

ISSUE BRIEF:

In-House and Specialty Pharmacies

Within a community oncology practice, the in-house pharmacy provides oral and infused drugs, prescribed by the practice physicians, which are used to treat cancer as well as cancer-related conditions. In the last decade, in-house pharmacies have emerged as a vital component in the quest to provide patients with high quality, high value, and convenient personalized cancer care. The benefit of in-house pharmacies has become even more evident with the increase of new oral cancer drugs coming to market and the rise of third party specialty pharmacies, whose use is increasingly required by payers.

Comprehensive Service at the Point of Care

The most valuable benefit of in-house dispensing is the ability to monitor and improve patient compliance. By dispensing at the point of care, medications are readily available for the patients, usually on the same day as their clinical appointment.

Further, in-house pharmacies eliminate the dangerous fragmentation that can arise in the transition away from the patient's primary oncologist to a third-party specialty pharmacy. As part of a comprehensive care team, in-house pharmacists and /or technicians provide an extra set of eyes to monitor patient progress and complications. This, in turn, is one more way to help the health care system avoid expensive and unnecessary hospitalizations.

Immediate Access to Care & Treatment

In-house pharmacies routinely provide drugs to patients the same or next day. In contrast, third party specialty pharmacies often have cumbersome application and processing systems that delay drug availability well beyond that.

In instances where one or more drugs are taken in concurrent combination, where drugs are taken in coordination with a course of radiation, or where drugs such as anti-emetics are taken prior to treatment with a second drug, delays can compromise treatment protocol and/or postpone the beginning of treatment either of which can affect outcomes and prognosis.

Pennsylvania: practice reports that patients often wait 14 or more days to receive STAT drug orders placed with a third-party specialty pharmacy.

Mid-Atlantic: practice reports an oral lung cancer drug had not been delivered 21 days after the order was submitted to a third party specialty pharmacy. The patient passed away before receiving the drugs.

Texas: practice reports that the third-party specialty pharmacy took 7+ days to deliver a drug the practice could have delivered within 24 hours. This delay prevented coordinating drug and radiation treatment and therefore delayed treatment onset.

Personalized Patient Care & Counseling

Inherent with in-house pharmacies are the benefits of immediate access to patient medical records and a close personal knowledge of patient specifics. This enables the in-house pharmacy to coordinate cancer care with other health care issues, patient limitations, and financial concerns.

Oral cancer medications are no less powerful or caustic than traditional IV chemotherapy and can cause side effects that require treatment or care plan changes. The in-house pharmacy is familiar with managing patients through these adverse events and can manage patient expectations. The existing comfort level between the patient and his physician and health care team uniquely positions the in-house pharmacy to provide this guidance.

Ohio, California, and Northeast: practices report multiple occurrences of in-house pharmacy access to real-time patient status and EMR, including such specifics as renal function, age, weight and other cancer care relevant conditions, enabling customization of treatment protocols to improve quality of care.

Adjusting Care to Patient Status & Needs

Because of the ease of access and proximity to the patient, in-house pharmacies have the ability to prescribe in smaller quantities in anticipation of adverse events or modification of treatment protocols. For this reason, in-house pharmacies rarely prescribe an initial 90-day drug supply when a patient's tolerance for a drug is not known.

Additionally, the in-house pharmacies can quickly and personally assess a patient in order to revise treatment protocols. There is less disruption of care, a decrease in the severity and duration of adverse events, and improved outcomes. This rapid response also provides cost controls and reduces waste for patients, payers, and the entire health care system.

Northeast: practice reports that the delay in drug delivery by the third-party specialty pharmacy prevented the coordination of an anti-emetic concurrent with IV chemotherapy. Absent the anti-emetic, the patient was forced to discontinue treatment.

Ohio: practice reports that the in-house pharmacy, because of its access to patient records and awareness of co-morbidities, was able to adjust dosing. In the case of a brain cancer patient taking a drug concurrent with radiation treatment, any delay in the drug would have had a direct impact on the treatment onset and outcome.

New England: practice reports half a dozen instances of patients receiving a 90-day drug supply from a third-party specialty pharmacy that were wasted due to adverse events or treatment changes.

Controlling Cost & Waste in Cancer Care

The standard of care for in-house pharmacies is to limit the quantity of drug prescribed and often to adjust dosage as treatment progresses. This requires frequent changes to the prescription throughout treatment. Third party specialty pharmacies are not structured to provide this type of care. Without this capability, the cost to patients, payers and the health care system can be high and poorly controlled.

The waste potential in full-prescription issuance goes up exponentially through the practices of white-bagging—

having drugs delivered to the practice from specialty pharmacies—and brown-bagging—allowing the patient to pick up cancer drugs at a third-party specialty pharmacy for administration by the practice. For this reason, in-house pharmacies limit the prescription quantity in order to limit the waste resulting from mid-treatment adjustments and changes.

Cancer drugs can be very expensive and patients often struggle to afford their care. In-house pharmacies are adept at helping patients find financial resources such as Patient Assistance Programs and manufacturer co-pay cards, to ease the cost of expensive cancer drugs. Third party specialty pharmacies are often reluctant, unable, or unwilling to provide payment assistance support. Removed from patients by distance and structure, they simply cannot and do not provide the same, necessary benefits to cancer patients that are standard practice for the in-house pharmacy.

Pennsylvania: practice reports a Medicare patient on a fixed income was told the monthly co-pay for his cancer drug was \$1000. The third-party specialty pharmacy repeatedly told the patient he was not eligible for any assistance program. After calls for payment assistance by the in-house pharmacy, it was determined the patient was eligible. The monthly co-pay was reduced to \$20 for a savings of over \$11,000/year.

Nebraska: practice reports a patient received a 90-day initial drug supply the day before a treatment change. The drug cost was \$8,000. If the drug had been provided by the practice's in-house pharmacy, this expense to the patient, payer, and the health care system could have been avoided.

Summary

As cancer care continues to evolve to more customized treatments and more personalized protocols, in-house pharmacies have become an integral part of the care team. By coordinating with the frontline providers, having immediate access to patient records, and tapping into real-time knowledge of patient status, in-house pharmacies can quickly adjust treatment plans, avoid adverse events, and reduce waste. This flexibility means patients receive care that is high quality, high value, convenient, and personalized.

About the Community Oncology Pharmacy Association

The Community Oncology Pharmacy Association (COPA) was formed in response to the increasing number of community oncology clinics dispensing oral cancer drugs and ancillary therapies. Financial pressures have begun to separate oral cancer therapy from the point of care and oncologist control, thus interfering with the physician-patient relationship, medication adherence, and more. As a non-profit, COPA is in the unique position of serving as a non-commercial organization dedicated to addressing these and other oncology pharmacy issues, all in the sole interest of patient care. To learn more, visit www.COAPharmacy.com.