office visits

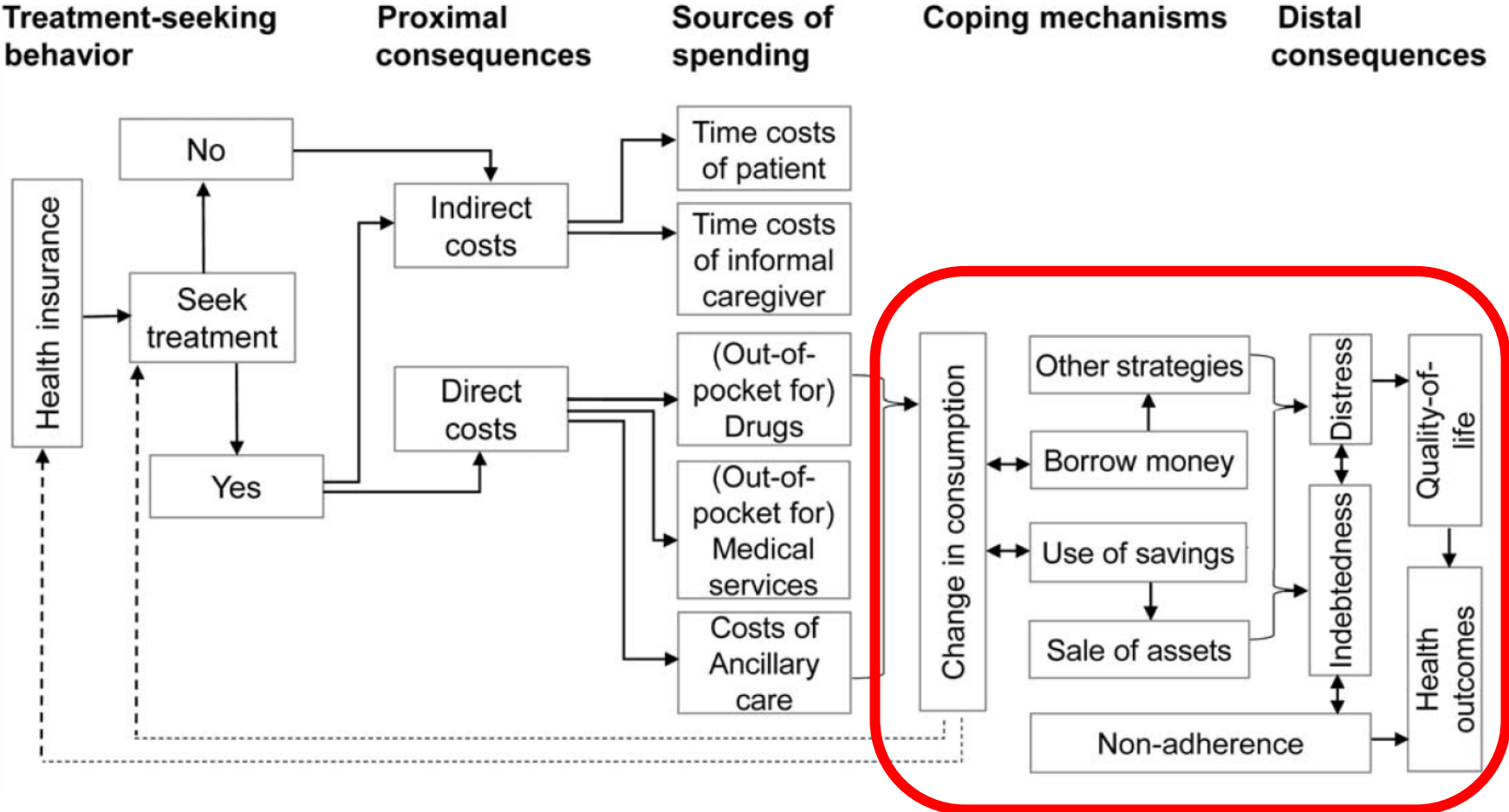
- Transportation
- Food/lodging
- Symptom control meds

- Job loss
- Lost wages
- Lost opportunities

- Lack of productivity
- Family tension
- Hopelessness, suicidal thoughts
- Need for counseling/therapy

- Saving and asset depletion
- Debt and loans
- Loss of credit
- Bankruptcy, foreclosure

Consequences of financial toxicity



Why focus on blood cancers and multiple myeloma?

