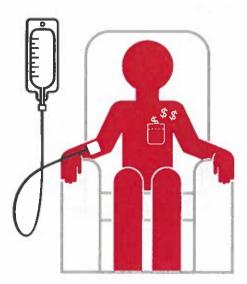


# **CANCER DRUG PARITY IN MICHIGAN - HB 4071**

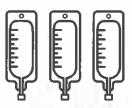
### **COST SHARING FOR CANCER MEDICATION IS OUT OF BALANCE**

Health insurance benefit design is not keeping pace





TRADITIONAL IV-ADMINISTERED CANCER TREATMENTS ARE TYPICALLY COVERED UNDER A HEALTH PLAN'S **MEDICAL** BENEFIT, OFTEN REQUIRING PATIENTS TO PAY A MODERATE COPAY.





# 2 OUT OF EVERY 5

DRUGS APPROVED BY THE FDA FOR BLOOD CANCERS ARE SELF-ADMINISTERED

ORAL AND OTHER SELF-ADMINISTERED TREATMENTS ARE USUALLY COVERED UNDER A HEALTH PLAN'S PHARMACY BENEFIT, REQUIRING PATIENTS TO PAY A PERCENTAGE OF THE OVERALL COST OF THE MEDICINE.



### OOP COSTS ARE ENORMOUS FOR SELF-ADMINISTERED DRUGS

High out-of-pocket (OOP) costs significantly impact a patient's likelihood to initiate or stay on treatment



PATIENTS WHO RELY ON A DRUG IN PILL FORM TO FIGHT THEIR CANCER CAN FACE HUNDREDS OR THOUSANDS OF DOLLARS MORE IN COST-SHARING THAN PATIENTS WHO TAKE AN IV DRUG—EVEN IF THE TWO DRUGS COST THE EXACT SAME TO THE HEALTH PLAN.



### PATIENTS OFTEN HAVE NO CHOICE

Many patients rely on self-administered cancer drugs as the only treatment available to effectively fight their cancer











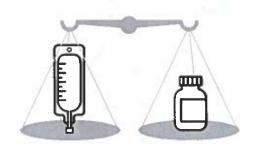


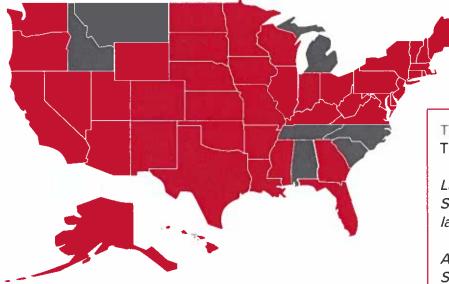




#### **ORAL PARITY IS A PROVEN SUCCESS**

With bipartisan support, 43 states and Washington, D.C. have adopted policies to correct the discrepancy between insurance coverage benefits for cancer IV treatments and self-administered drugs.





To learn more, contact
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Alana Garrett-Ferguson Senior Manager, Grassroots Advocacy alana.garrettferguson@lls.org

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