

## 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

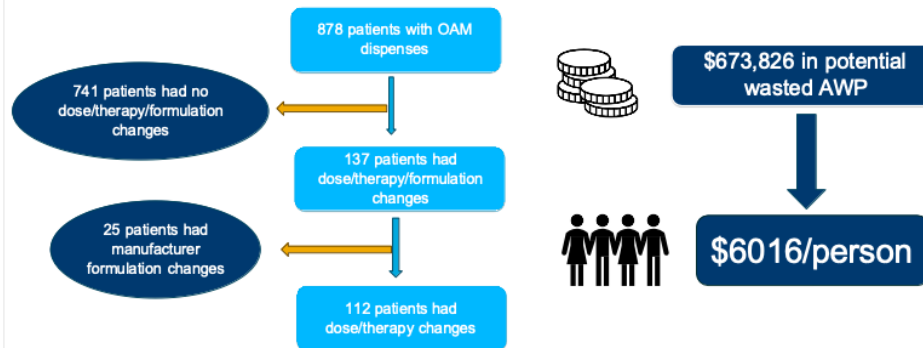


Figure 1: Patients with wasted medications by insurance type

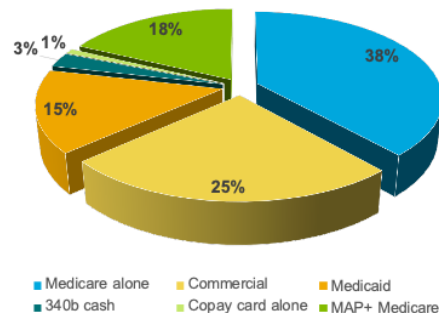


Figure 3: Top 10 wasted medications

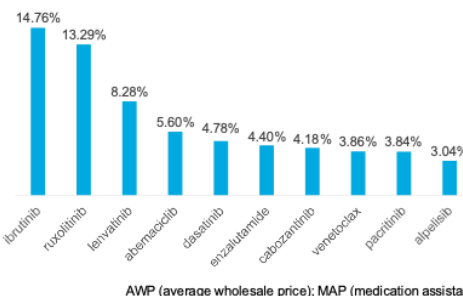


Figure 2: Wasted medication percentage split by therapy/dose change

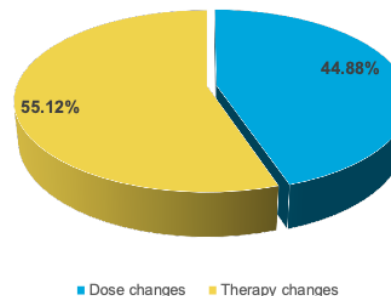


Figure 4: Medication assistance from Sept 2022- Sept 2023



## 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 dastatinib 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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No relevant disclosures