Estimated New Cases (%) of Leukemia, Lymphoma and Myeloma, 2020

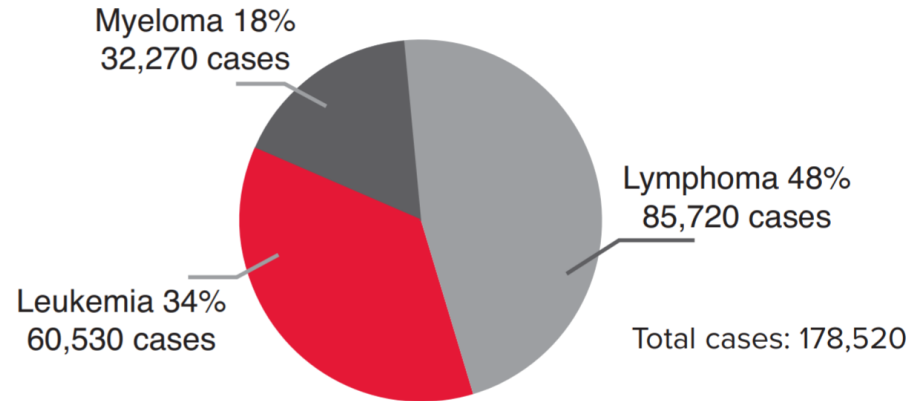


Figure 1. Source: *Cancer Facts & Figures, 2020*. American Cancer Society; 2020.

Myeloma comprises ~1-2% of all cancers.

Five-Year Relative Survival Rates by Year of Diagnosis

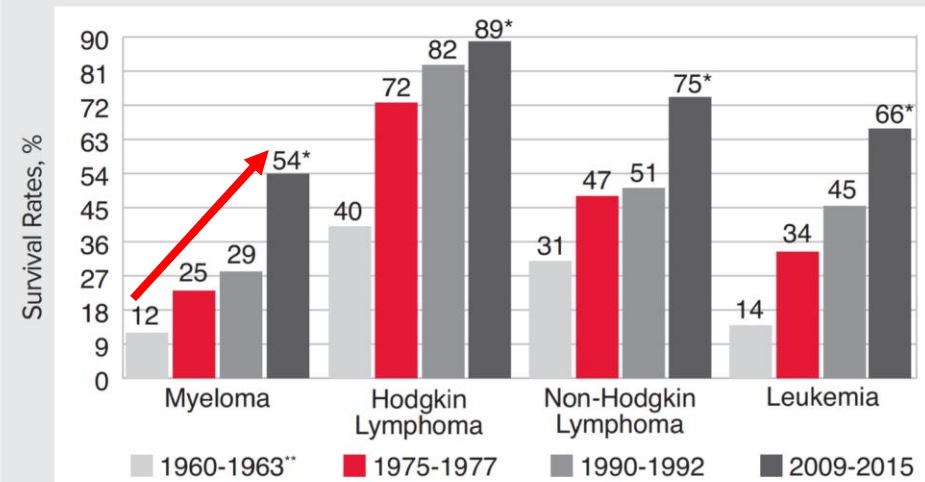
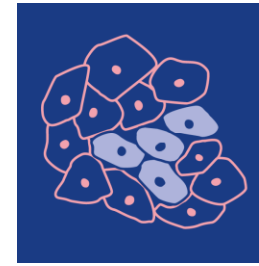


Figure 2. Source: *SEER (Surveillance, Epidemiology, and End Results) Cancer Statistics Review, 1975-2016*. National Cancer Institute; 2019.

