

Prescription Drug Affordability Board (PDAB) Advisory Group report

Xtandi affordability review

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Advisory Group roles and responsibilities

In 2024, the Prescription Drug Affordability Board (PDAB) created a PDAB Advisory Group to inform the board's deliberations regarding drug selection for affordability review, and to assist PDAB in conducting affordability reviews. In 2025, the PDAB expanded the PDAB Advisory Group to include three Supplemental Advisory Group members.

The PDAB Advisory Group includes unpaid volunteers, serving at the direction of the board. The goal of the Advisory Group is to provide guidance to the board on the different components of drug access and cost in Washington.

- **The Core Advisory Group** assists in narrowing down the eligible list of drugs.
- **The Supplemental Advisory Group** assists with individual drug affordability reviews.

Advisory Group members investigate each drug selected by the board and provide a written report drawing on their expertise related to the drug.

The Advisory Group members follow the description of their roles and responsibilities laid out in [Chapter 70.405 RCW](#), [Chapter 182-52 WAC](#), and in the PDAB Advisory Group policies.

Xtandi's Supplemental Advisory Group members appointed in 2025 and provided input for this report are:

- Sydney Bringgold, PharmD, BCOP, Ambulatory Oncology Pharmacy Specialist, MultiCare Health System
- Camille Puronen, MD, Medical Director - Cancer Care, Kaiser Permanente

The core Advisory Group members appointed in 2024 and provided input for this report are:

- Laura Berry, Chief Executive Officer, Soundview Medical Supply
- Jim Freeburg, Executive Director, Patient Coalition of Washington
- Tim Lynch, Pharmacist, Senior Vice President and Chief Administrative Officer, MultiCare
- Ronnie Shure, Pharmacist, President, Health Care for All Washington

Advisory Group member testimonials

Sydney Bringgold, PharmD, PCOP

Ambulatory Oncology Pharmacy Specialist, MultiCare Health System

Question 1: Has the cost of the drug impacted your clinical care? If so, how?

- Yes, often Xtandi is the drug preferred by the clinical team, but it's not affordable for patients. When it comes to these prostate cancer drugs, we often select the drug the patient can afford, rather than the best therapy for them and their disease. As we figure out barriers to access, this can also cause significant delays in patients getting their medication, which is time in which their disease can continue to grow/spread, or they continue to have pain or side effects from their disease.
- A cancer diagnosis is already extremely stressful for patients. Layering on the stress of financial barriers and the added steps required to obtain medication puts a large burden on the patient's mental health as well. In some scenarios, this has led to patients not picking up their medication or being lost to follow up.

Question 2: Has the cost of the drug impacted your patients' access to treatment? If so, how?

- For high-cost drugs, patients often rely on grant funding or patient assistance programs (PAPs). Prostate cancer grants are highly sought after and they are hard to come by. Xtandi PAP program has a very strict income guideline now because of the new Medicare MOOP (Max Out Of Pocket) & MPPP (Medicare Prescription Payment Plan). Their income criteria for PAP has to be between 150% FPL (Federal Poverty Level) to 200% FPL, so for HH size 1 for AGI between \$23,940 to \$31,920 and for HH size 2 for AGI between \$32,460 to \$43,280. If they are below the 150% FPL, the patient has to apply for Medicare Low Income Subsidy (LIS). Application for LIS can take several weeks if not more than a month. If the patient is approved for LIS, their Xtandi copay will be \$12.15. If the LIS is denied, the patient can apply for PAP with the LIS denial letter submission.
- We have a phenomenal pharmacy tech dedicated to helping patient's with medication access. Despite her attention to detail and diligent follow up, we have several patients who have had to wait more than a month to get access to Xtandi.

Question 3: Are there any other questions, thoughts, or comments you would like to provide?

- The patients that seem to suffer the most are those that are middle class. Those below the federal poverty level have options for financial support, and folks who have enough money to cover large co-pays will just pay for it. Those in the middle who have worked their whole lives and are now living on social security and retirement savings don't qualify for assistance programs but also don't have the money to spend several hundred dollars per month on medication. This is heartbreaking because they then receive suboptimal care.

Advisory Group member testimonials

Camille Puronen, MD

Medical Director - Cancer Care, Kaiser Permanente

Question 1: Has the cost of the drug impacted your clinical care? If so, how?

Because of the cost, the Kaiser Permanent (KP) preferred novel hormonal therapy for prostate cancer is abiraterone. Enzalutamide is reserved for patients who are unable to tolerate abiraterone. I generally avoid prescribing enzalutamide for this reason and because of the increased fatigue associated with the drug, and favor abiraterone.

Question 2: Has the cost of the drug impacted your patients' access to treatment? If so, how?

Yes. As above, the preferred is abiraterone due to significantly lower cost. However, even when prescribed enzalutamide, some patients are unable to fill the prescription due to copay. Pharmacists can sometimes find copay assistance programs.

Question 3: Are there any other questions, thoughts, or comments you would like to provide?

The landscape of novel hormonal therapies for prostate cancer is rapidly growing, with new drugs such as apalutamide, darolutamide, and relugolix. Each of these drugs has a different side effect profile and cost, but overall similar efficacy. At its current cost, enzalutamide may struggle to compete with newer agents which may offer better side effect profiles.

Advisory Group member testimonials

Laura Berry

Chief Executive Officer, Soundview Medical Supply

Question 1: Are there supply chain or distribution-related issues that may affect drug affordability or availability?

There is no report of supply chain issues with them once they are approved.

Question 2: What considerations regarding access to this drug have you encountered in your field?

I have asked the same group and they report that both of these drugs are considered "problematic" in that they are both very difficult to get through a prior approval process with payors.

