



JUNE 2025

A summary of findings from **CARE** — **C**ommercial Insurance and Pharmacy Benefit Manager Impact on Cancer Treatment **A**ccess and Quality of Life: A **R**esearch **E**valuation

Insurance Red Tape: By The Numbers



85% faced **prior authorization** for treatments during cancer;

76% in the **last year alone**, often multiple times



95% of authorizations were **eventually approved**, but only after:

29% experienced diagnostic delays

40% faced treatment delays



14% experienced abrupt coverage stoppages in the past year

64% of those experienced treatment interruption



Among those who switched treatment due to coverage stoppage:

45% reported worse side effects

38% said the new treatment cost more

Pharmacy Benefit Manager (PBM) Awareness

More than 3 in 4 respondents (77%) either did not know what PBMs do or had never heard of them



Confidence in Understanding Insurance Coverage

About 1/4 of all respondents (23-25%) reported feeling "not at all" or only "slightly" confident in figuring out their coverage or out-of-pocket costs

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Red Tape by Insurance Type

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	EMPLOYER PLAN	MEDICARE ADVANTAGE	TRADITIONAL MEDICARE
Any prior authorization (Past 12 Months)	87 %	72 %	57 %
5+ treatment prior authorizations (Past 12 Months)	43%	23%	15%
Treatment coverage stoppage (Past 12 Months)	21%	9 %	8%
Patient or family got involved in most recent prior authorization	63%	31%	29%



Among those who got involved in prior authorization:



51% lost up to a **full business day**

27% lost up to 2-3 business days

12% lost a **full business week or more** dealing with a single incident of authorization

Financial & Emotional Impact



36% reported worsened stress; **29%** reported reduced trust in the healthcare system

34% experienced **financial hardship**; **22% rationed medication** due to cost

47% with Employer Plans paid ≥\$2,500/year out-of-pocket vs. 28% Medicare Advantage; 24% Traditional Medicare