*The difference in rates between 1975-1977 and 2009-2015 is statistically significant ($p < .05$).

**Survival rate among whites (the only data available)

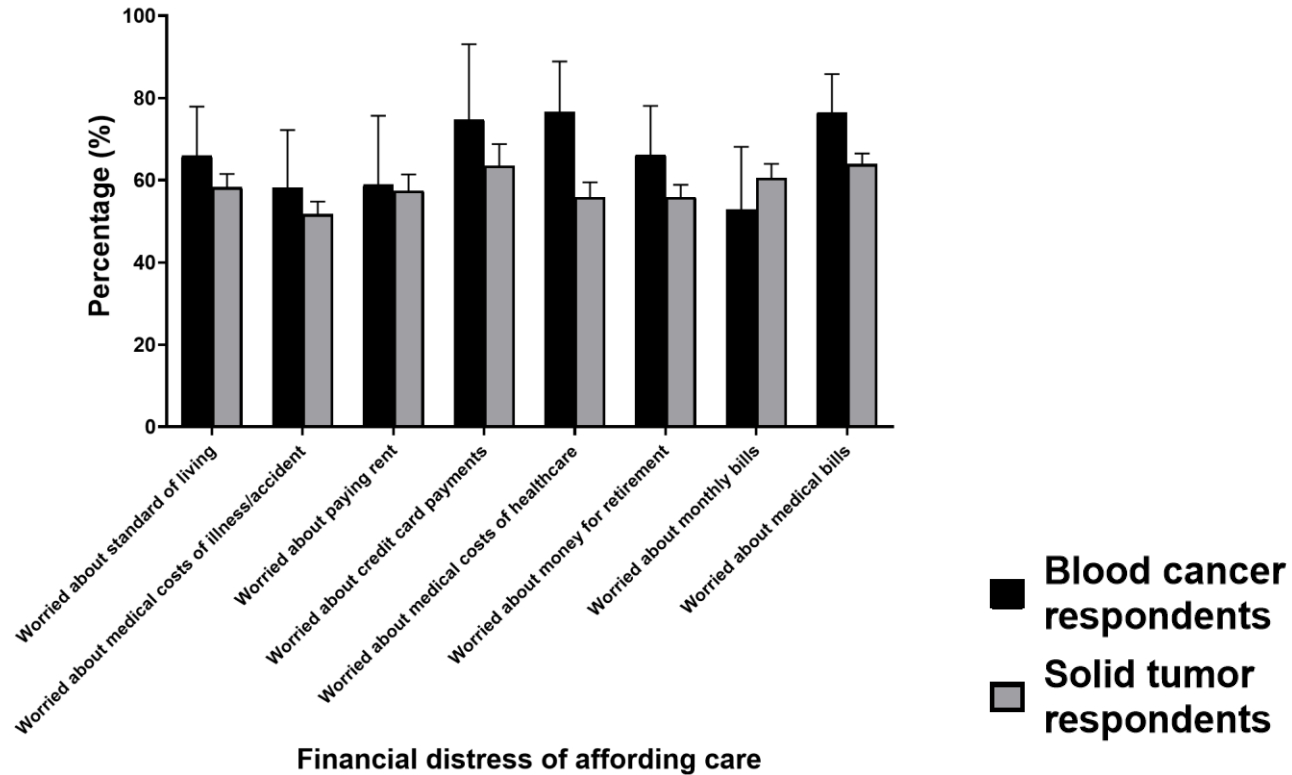
Divergent Patterns in Care Utilization and Financial Distress between Patients with Blood Cancers and Solid Tumors: A National Health Interview Survey Study, 2014–2020



