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Impact of in-house specialty pharmacy on access to novel androgen axis inhibitors in men with advanced prostate cancer.

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Introduction: Novel androgen axis inhibitors are standard of care treatments in advanced prostate cancer. The billed amounts for these medications are often very high, which may create significant financial toxicity for patients and lead to delays in treatment. Our institution implemented an in-house specialty pharmacy in 2014, that provides these medications and evaluates copay assistance options for all patients. We evaluated the program's impact on out of pocket cost (OOP) and turnaround time (TAT).

Methods: We reviewed available internal specialty pharmacy records to identify prescriptions for abiraterone or enzalutamide filled between 1/1/17 and 12/31/18. Payments were stratified by primary payment (amount reimbursed by the patient's prescription plan based on the benefit's design) and copayment assistance. Turnaround times (TAT) in business days were stratified by prescriptions requiring intervention (prior authorization, copayment assistance, or insufficient inventory) and clean prescriptions (those requiring no intervention).

Results: One thousand four hundred seventeen prescriptions for 175 unique patients requiring abiraterone (n=869, 61.3%) or enzalutamide (n=548, 38.7%) were filled through the institution's specialty pharmacy. The average amount paid by primary payer was \$9,492.96 for a 30 day supply (range: \$3,382.48-\$12,939.84). Average quoted copay was \$577.53 (range \$3.08-\$10,560.39). 64% of patients received copayment assistance. Average OOP cost per prescription after co-pay assistance was \$100.83 (range \$0-\$8556.64). Three patients declined treatment due to cost (1.7% of overall). Average TAT was 2.98 days for clean prescriptions and 3.36 days for prescriptions needing intervention ($p=0.055$).

Discussion: OOP cost varied significantly based on plan design and copayment assistance eligibility. The majority of patients received copayment assistance, which markedly reduced OOP cost. Cost rarely precluded access to treatment. TAT was not significantly prolonged for prescriptions requiring intervention. Further studies to determine impact of pharmacy type on access to specialty medications are indicated.