High Cost Medications in Recurrent Glioblastoma Patients

Solving a Hospital Dilemma

J Adams[1], L Cook[1], Z Haskins[1], A Nowak[2], A Long[2], A Hasani[2],
[1]chemo@home, Perth, WA, [2]Sir Charles Gairdner Hospital (SCGH), Nedlands, WA

chemo@home

Introduction

Treatment options for recurrent glioblastoma are limited, with second line chemotherapy offering only modest benefit. Bevacizumab has shown promising results and is offered as a treatment option to this patient cohort [(1)].

The cost of bevacizumab for recurrent glioblastoma is significant and not covered by the Pharmaceutical Benefits Scheme. Support for the cost of bevacizumab is offered through a pharmaceutical company funded program, private health insurance reimbursement and patient contributions.

Aim

Within the public hospital sector in WA, health services cannot accept patient contributions towards medication charges, therefore SCGH sought a solution which would enable their recurrent glioblastoma patients to access treatment.

Method

A private, fully accredited, hospital-substitute service (chemo@home) was engaged, allowing patients to be referred for bevacizumab infusions. Patients are treated at home by chemo@home registered nurses, with medication supply being obtained from a private pharmacy.

Results

Between July 2015 and August 2016 twenty-six patients received 148 doses of bevacizumab at home (see table 1).

One patient experienced febrile neutropenia, requiring hospitalisation for antibiotic treatment and one patient experienced proteinuria resulting in a 4-week dose delay.

There were no episodes of anaphylaxis-hypersensitivity and no additional safety concerns identified.

Uninsured patients self-funded both the home visit and the cost of the bevacizumab. Patients with private health insurance self-funded the cost of the bevacizumab, with the health insurer remunerating the home visit with no gap. Chemo@home applied for reimbursement for the bevacizumab for all eligible patients with private health insurance. All claims applied for by chemo@home were accepted by the health insurer, with the maximum reimbursement for high-cost medication being paid by the fund to the member.

Medical oncologist satisfaction relating to the chemo@home referral process, patient treatment and feed-back to the specialist, was high.

Table 1: Patient details (n=26)

Median Age (range) years	51 (27-69)	
Gender	Male 22	Female 4
Private Health Insurance	Yes 16	No 10
Median number of bevacizumab cycles administered at home (range)	4 (2-15)*	

* Patients without private health insurance were able to return to the public hospital for further treatment with compassionate supply bevacizumab, if they chose. Of the 10 patients without private health insurance four patients stopped prior to cycle 4; five patients returned to the public hospital for further therapy and one patient continued to self-fund home treatment for 10 cycles.

Patient satisfaction was also very high, with many patients and their families commenting that they valued not only having access to the high-cost medication but also having their treatment in a domiciliary setting with chemo@home which offered them a highly professional, compassionate option that made treatment less intimidating and confronting than the day-unit.

Conclusion

Engaging a private, fully accredited, hospital-substitute service (chemo@home) gave recurrent glioblastoma patients from SCGH access to the high cost medication bevacizumab. This was achieved without compromising safety and with a high level of patient satisfaction. The issue of being unable to accept patient contributions towards medication charges within the public hospital sector is not specific to recurrent glioblastoma patients, SCGH or WA. Thus, referring patients to a private, fully accredited, hospital-substitute service is an effective option to solve this hospital dilemma.

References

1. Taal, Walter et al. Single-agent bevacizumab or lomustine versus a combination of bevacizumab plus lomustine in patients with recurrent glioblastoma (BELOB trial): a randomised controlled phase 2 trial. Lancet Oncol, 2014; 15(9): 943 - 953

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