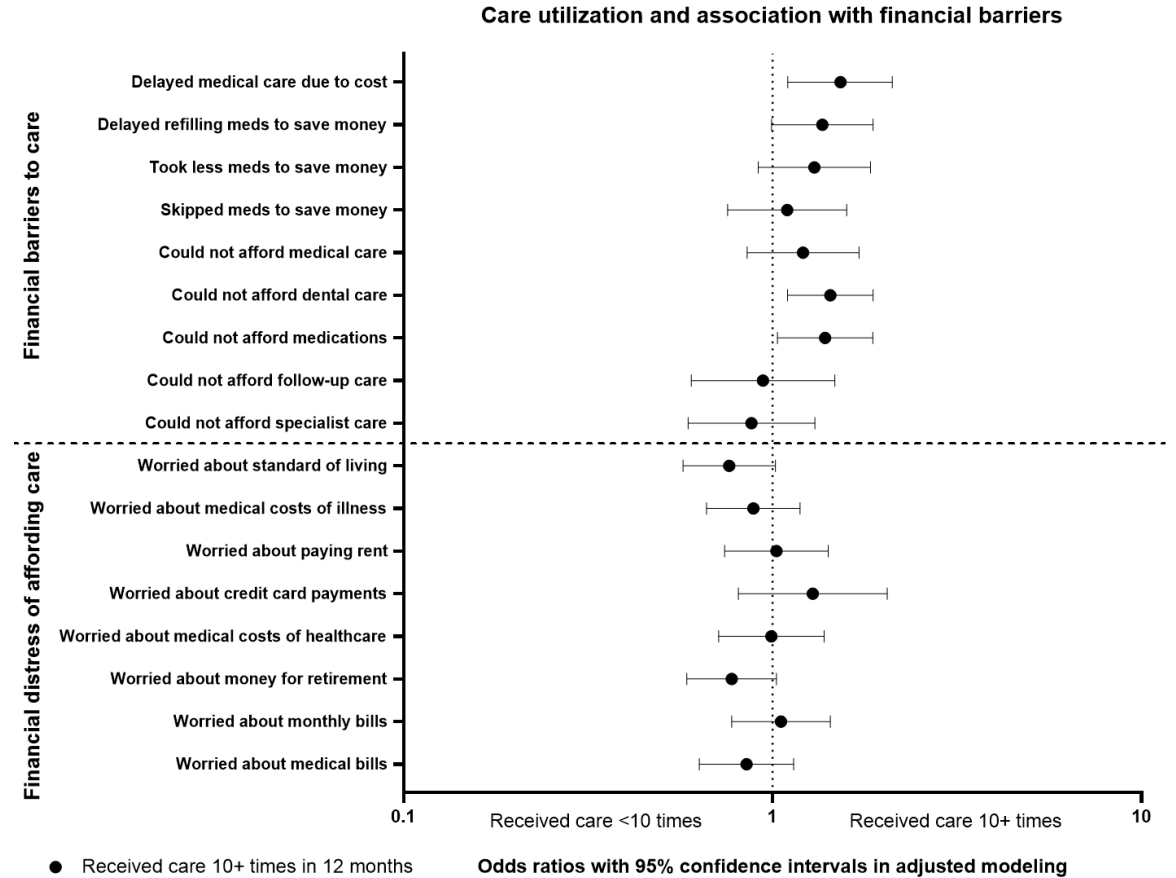
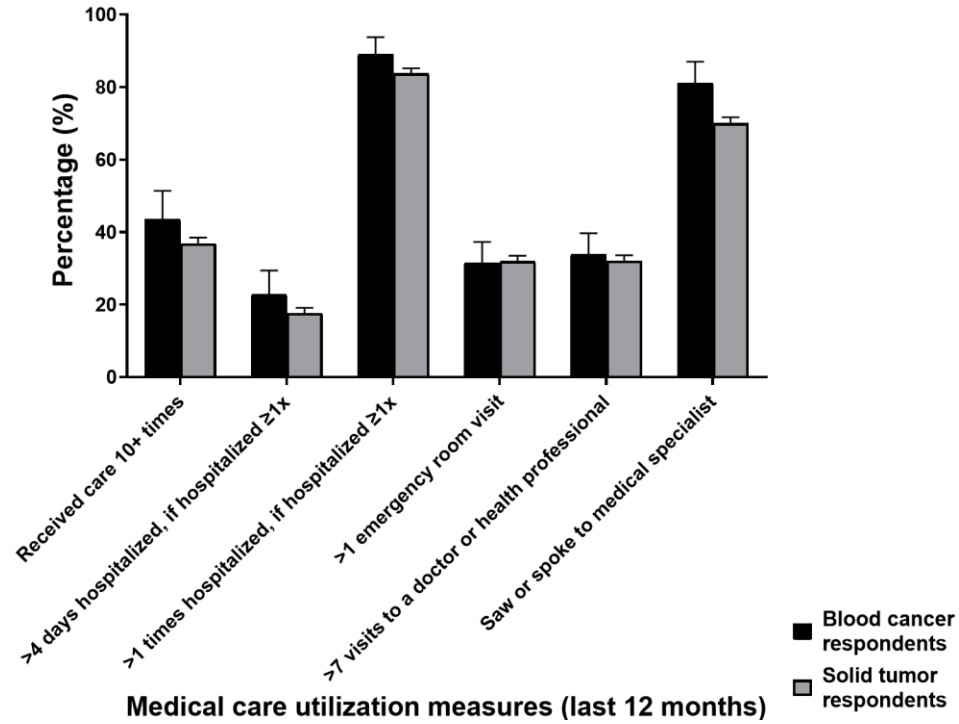
cancers

