

Evaluating the Impact of Financial Toxicity on Patient Transfer Rates at a Health-System Specialty Pharmacy

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Background

- The Inflation Reduction Act of 2022 introduced key Medicare policy reforms aimed to alleviate patient financial burden, including the implementation of a \$2,000 out-of-pocket (OOP) cap on Medicare Part D prescriptions in 2025 and the development of the Medicare Prescription Payment Plan (M3P).^{1,2}
- Despite these changes, many patients continue to experience financial toxicity. At Cleveland Clinic Specialty Pharmacy (CCSP), the pharmacy team assists patients by identifying eligible financial resources. These can include disease-specific grants, patient assistance programs (PAP), or sending prescriptions to alternate pharmacies that may have internal funding programs or offer lower out-of-pocket prices for medications.^{3,4}

Objectives/Purpose

- To quantify the number and associated financial impact of prescriptions transferred out of CCSP due to financial hardship.
- To assess the effect of the \$2,000 Medicare Part D medications OOP cap on prescription transfer rates from January 1st – July 1st, 2024, and January 1st – July 1st, 2025.
- To compare PAP enrollment rates between 2024 and 2025.

Methods

Study Design	<ul style="list-style-type: none"> Retrospective, observational chart review of prescription transfers attributed to financial toxicity completed between January 1st, 2024, and July 1st, 2025
Eligibility Criteria	<ul style="list-style-type: none"> Patients ≥ 18 years of age CCSP received a hematology/oncology prescription with distribution access to the drug Benefits investigation resulted in an adjudicated claim within the study timeframe Patient had Medicare (Part B or Part D) Documented prescription transfer due to financial hardship
Data Analysis	<ul style="list-style-type: none"> Descriptive analytics – to summarize patient characteristics, prescription transfer rates, and financial impact measures T-tests for analysis of PAP enrollment rates and transfer rates between January and July of 2024 and 2025

Results

Primary Outcomes

	Overall (Jan 2024 – Jul 2025)
Total hematology/oncology prescriptions, n	49,147
Prescriptions transferred out, n (%)	506 (1.03%)
Total average wholesale price (AWP) of transferred prescriptions per 30 days, \$	8,835,786.00

NOTE: Average wholesale price (AWP) was defined through Lexicomp AWP.

Secondary Outcomes

	Overall (Jan 2024 – Jul 2025)	2024 (Jan – Jul)	2025 (Jan – Jul)
Total hematology/oncology prescriptions, n	49,147	14,371	18,117
Transferred to PAP, n (%)	389 (0.79%)	198 (1.38%)	62 (0.34%)
Transferred to alternate pharmacy, n (%)	117 (0.24%)	40 (0.28%)	37 (0.2%)
Total AWP sent to PAP per 30 days, \$	8,077,846.66	3,934,998.28	1,237,031.84
Total AWP sent to alternate pharmacies per 30 days, \$	757,939.34	226,638.12	250,595.88

	2024 (Jan – Jul) Mean (SD)	2025 (Jan – Jul) Mean (SD)	2024 – 2025 Mean Difference
Monthly AWP per transferred prescription (\$)	18,950.51 (11,250.87)	16,653.42 (11,134.76)	2,297.09
Monthly transferred prescriptions, n	39.7 (9.1)	16.5 (7.9)	23.2
Monthly PAP transfers, n	33.2 (8.5)	9.3 (4.8)	23.8

Discussion

Overall Impact

- Transfers were infrequent but accounted for a large share of total drug spend, defined by AWP.
- The majority of financial impact was driven by prescription transfers to patient assistance programs (PAPs).

January – July 2024 vs 2025

- Transfer Rates declined from January – July 2024 to January – July 2025 despite increased prescription volume.
- Reduction in transfers was primarily driven by fewer PAP referrals rather than shifts to alternate pharmacies.

Correlation to the Inflation Reduction Act (IRA) of 2022:

- Decline in transfers is aligned with the implementation of the Medicare Part D reforms.
- Reforms such as capping the out-of-pocket cost for prescription medications and the implementation of the M3P can reduce upfront patient cost burden.
- The observed decline in PAP transfers in 2025 could be attributed to more stringent eligibility criteria being implemented by manufacturers.

Conclusions and Future Directions

- Despite policy reforms, prescription transfers continued in 2025, indicating that the IRA alone may not be sufficient to fully mitigate financial toxicity for all patients receiving high-cost medications.
- Patients with financial toxicity may still experience barriers to treatment initiation even when the annual OOP is capped.
- Development of internal funding programs within health systems represents a potential strategy to further reduce prescription transfers and address financial toxicity.
- An internal grant can provide short-term financial support for patients who do not qualify for manufacturer PAPs, reduce the need to transfer prescriptions to other entities, which preserves continuity of care within the health-system specialty pharmacy.

References

- The Inflation Reduction Act is law – what's next? PAN Foundation. Updated September 12, 2022. Accessed August 16, 2025. <https://www.panfoundation.org/the-inflation-reduction-act-is-law-whats-next/>
- Cubanski J, Neuman T, Freed M, Damico A, How Will the Prescription Drug Provisions in the Inflation Reduction Act Affect Medicare Beneficiaries? KFF. January 24, 2023. Accessed August 16, 2025. <https://www.kff.org/medicare/how-will-the-prescription-drug-provisions-in-the-inflation-reduction-act-affect-medicare-beneficiaries/>
- Pfizer RxPathways Updates. Pfizer. Updated January 1, 2025. Accessed August 16, 2025. <https://www.pfizer.com/pathways/updates>
- Our Grants. PAN Foundation. Accessed August 16, 2025. <https://www.panfoundation.org/apply-and-manage-grants/>