

# MEDICATION CLASSES

Androgen Deprivation Agents

Androgen Synthesis Inhibitors

Androgen Receptor Blockers

Chemotherapies/Radiotherapies

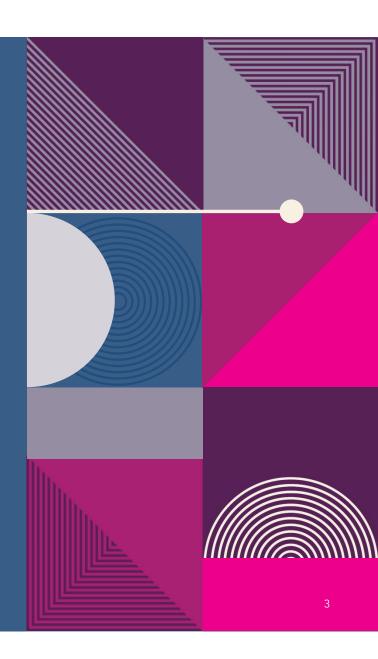
**Immunotherapies** 

Targeted Therapies

# ANDROGEN DEPRIVATION AGENTS

- Lupron
  - Leuprolide Acetate
- Eligard
  - Leuprolide Acetate
- Zoladex
  - Gosrelin Acetate
- Trelstar
  - Triptorelin Pamoate

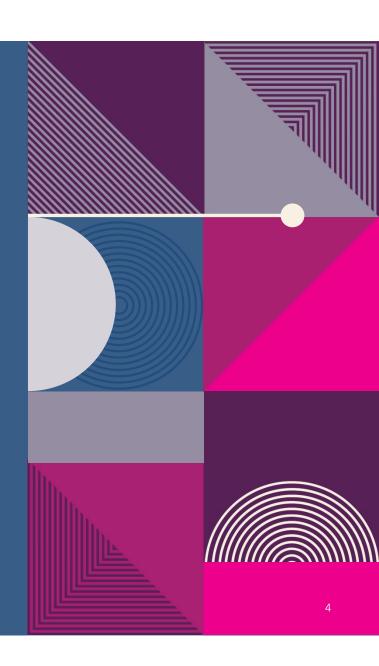
- Vantas
  - Histrelin Acetate
- Camcevi
  - Leuprolide Mesylate
- Firmagon
  - Degarelix
- Orgovyx
  - Relugolix



## ANDROGEN SYNTHESIS INHIBITORS

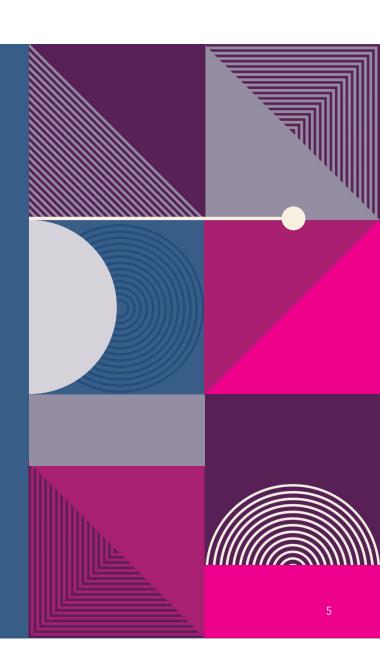
- Abiraterone
  - Yonsa
  - Zytiga

Require addition of low dose steroid to be taken with them



## ANDROGEN RECEPTOR BLOCKERS

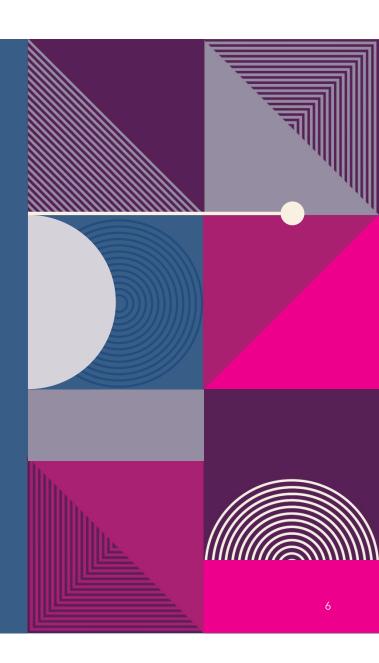
- Xtandi
  - Enzalutamide
- Erleada
  - Apalutamide
- Nubeqa
  - Darolutamide
- Casodex
  - Bicalutamide