Christopher T. Su ^{1,2,3,*}, Christine M. Veenstra ^{1,2,3} and Minal R. Patel ^{1,3,4}

- National Health Interview Survey, 2014-2020
- Total n = 6,248 solid tumors; 398 blood cancers; ≤5 years from cancer diagnosis



Is the difference in tumor type...



...or medical care utilization?

A case study...Gleevec (imatinib) for CML ...
... but with lessons for multiple myeloma!



Imatinib now at Mark Cuban pharmacy (generic since 2016)

[All Medications](#) > Imatinib

Imatinib (Generic for Gleevec)



Prescription Required

Why does my medication look different?

Different manufacturers produce different looking medications to distinguish themselves from one another, but the drug, strength, and ingredients are the same.

Contact your doctor for a prescription

Create an account, and receive an email once we receive your prescription. Don't see the quantity you need? We will fill the amount prescribed by your doctor.



[Get Started](#)

Price Calculator

Imatinib
Tablet • 100mg • 30 count

\$13.40

Form

Tablet

Strength

100mg 400mg

Quantity

30 count 60 count 90 count

*final price shown at checkout

Transparent Pricing








We think you should know how much your medications cost and why.
A 30 count supply of 100mg Imatinib will cost:

Your drug cost with us	\$13.40
+ + You save \$2489.20 on your medication	
Retail price at other pharmacies	\$2502.60

Your final cost will include shipping and taxes, which vary by location.



Projected Savings for Generic Oncology Drugs Purchased via Mark Cuban Cost Plus Drug Company Versus in Medicare

Brian D. Cortese, BS^{1,2} ; Stacie B. Dusetzina, PhD^{3,4} ; Amy N. Luckenbaugh, MD⁵ ; Bashir Al Hussein Al Awamlh, MD⁵ ; C.J. Stimson, MD, JD⁵; Daniel A. Barocas, MD, MPH⁵ ; David F. Penson, MD, MPH⁵ ; Sam S. Chang, MD, MBA^{4,5}; and Ruchika Talwar, MD⁵ 

DOI <https://doi.org/10.1200/JCO.23.00079>

CONCLUSION Replacing current Part D median formulary prices with MCCPDC pricing could yield significant savings for seven generic oncology drugs. Individual beneficiaries could save nearly \$25,200 USD per year for abiraterone or between \$17,500 USD and \$20,500 USD for imatinib. Notably, Part D cash-pay prices for abiraterone and imatinib under the catastrophic phase of coverage were still more expensive than baseline MCCPDC prices.

