

Background

- Oral anti-cancer medication (OAM) costs have skyrocketed leading to significant financial toxicity for patients.
- Assistance options are limited. Patients with Medicare prescription drug benefits do not qualify for manufacturer copay programs.
- As of September 2023, 44 states have laws establishing prescription drug repository programs in which unused medications can be donated and re-distributed to qualified patients. Of these, only 14 states have OAM focused programs.
- While Connecticut residents may donate unused OAMs to national drug repositories, the state does not have an active oral oncology drug repository program from which they can receive donated therapies.
- The potential benefit of health system specialty pharmacies (HSSPs) to identify and triage OAM waste in Connecticut is not well understood

Objective

- To quantify oral oncology waste and opportunity in an integrated HSSP to advocate for the creation of a Connecticut oral oncology drug repository program.

Methods

- Oral oncology medications filled at the HSSP Sept 2022 through Sept 2023 were retrieved.
- Patient charts were reviewed for dose changes and clinically required therapy switches. Manufacturer driven switches were excluded.
- Waste was calculated as the last dispensed quantity minus the quantity used at first fill of the new prescription
- Wasted healthcare dollars was calculated using the average wholesale price
- Oral anticancer medications paid by grants and free drugs were tracked at the same time

Results

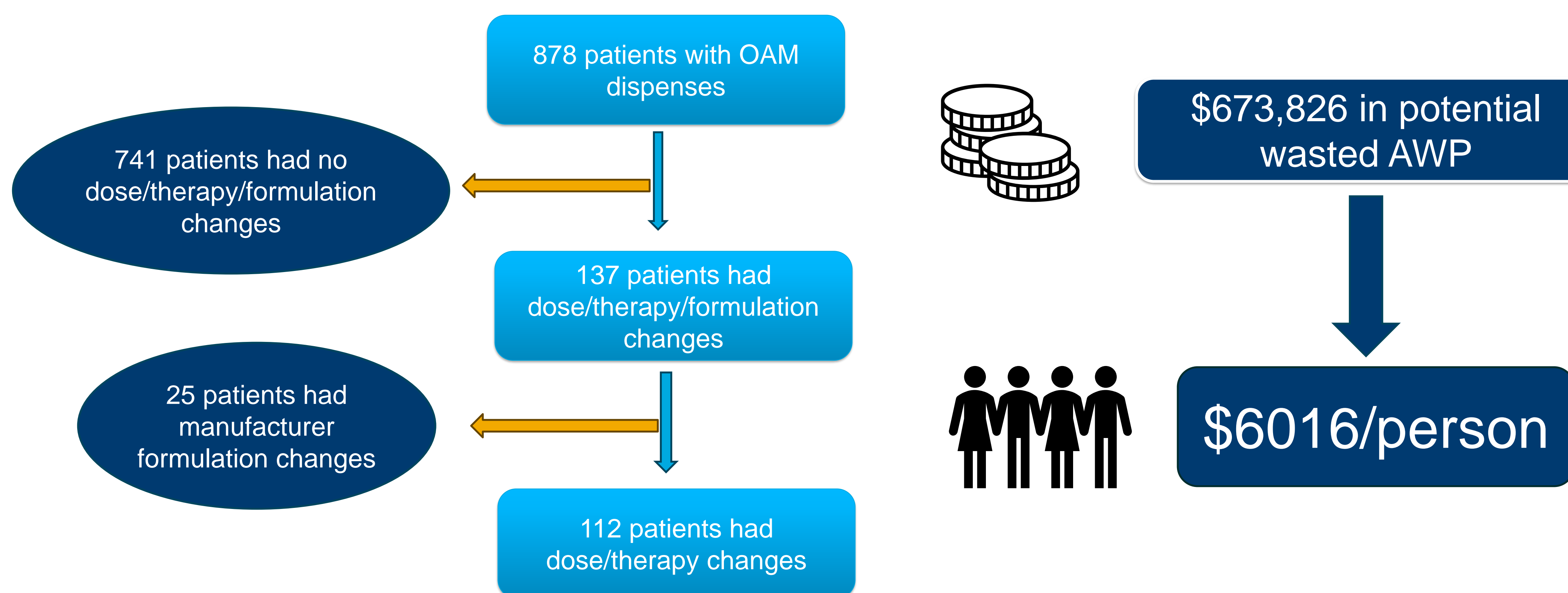


Figure 1: Patients with wasted medications by insurance type

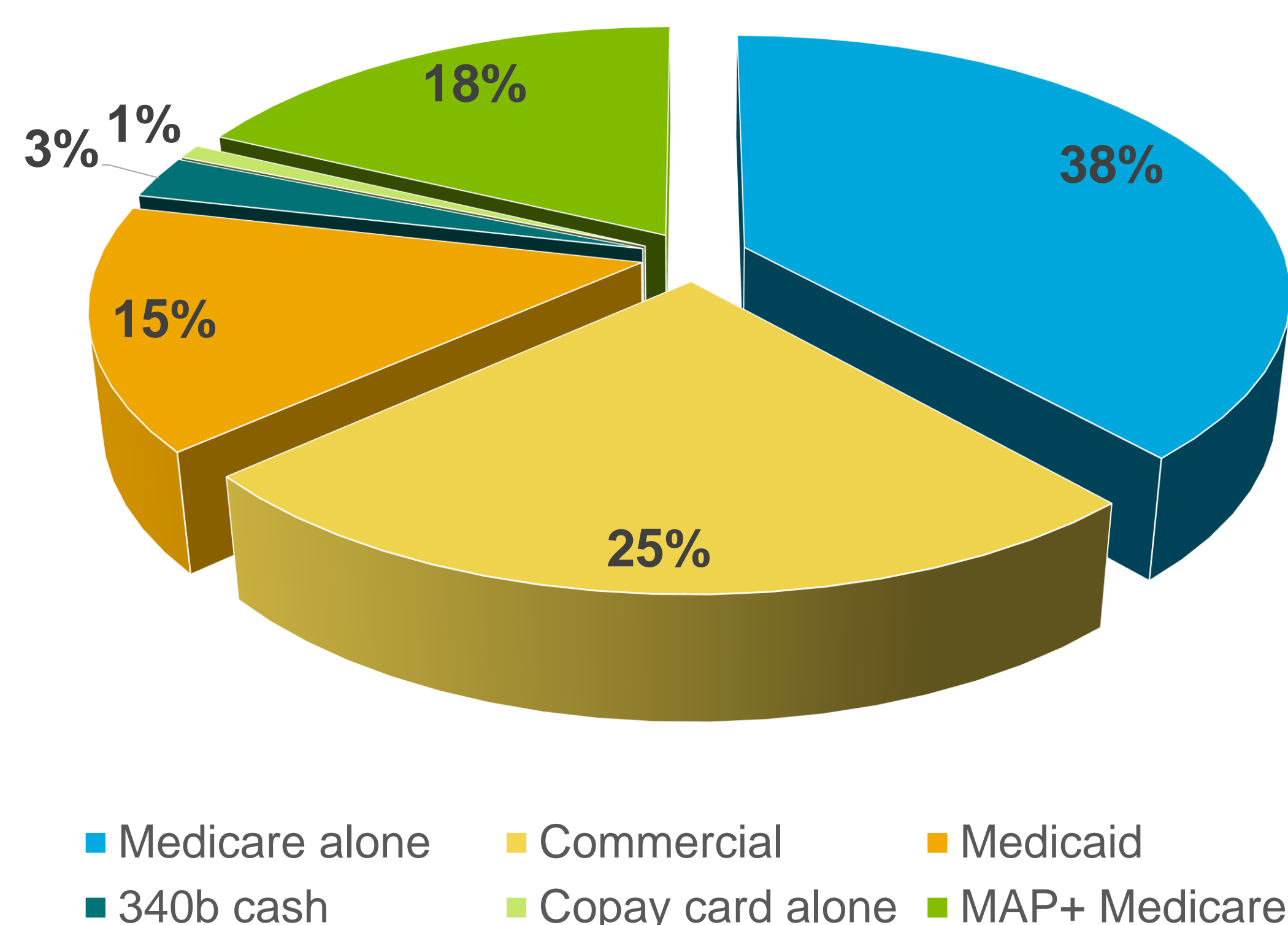


Figure 3: Top 10 wasted medications

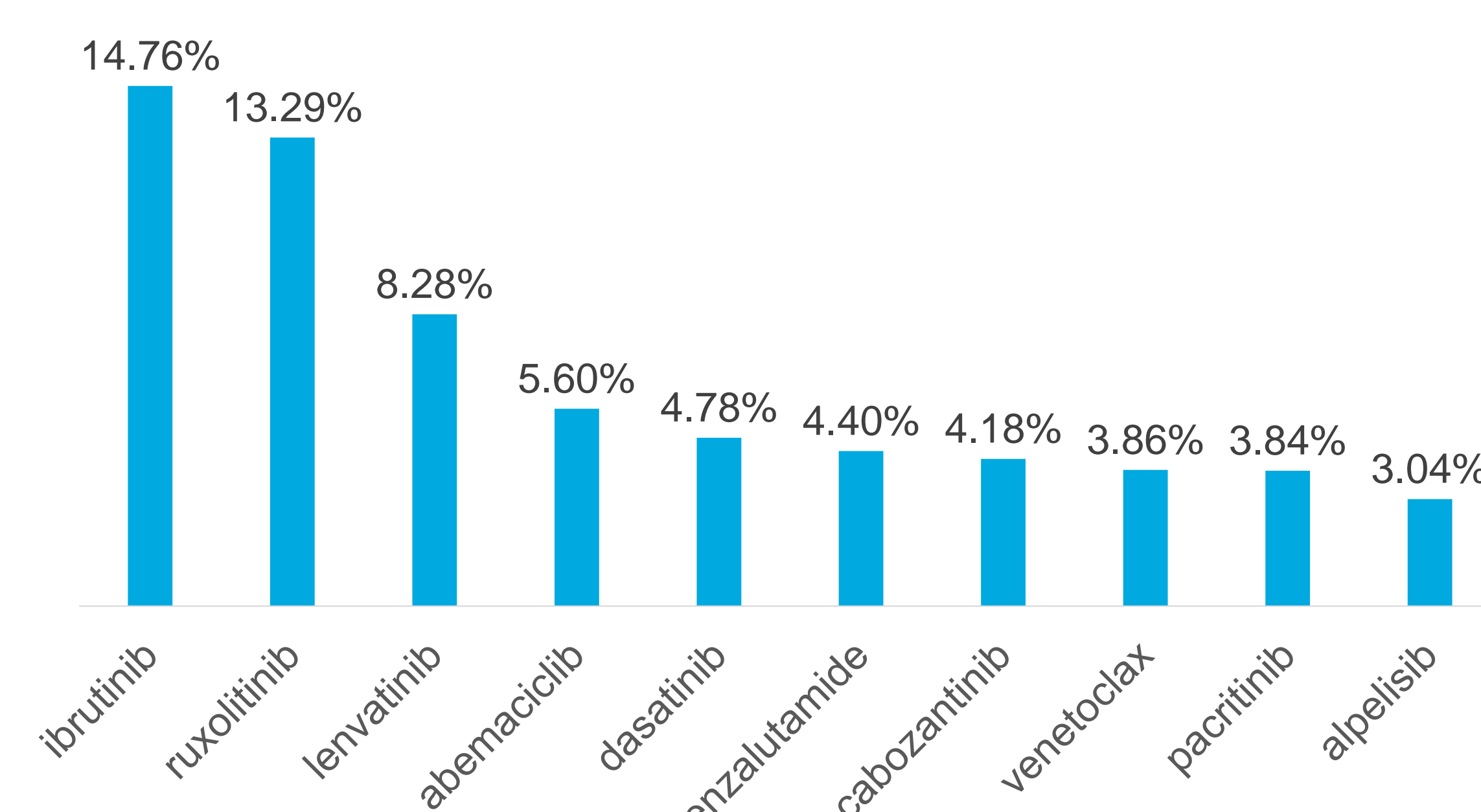


Figure 2: Wasted medication percentage split by therapy/dose change

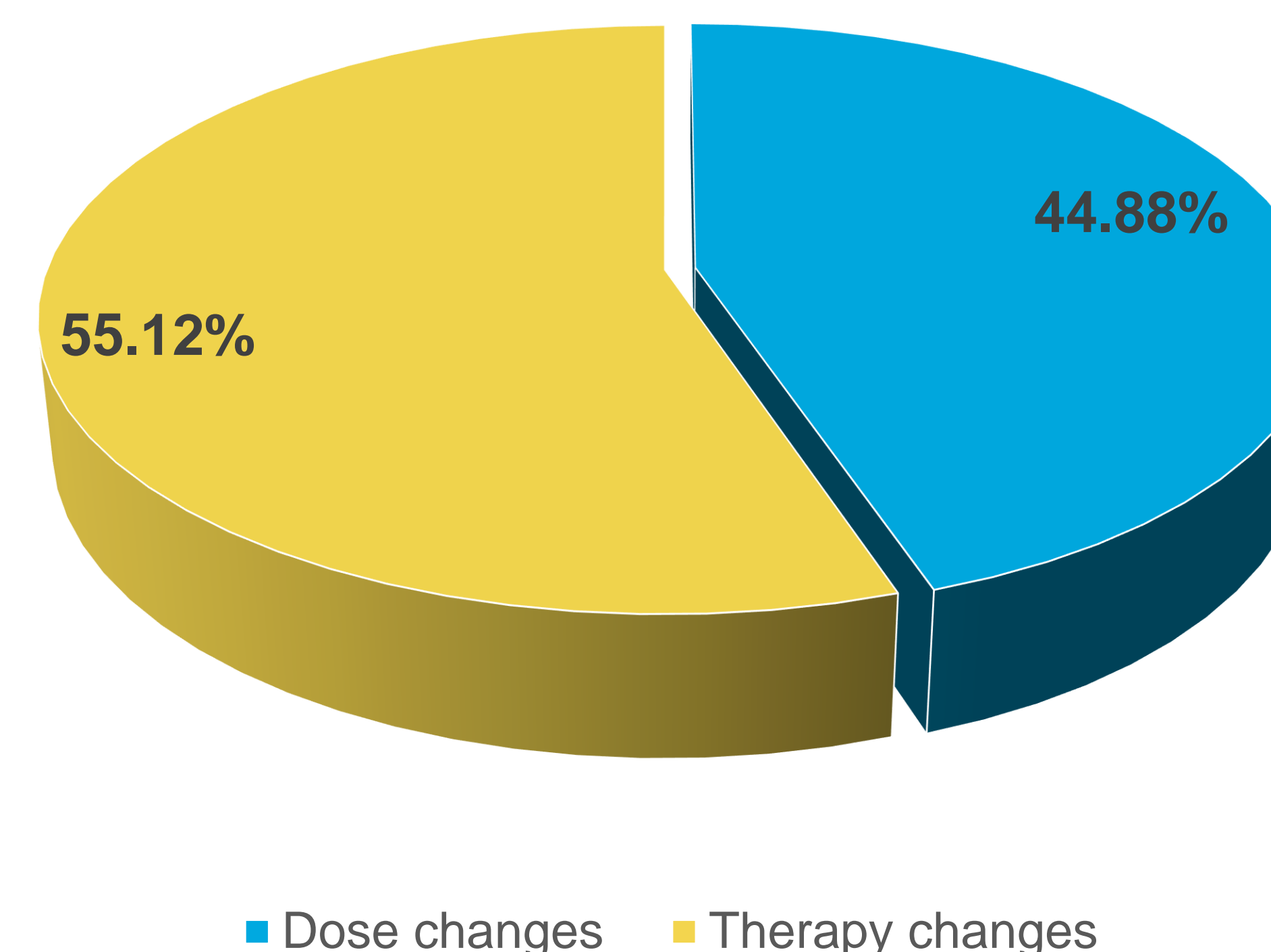
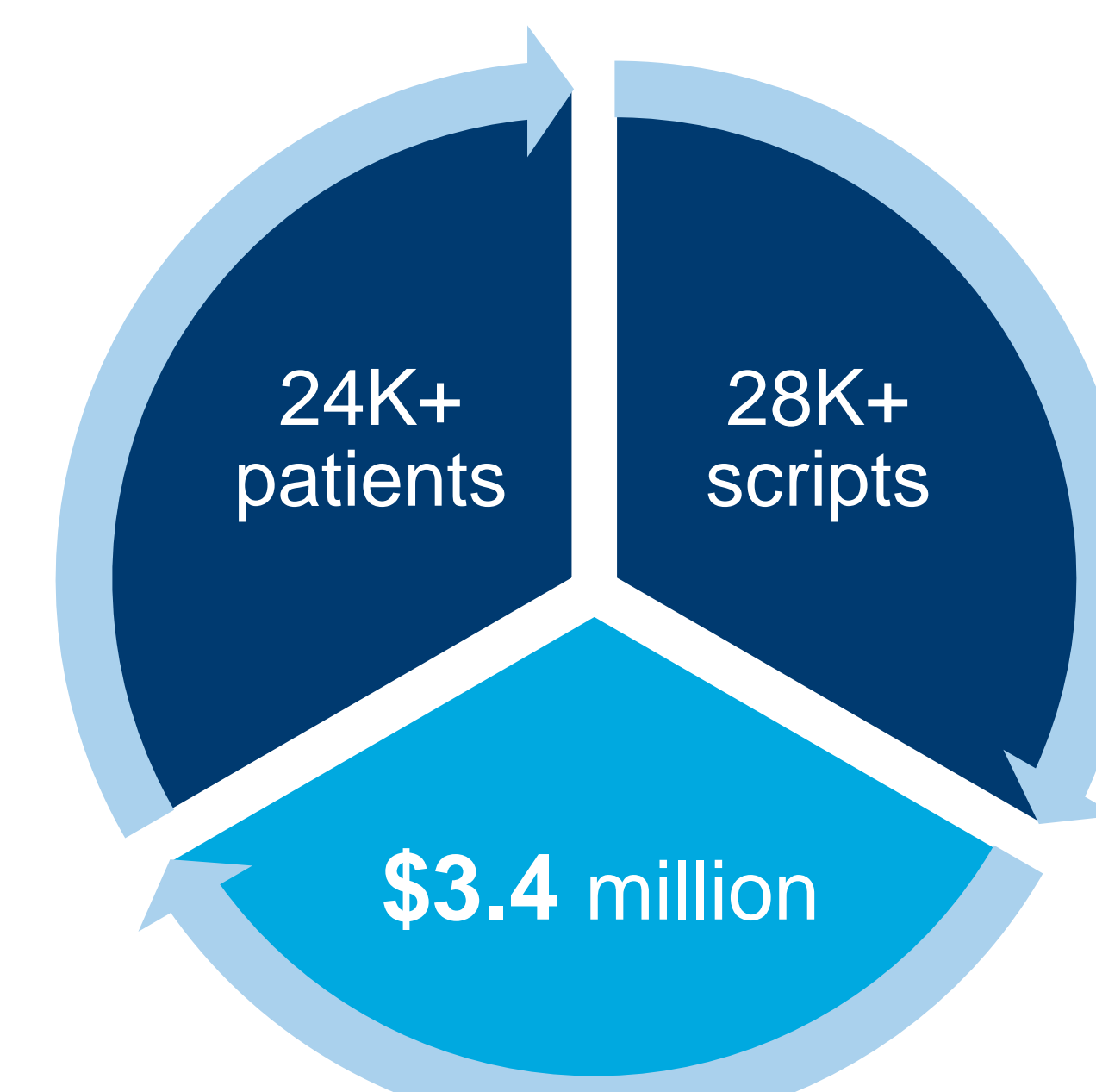