# CHEMOTHERAPIES & RADIOTHERAPIES

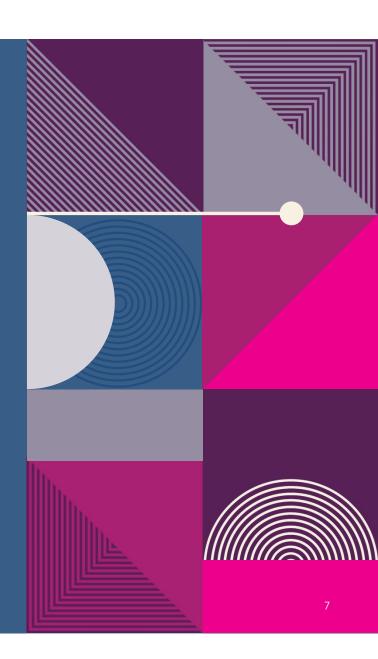
- Jevtana
  - Cabazitaxel
- Taxotere
  - Docetaxel
- Novantrone
  - Mitoxantrone

- Emcyt
  - Estramustine
- Pluvicto
  - Lutetium Lu 177
     vipivotide tetraxetan
- Xofigo
  - Radium RA 223 Dichloride



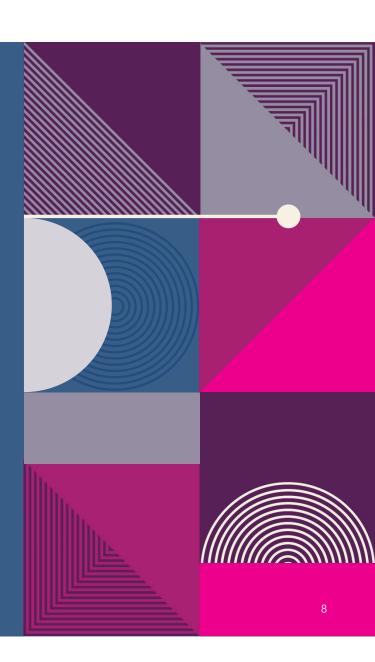
## **IMMUNOTHERAPIES**

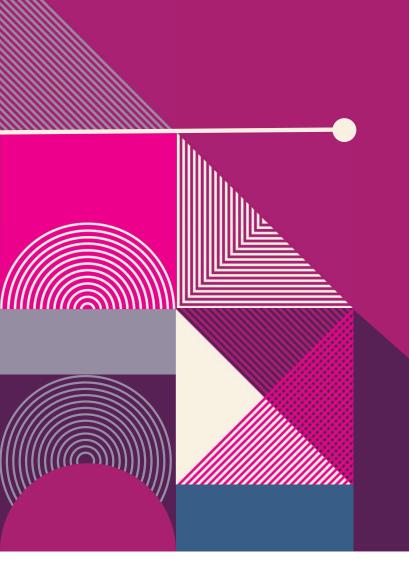
- Provenge
  - Sipuleucel-T
- Keytruda
  - Pembrolizumab



## **TARGETED THERAPIES**

- Akeega
  - Niraparib & Abiraterone
- Talzenna
  - Talazoparib
- Rubraca
  - Rucaparib
- Lynparza
  - Olaparib