Of course...almost nothing in multiple myeloma is generic!



<https://www.youtube.com/watch?v=hOr3JAU4nZ8> – October 28, 2010 (14 years ago!)

Generic progress in multiple myeloma

Generics exist, but are severely restricted in the United States for now

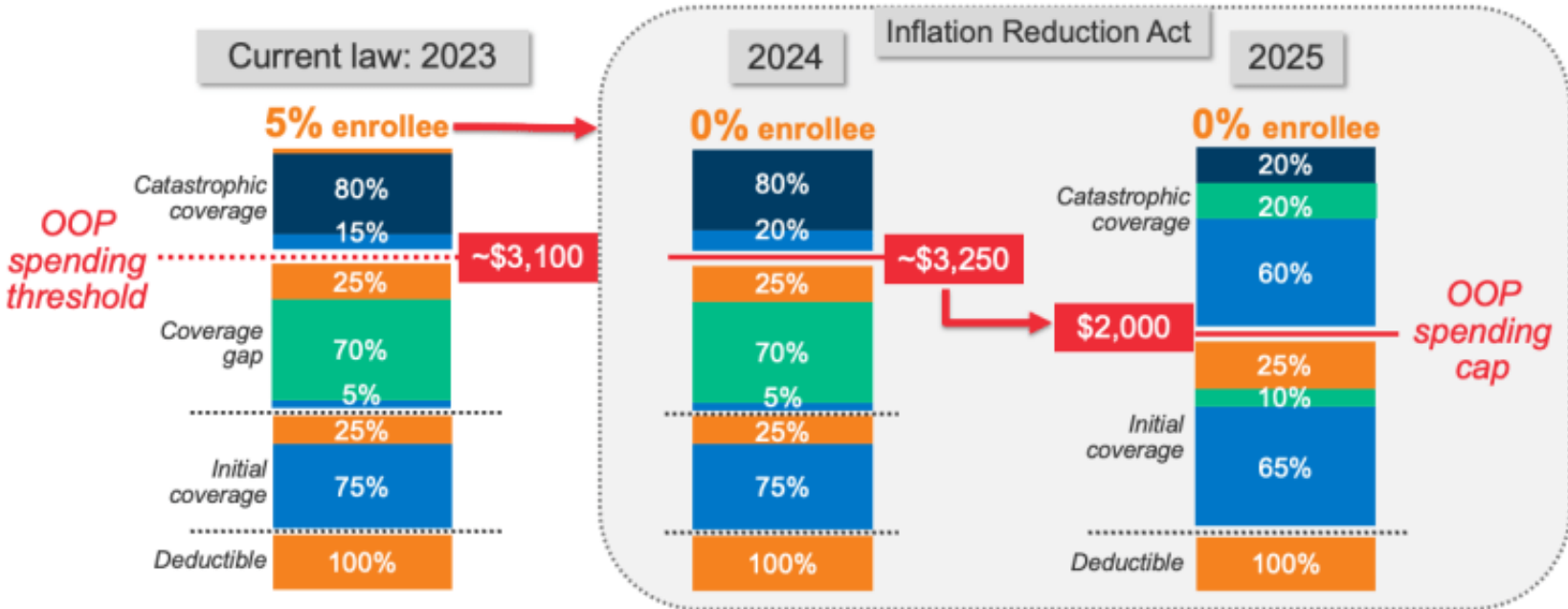
- **Revlimid (lenalidomide)** lost patent exclusivity in March 2022 in the United States, allowing for generic entry. However, lawsuits quickly followed.
 - Generic Revlimid (lenalidomide) is presently available in the US, but restricted due to lawsuits to <10% of the present drug supply. Due to extremely limited supply, the generic manufacturers are unable to compete effectively, so the generic medication still costs similarly to the branded version.
 - Generic manufacturers can produce unlimited amounts of lenalidomide for the US market beginning **January 31, 2026**.
 - Partly due to lack of litigation, generic lenalidomide is available in 20+ countries outside the US since 2022.
- **Pomalyst (pomalidomide)** will lose patent exclusivity in **June 2025**.
- **Velcade (bortezomib)** lost patent exclusivity in 2022. However, as Velcade (bortezomib) is administered in the clinic, this is typically covered by hospital/clinic insurance (like Medicare Part B) and the patient-level out-of-pocket cost impact is much smaller.