Advisory Group member testimonials

Jim Freeburg

Executive Director, Patient Coalition of Washington

Question 1: From the patient perspective, are there issues related to the cost or access to this drug?

Yes, there are significant issues related to both cost and access to this drug. At a base price, Xtandi costs several times more than in other high-income costs. Current “solutions” are often incomplete, difficult for patients to navigate, and/or burdensome to other stakeholders, which ultimately present other barriers to patients. For example, patients face significant out of pockets costs because plan designs often include co-insurance & high deductibles, on top of significant premiums. This financial toxicity causes patients to skip doses or ration their medication. Yet, it’s a rational response by insurers trying to manage the inordinate cost of medications.

While touted by manufacturers, prescription assistance programs (PAPs) are poor substitutes for lower prices. PAPS are not universally available, require significant hurdles for patients to access and just pass the costs on to others in the system.

Our system’s cost containment efforts (like prior authorization) are barriers to good care, but serve a necessary purpose. We need better cost containment solutions that don’t pose problems to patients, like a well designed upper payment limit that addresses the root cause.

Question 2: What patient-centered outcomes or impacts should the PDAB consider while reviewing the drug?

Patient centered outcomes should balance significant survival benefits against high financial costs and potential quality of life impairments. Considerations should include the prevention of cancer progression, the management of treatment-related side effects and the alleviation of financial toxicity for patients.

Any considerations must include not just immediate impacts on patients, but also an awareness of downstream efforts that also impact patients. Thus, a lower starting price will likely produce downstream savings that are often difficult to measure, yet still critical to acknowledge. For example, the emotional and mental health of patients is directly tied to their stress: the cost of care and navigating such complex systems like PAPs are a significant driver of stress. Lower cost drugs and fewer hurdles like PAPs will lower stress and increase quality of life for patients.

Advisory Group member testimonials

Tim Lynch

Pharmacist, Senior Vice President and Chief Administrative Officer, MultiCare

Question 1: From the health system perspective, are there issues related to the cost or access to this drug?

Xtandi® (enzalutamide) presents significant affordability, access, and operational challenges from a Washington health-system perspective. Internal specialty pharmacy communications and oncology workflow records demonstrate high drug cost, intensive prior-authorization and renewal requirements, and frequent patient affordability interventions. External PDAB activity in other states and national policy discussions around high-cost oral oncology agents highlight both the potential budgetary impact of pricing interventions and the risk of downstream access restrictions.

1.1 Payer coverage variability and restrictions

Xtandi coverage varies substantially by payer and line of business. Restrictions commonly include strict prior authorization, oncology pathway requirements, and sequencing rules relative to other androgen-receptor-targeted agents. These restrictions can delay therapy initiation and require repeated appeals or additional clinical documentation.

1.2 High cost and patient affordability burden

Xtandi is a high-cost oral oncology therapy (>\$15,000/month) taken chronically until disease progression or intolerance and requires:

- Frequent manufacturer patient-assistance program (PAP) and foundation grant applications, particularly for Medicare patients who are ineligible for manufacturer copay cards.
- Significant out-of-pocket exposure for Medicare Part D beneficiaries, especially during deductible and coverage-gap phases.
- Ongoing financial counseling and coordination to prevent treatment interruption due to cost.

1.3 Operational and workflow burden

Xtandi contributes materially to oncology and specialty pharmacy workload through:

- Initial and renewal prior authorizations tied to disease state, prior therapies, and performance status.
- Coordination with oncology clinics regarding labs, imaging, and documentation of disease progression.
- Monthly refill management and adherence monitoring for a high-risk oncology population.

These activities require sustained pharmacist, technician, and financial-navigation resources.

Question 2: Are there health system considerations the PDAB should incorporate into its review?

2.1 Impact of pricing policy on oncology access

For oral oncology agents like Xtandi, aggressive pricing interventions may prompt payers to tighten utilization management rather than reduce patient cost-sharing. For patients with advanced prostate cancer, delays or loss of access may directly affect clinical outcomes.

2.2 Limited interchangeability of advanced prostate cancer therapies

While alternative androgen-receptor-targeted agents exist, patients may tolerate or respond differently to available options. Sequencing decisions are clinically nuanced and driven by disease state, prior therapy, and comorbidities.

2.3 Financial risk to health systems

Uncertain or shifting coverage exposes health systems to administrative waste and unreimbursed support costs. Unlike infused oncology drugs, oral oncolytics shift much of the financial and operational burden to specialty pharmacy teams without corresponding reimbursement.

2.4 Administrative complexity

PDAB-related policy affecting Xtandi should account for the already substantial administrative infrastructure required to support oral oncology therapy, including benefit investigations, financial navigation, and adherence monitoring.

Question 3: Are there any other questions, thoughts, or comments you would like to provide?

1. **Protect oncology patient access:** Pricing policies should not create delays or interruptions in cancer therapy.
2. **Recognize clinical nuance:** Sequencing and selection of advanced prostate cancer therapies are not interchangeable.
3. **Account for oral oncology burden:** Specialty pharmacies absorb significant unreimbursed administrative work to support Xtandi access.
4. **Monitor real-world impact:** PDAB actions should be evaluated for effects on therapy initiation timelines, abandonment, and continuity of care.

Advisory Group Member Testimonials

Ronnie Shure, BS Pharm

Pharmacist, President, Health Care for All Washington

Question 1: From the patient perspective, are there issues related to the cost or access to this drug?

How does the cost compare with other drugs for prostate cancer?

Question 2: What patient-centered outcomes or impacts should the PDAB consider while reviewing the drug?

Comparison of side effects from other drugs for prostate cancer. Role of genetic testing prior to treatment.

Question 3: Are there any other questions, thoughts, or comments you would like to provide?

Importance of educating patients about possible side effects.