



### **Cancer Drug Parity Act**

#### **REQUEST: Support H.R. 1730 / S. 741 to provide insurance coverage parity for all cancer drugs.**

Traditionally, intravenous (IV) and injected treatments were the primary methods of chemotherapy delivery, which are often covered under a health plan's medical benefit where the patient is only required to pay a small office visit co-pay. Today, oral chemotherapy has become more prevalent and is the standard of care for many types of blood cancer. Oral chemotherapy also accounts for approximately 35% of the oncology development pipeline. More importantly, many oral anti-cancer medications do not have IV or injected alternatives and are the only option for some blood cancer patients.

However, insurance coverage has not kept pace with innovation in medicine and the growing trend towards orally administered chemotherapy. When an oral treatment is determined most effective, patients are sometimes forced to make their treatment choice based on cost, rather than efficacy. This can be a large financial burden on patients and potentially a life or death decision.

While IV treatment is typically paid for as part of a health plan's medical benefit, patient-administered anticancer drugs, including oral drugs like Gleevec – used to treat patients with leukemia – as well as patient self-injectable drugs, are often covered under the prescription drug benefit making patients responsible for extremely high and unmanageable co-pays. These co-pays can be hundreds or thousands of dollars per month. Though intravenous and injected medications can be as expensive as (or even more expensive than) oral therapies, the higher cost-sharing generally required of patients for oral medications makes them much less affordable and, as a consequence, almost 10% of patients choose not to fill their initial prescriptions for oral anti-cancer medications due to the high rates of cost-sharing. As these medications become more prevalent in cancer treatment, they must be as affordable as their IV counterparts.

Legislation reintroduced in the 116<sup>th</sup> Congress, the bipartisan *Cancer Drug Parity Act of 2019* (H.R. 1730 / S.741), would ensure equality of access and insurance coverage for all anti-cancer regimens. H.R. 1730, sponsored by Representatives Brett Guthrie (R-KY) and Brian Higgins (D-NY) in the House, and S. 741 sponsored by Senator Jerry Moran (R-KS) and Senator Tina Smith (D-MN) in the Senate would require any health plan that provides coverage for cancer chemotherapy treatment to provide coverage for orally administered and self-injectable anticancer medications at a cost to the patient no less favorable than the cost of IV, port administered, or injected anticancer medications. The Cancer Drug Parity Act would not be a mandate as it only applies to health plans that already cover chemotherapy.

- ***For additional information, or to co-sponsor H.R. 1730, contact Representative Guthrie's office at (202) 225-3501 or Representative Higgins' office at (202) 225-3306.***
- ***To co-sponsor S. 741, contact Senator Moran's office at (202) 224-6521 or Senator Smith's office at (202) 224-5641.***

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*The American Society of Hematology is the world's largest professional society concerned with the causes and treatment of blood disorders. Its mission is to further the understanding, diagnosis, treatment, and prevention of disorders affecting blood, bone marrow, and the immunologic, hemostatic, and vascular systems by promoting research, clinical care, education, training, and advocacy in hematology. The official journal of ASH is Blood, the most cited peer-reviewed publication in the field, which is available weekly in print and online.*