The way we treat cancer is changing—with oral anti-cancer medications playing an increasingly important role. These therapies—available in pill form—directly attack cancer cells, often with fewer side effects.

Oral oncology parity laws can assist patients in accessing these new innovative therapies. As of June 2014, 34 states and the District of Columbia have passed these laws. Is your state one of them?

**WHAT IS ORAL ONCOLOGY PARITY?**

Traditional anti-cancer medications are primarily administered intravenously and covered under a health plan’s medical benefit, often requiring patients to pay a minimal co-pay or no cost at all for the medication.

Oral anti-cancer medications are usually part of the health plan’s pharmacy benefit, often resulting in high, burdensome out-of-pocket costs through coinsurance (requiring patients to pay a percentage of the overall cost of the prescription therapy).

This disparity negatively impacts patient adherence and forces physicians to make decisions based on outdated health plan benefit designs rather than what is best for the patient.

**WHAT DO ORAL ONCOLOGY PARITY LAWS DO?**

Oral oncology parity laws are intended to address this problem of inequitable coverage between oral and IV anti-cancer medications by requiring health plans to equalize a patient’s out-of-pocket costs between oral and IV therapies.

The laws do not mandate coverage of oral chemotherapy, but simply state that if a health plan covers “chemotherapy” treatment, the patients’ out-of-pocket costs must be the same, regardless of how the therapy is administered.
WHO BENEFITS FROM THESE LAWS?

As of June 2014, 34 states and the District of Columbia (DC) have passed legislation to limit patient out-of-pocket costs for oral anti-cancer medications and a number of others are expected to take action in 2015. However, state laws can only impact certain health plans and do not apply to Medicare or Medicaid. Health plans covered under the federal Employee Retirement Income Security Act (ERISA) (usually large, multi-state health plans) are also exempt. Since state laws can only protect a portion of cancer patients, a federal bill like the “Cancer Drug Coverage Parity Act” is important to fill the gaps.

Oral oncology parity laws allow many patients and physicians to choose the right therapy that offers the most hope—without worrying about outdated health plan benefit designs that charge patients more simply because the therapy they need is only available in pill form.

It is estimated that 25-35% of the therapies in the oncology pipeline will only be available in pill form. These laws ensure that patients fighting cancer today—and those who will be diagnosed in the future—have access to the innovative therapies offering them the best chance at survival.

An increasing number of state legislatures have taken steps to ensure patients have equal access to oral anti-cancer therapies. In addition to the 34 states and the District of Columbia that have passed oral oncology parity laws, there is a federal bill, the “Cancer Drug Coverage Parity Act,” that has been introduced in Congress.

Where can I go for more information or to learn about the law in my state?

Visit the State Patients Equal Access Coalition website at www.speac.myeloma.org for more information on the important role Oral Oncology Parity laws play and to download state-specific fact sheets on all the existing state laws. For more information on efforts to pass a federal bill ensuring oral oncology parity, please visit www.peac.myeloma.org.

1 Streeter, SB, Schwartzberg, L. and Johnsrud, M. “Patient and Plan Characteristics Affecting Abandonment of Oral Oncolytic Prescriptions.” Journal of Oncology Practice, 7.3S 46s-51s.
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