

# A Nurse–Pharmacist Collaborative Approach to Reducing Financial Toxicity in Cancer Care

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Financial toxicity is well recognized as a sequela of surviving cancer. As the number of survivors is expected to increase, so are costs associated with cancer treatments. Using a nurse–pharmacist collaborative model, efforts between oncology pharmacists and nurses may inform real-world practice solutions to improve medication access. Increased medication access may reduce out-of-pocket expenses for patients with cancer.

## AT A GLANCE

- Cancer treatment has led to increased financial difficulties in patients.
- Increased collaborative efforts between pharmacy and nursing colleagues may ease medication access for patients.
- Improved access to antineoplastic and supportive care medications may reduce financial toxicity for patients with cancer.

## KEYWORDS

financial toxicity; cancer costs; patients with cancer; medication access

## DIGITAL OBJECT IDENTIFIER

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The cost of cancer care in the United States was projected to reach \$173 billion in 2020 (Mariotto et al., 2011) and has been largely attributable to cancer treatments (Santacroce et al., 2018; Zafar et al., 2017). Although advancements in cancer have resulted in reduced mortality, costs associated with treatments have shifted more to patients (Chan et al., 2018; Jones et al., 2018; Smith et al., 2019). Specifically, patients are shouldering out-of-pocket expenses from early-phase diagnosis throughout the care trajectory (Tran & Zafar, 2018; Tsimicalis et al., 2020), with a large proportion attributable to costs of antineoplastic agents (Greenup et al., 2019; Kelada et al., 2020). This degree of financial demand has heightened income loss for patients with cancer (Chan et al., 2018; Gordon & Chan, 2017; Gordon, Merollini, et al., 2017; Gordon, Walker, et al., 2017). Despite substantial progress in overall survival (Miller et al., 2016), financial hardship is recognized as a long-term consequence of living with cancer (Alfano et al., 2019; Tran & Zafar, 2018; Zeichner et al., 2016).

In 2008, a group of experts estimated oral antineoplastics to account for more than 25% of drugs in the oncology pipeline (Weingart et al., 2008). Evidence suggests a steady increase in the cost of cancer-directed therapies from 1995 to 2014, where antineoplastic agents are priced at a minimum of \$100,000–\$400,000 (National Cancer Institute, 2018). In 2020, about 12 oral cancer-directed therapies were approved by the U.S. Food and Drug Administration (2021). As treatments become standard of care, they are cost-prohibitive for patients. The downstream effects associated with the costs of cancer treatments are linked to greater risk of mortality in patients with cancer (Zafar, 2016). Stress stemming from financial difficulties can also be psychologically disruptive (Sloan & Zafar, 2018; Smith et al., 2019), with survivors having a threefold increase in depression and anxiety (Chan et al., 2019). In this context, socioeconomically disadvantaged cancer survivors are even more prone to psychological distress (Carrera et al., 2018).

Although merging practice approaches of oncology nurses and pharmacists is not often emphasized, convergence of efforts among healthcare providers may inform real-world solutions to reduce financial difficulties for patients with cancer. Using a single cancer center nurse–pharmacist collaborative model for illustration, this article discusses medication access efforts