Impact of Medicare Part D reforms on out-of-pocket cost

Figure 2

Changes to Medicare Part D for Brand-Name Drug Costs

Share of **brand-name drug** costs paid by: ● Enrollees ● Part D Plans ● Drug manufacturers ● Medicare



NOTE: OOP is out-of-pocket. The out-of-pocket spending threshold will be \$7,400 in 2023 and is projected to be \$7,750 in 2024 and \$8,100 in 2025, including what beneficiaries pay directly out of pocket and the value of the manufacturer discount on brand-name drugs in the coverage gap phase. These amounts translate to out-of-pocket spending of approximately \$3,100, \$3,250, and \$3,400 (based on brand-name drug use only).



Helpful Resources

The first step is always to start with your designated social worker or patient navigator at your cancer center (if at all available) – they are the hub to all resources.



I need help with...

High Out of Pocket Drug Costs

1. Optimize insurance coverage

- Speak to your patient navigator
- Washington Statewide Health Insurance Benefit Advisers (SHIBA)
 - Free, help with Medicare-related issues, such as Medicare vs. Medicare Advantage

2. Apply for Pharmaceutical Assistance Programs (PAPs)

- Administered directly by the drug manufacturer
- Typically requires proof of income or tax returns

3. Access cancer center or foundation assistance

- Patient Advocate Foundation Co-Pay Relief Program
- Leukemia and Lymphoma Society Co-Pay Assistance Program
- Cancer cancer-specific patient funds or programs

4. Consult [GoodRx.com](https://www.GoodRx.com), [NeedyMeds.org](https://www.NeedyMeds.org), or pharmacists for coupons or discounts that apply to you

I need help with...

Unaffordable Hospital Bills

- **Washington State Law (RCW 70.170.060) mandates charity hospital care (free; no out-of-pocket costs)** for patients and families making less than 300% of the federal poverty level, and discounts for those making up to less than 400%.
 - 2-person household: \$61,320 (300%), \$81,760 (400%)
 - 4-person household: \$81,760 (300%), \$124,800 (400%)
- **However!** There is an application process, and details about the charity care program may not be readily apparent even though this language is required by law to be printed on billing statements.
- **Hospitals may require you to apply for maximal insurance coverage** (for example, Medicaid or Medicare) before being eligible for charity care. Failure to complete application process for insurance may still lead to unresolved hospital bills.
- **Discuss any remaining hospital bills directly with the billing department of the medical center.**
 - Hospitals can send your outstanding bills to collection agencies, but many are willing to negotiate with you in good faith to set up a payment plan you can afford.
 - Nonprofit organizations like the Northwest Justice Project can help with negotiations or clarifying your rights.
- **DO NOT PLACE ANY MEDICAL BILLS ON CREDIT CARDS.**





I need help with...

Transportation and Lodging

- **Discuss with your social worker** regarding local options for gas cards, transport funds, or donations.
- **If you have Medicaid in King/Snohomish Counties, you can use HopeLink** for free transportation to appointments.
- **Consider a handicapped parking placard** (WA State general definition: can't walk 200 feet without stopping) **or discounted/free public transit passes.**
- **American Cancer Society Road to Recovery** recruits volunteer drivers to drive patients with cancer to appointments.
- **Many hospitals and cancer centers have discounted lodging options** for patients traveling beyond a certain perimeter to seek care, but these can book up very early and still be relatively expensive.
- **Many hotels within a perimeter from the cancer center have discounted rates for patients and families** – call to inquire or ask your local social worker.
- **Joe's House** is an online guide that compiles lodging options across the US for patients with cancer.

