

July 1, 2011

Kathleen Sebelius Secretary Department of Health and Human Services 200 Independence Avenue, SW Washington, DC 20201

## Dear Secretary Sebelius:

On behalf of the Patient Equal Access Coalition (PEAC), we are writing to provide input on one of the elements of the essential health benefits package that we believe is vital to ensure cancer patients receive quality care. PEAC is a patient focused coalition of organizations joined together to ensure that cancer patients have equality of access (and equality of insurance coverage) to all approved anticancer regimens including, but not limited to oral and intravenous drugs, injections, surgery, radiation, transplantation, etc.

In the last few years we have seen dramatic and important advances in treatments for cancer. Intravenous (IV) and injected treatments were once the primary methods of cancer treatment and generally included in the medical benefit of an insurance plan. However, oral treatments have become much more prevalent and are the standard care for many types of cancer. Unfortunately the coverage structure has not kept up with this trend and oral drugs are usually included in the insurance plan's pharmacy benefit. Most of the time, this benefit has a different reimbursement structure resulting in much higher out of pocket expenses for the patient.

Many of these oral drugs are very effective in cancer treatment, and often do NOT have IV or injected alternatives. Patients need to have access to ALL treatments regardless of the method of delivery. Currently, there are 40 oral anti-cancer medications that are Food and Drug Administration approved, only nine of which have less expensive generic equivalents.

Oral anti-cancer medications are very expensive and can run as high as \$10,000 per month. Even though intravenous and injected medications can be as expensive or even more expensive, higher cost-sharing required of patients for oral medications makes them much less affordable. 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.

PEAC believes that every cancer patient should have access to the anticancer regimens recommended by their physicians and should not suffer from cost discrimination based on the type

of therapy provided or the mechanism of delivery. PEAC supports the elimination of these outdated cost inequities between oral and IV chemotherapy drugs that threaten patient care and quality of life. PEAC encourages the Secretary to take this inequity in access to treatment for all cancer patients into account when putting together the essential health benefits package.

PEAC thanks you for your leadership in the implementation of the Patient Protection and Affordable Care Act and for reviewing our comments as you put together the essential health benefits package. Please feel free to contact Christine Murphy, IMF's Director of Government Affairs and PEAC Chair (cmurphy@myeloma.org or 703-738-1498), if you have any questions or would like more information about PEAC.

Sincerely,

International Myeloma Foundation The Leukemia and Lymphoma Society Lymphoma Research Foundation National Patient Advocate Foundation