## COST OF TREATMENTS AND ASSISTANCE

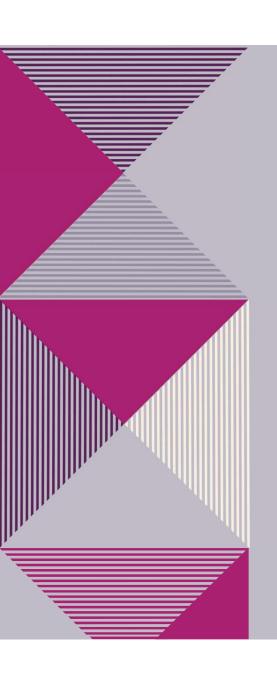
### INFLATION REDUCTION ACT

#### 2024 Medicare Part D

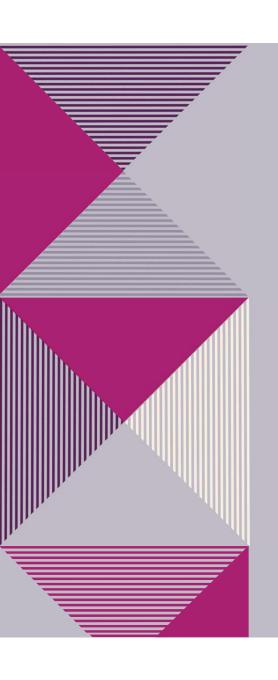
- Maximum out of pocket cost for a single branded medication is ~\$3400 or \$8000 total
- Front Loaded
  - First month copay may include \$545 deductible
  - Second month copay is Tier level based usually ~33% of cost
  - Subsequent copays usually in Gap is 25% cost

### 2025 Medicare Part D

- Maximum out of pocket cost is \$2000
- First month deductible increased to \$590
- Copayment is 25% of cost until out-ofpocket threshold met
- Medicare Prescription Payment Plan
  - Must opt in/enroll to participate
  - Billed monthly starting date of enrollment and cost incurred



- The Assistance Fund
- PAN Foundation
- Health Well Foundation
- PAF Co-Pay Relief
- Cancer Care
- Good Days



## FOUNDATION ASSISTANCE ELIGIBILITY REQUIREMENTS

- Diagnosis of Prostate Cancer in active treatment
- Income at or below 500% of Federal Poverty Level
- Prescribed medication or product on plan list
- Resident of United States or Territories
- Have Medicare drug coverage
- Biologically Male

### The Assistance Fund

- Enrollment is for 1 Calendar year
- Can be reimbursed for payments made during the entire calendar year of enrollment
- Does not have a \$ limit
- Has waitlist to enroll in and then get invitation
- https://tafcares.org/

### **PAN Foundation**

- Enrollment is for 1 year from date of enrollment
- Initial approval will allow for reimbursement going back 3 months from approval date
- Prostate Cancer grant \$ 3,800
  - Subject to changes
- Requires claim submission at least every 120 days to stay active
- Has waitlist to enroll and receive invitation
- https://panfoundation.org/disease-funds/prostatecancer/

### HealthWell Foundation

- Enrollment is for 1 year from date of enrollment
- Prostate Cancer grant \$ 8,000
- https://www.healthwellfoundation.org/fun d/prostate-cancer-medicare-access/

## PAF Copay Relief

- Enrollment is for 1 year from date of enrollment
- Prostate Cancer grant \$ 3,500
- Metastatic Prostate Cancer grant \$ 5,500
- Requires claim submission at least every
   120 days to stay active
- https://copays.org/funds/prostate-cancer/
- https://copays.org/funds/metastaticprostate-cancer/

### Cancer Care

- Enrollment is for 1 year from date of enrollment
- Prostate Cancer grant \$ 4,250
- Metastatic Prostate Cancer grant \$ 7,500
- https://www.cancercare.org/co payment fundings/prostate-cancer
- https://www.cancercare.org/co\_payment\_ fundings/metastatic-prostate-cancer

### Good Days

- Enrollment is for 1 year from date of enrollment
- Metastatic Prostate Cancer only
- https://mygooddays.org/diseasescovered/metastatic-castrate-resistantprostate-cancer/