Figure 4: Medication assistance from Sept 2022- Sept 2023



AWP (average wholesale price); MAP (medication assistance program); OAM (oral anticancer medication)

Discussion

- As patients face financial challenges, a proportion of OAMs are wasted from frequent dose or therapy changes in this population.
- OAM waste averages \$6000 per patient, presenting incredible untapped resource to mitigate financial toxicity to patients in their cancer treatment journey.
- A remarkable 88% of patients prescribed ibrutinib, ruxolitinib, lenvatinib, abemaciclib or dasatinib who reported difficulty affording medications received financial assistance. However, approximately 6% of patients were not eligible for any assistance. The most common reasons were due to lack of available programs or exceeding the income limit.
- Public health insurance programs funded by state and federal programs accounted for majority of wastage (71%), with 18% of Medicare patients securing some sort of financial assistance.

Limitations

- Our integrated dispensing and clinical documentation platform enables tracking of medication assistance outcomes which may not be feasible at other health systems.

Future Directions

- Refine calculated opportunity to reduce waste to account for waste that cannot be redirected (e.g. expired medications, tampered products).
- Creation of an active oral drug repository program in Connecticut encompassing all healthcare systems in the state.

Conclusion

HSSPs can serve as a hub to collect unused OAMs for redistribution to Connecticut patients experiencing financial toxicity via an oral oncology drug repository program.

References

- Medha Sharath, Scott F. Huntington, Stephanie Halene, Osama Abdelghany. Oral cancer drug repositories: Challenges and solutions. Presented at ASCO Annual Meeting 2024, Chicago, IL.

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