I need help with...

Mortgage, Rent, Eviction, or Utilities

- **Patients with cancer may qualify for mortgage forbearance.** This places a pause on mortgage payments or a smaller payment might be negotiated. This requires direct communication with the mortgage servicer. A financial counselor may help with the negotiation process if difficult.
- In Seattle, **King County Emergency Services and Solid Ground** can help with navigating impending evictions.
- **Seek a second opinion from a nonprofit legal organization** for impending evictions (Northwest Justice Project).
- **Aged, Blind, or Disabled (ABD)** program provides Washington State residents over 65 or have a disabling medical condition with monthly \$450 (single) or \$570 (married) cash grants that can be applied towards rent.
- **Housing and Essential Needs (HEN)** program provides access to essential needs and limited rental assistance to low-income individuals unable to work in Washington.
- **Seattle City Light** offers a reduced utility program for families with hardship. Contact your local utility company for similar programs.





I need help with...

Employment and Disability

- **Employment and disability are the least straightforward** and requires coordination with various governmental offices – can be very slow for approval.
- **Family and Medical Leave Act (FMLA)** covers eligible employees under covered entities (public and typically large private employers) 12 weeks of unpaid leave a year, with covered health insurance benefits.
- **Short (up to 6 months) and long-term disability insurance** may continue to pay a portion of salary while disabled (short term disability insurance is often offered as an employment benefit). Even after cancer diagnosis, may still be eligible for coverage depending on treatment and stage of disease.
- **Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)** provide benefits if disability criteria are met, based on previous work history (SSDI, ends at 65 or return to work) or income level (SSI).
- **Non-Grant Medical Assistance (NGMI)** is a Washington State program that extends Medicaid benefits for those not meeting disability standards after SSDI and SSI determination.

I need help with...

Debt and Personal Finances

- **Credit card companies usually have hardship clauses.** A cancer diagnosis may be used to negotiate for an interest pause or a lower interest rate.
- **Federal student loans may be forgiven** with a cancer diagnosis (filed under permanent disability).
- **Financial counseling nonprofit agencies** can help with credit card debt negotiations and personal finance restructuring.
 - Many different companies, but important to review nonprofit status – I am working with GreenPath on a financial counseling project for patients newly diagnosed with cancer.
- **Common healthcare scams**
 - Insurance brokers peddling high deductible insurance plans
 - “Medical care credit cards”
 - Taking out a personal loan with interest to pay off medical debt
 - Healthcare navigators that require payment
 - Free “medical screening” or “health counselors” at community fairs that require sign-up/disclosure of personal information



It is never too early (or too late) to reassess your financial resources and truly understand your current insurance plan, in preparation for a “rainier” day.

Make sure to vote this year!

- **Washington State**
 - HB 2066 / SB 5948 may give more leverage to health insurers when negotiating with WA physician groups.
 - HB 2119 would limit the ability for WA healthcare entities to collect on outstanding medical debt.
 - **HB 2295 / SB 6101 (passed) increases access to “hospital-at-home” services in WA.**
 - SB 5481 enhances telehealth / remote care provision in WA
 - **SB 5821 / HB 1881 (passed) allows audio-only visits following a video initial visit in WA**
 - HB 1884 / SB 5814 allows greater physician discretion in determining best initial therapy to treat metastatic cancer
 - HB 1450 / SB 5074 enhances insurance coverage for biomarker testing
- **Federal**
 - Cancer Moonshot Program
 - Expanding Medicaid eligibility
 - Expanding reimbursement for patient navigation services



Thank you!

I look forward to your questions,
hearing about your experience, and
learning from you.

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