In-Office Dispensing

Community Oncology Alliance Position Statement

Community Oncology Alliance Position:
The Community Oncology Alliance (COA) strongly supports and encourages the use of physician in-office dispensing and/or pharmacies for patients with cancer as an integral part of modern, patient-centered, coordinated, safer, high-quality cancer care.

Background:

In-office dispensing (IOD) affords several benefits that a specialty or retail pharmacy cannot provide, the most important of which is the ability to monitor and improve patient compliance and side effect management. By dispensing at the point of care, medications are readily available for the patients and education can be done at the time of drug dispensing. In broad terms, in-office dispensing can provide better patient care and outcomes—at a lower cost—through a more clinically integrated and streamlined process. According to a 2014 study conducted by the University of Utah, 14 percent of all prescriptions purchased by participating consumers were dispensed directly by a physician.[1] It is useful to describe the value IOD brings to physicians, patients, payers, and manufacturers in two ways: having the pharmacy closer to the patient and having the pharmacy closer to the physician.[2]

Further, in-office dispensing eliminates the dangerous fragmentation that can arise in any transition away from the patient's primary oncologist to a third-party specialty pharmacy. As part of a comprehensive care team, in-office pharmacists provide an extra set of eyes to monitor patient progress and complications. This may avoid expensive and unnecessary hospitalizations.

A multidisciplinary task force comprised of physicians, nurses, pharmacists, and patients expanded an existing health-system pharmacy to provide specialty services with the goal of expediting drug access, standardizing consent, and ensuring clinical support. The team created treatment protocols for every oral oncologic drug and created a medication assistance program for copay support.[3] After creation of the specialty pharmacy and the treatment protocols, researchers observed a substantial improvement in the quality of patient care. Eighty percent of patients received oral oncologic drugs within 72 hours of prescribing, compared with a wait of two to three weeks prior to launch of the program. Pharmacists have prevented more than 400 medication errors while using the new specialty pharmacy.[4]

Immediate Access to Care & Treatment
In-office dispensing allows an oncology practice to 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 a concurrent combination; are taken in coordination with a course of radiation; or where drugs, such as antiemetics, are taken prior to treatment with a second drug, delays can compromise the treatment protocol; lead to unnecessary side effects; and/or postpone the beginning of treatment, either of which can affect outcomes and prognosis.

Personalized Patient Care & Counseling
Inherent with in-office dispensing is the benefit of immediate access to patient medical records and a close personal knowledge of patient specifics. This enables the in-office 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-office pharmacy is familiar with managing patients through these adverse events and can better manage patient expectations. The convenience of physician dispensing improves the patient experience and allows for personalized education and care from providers who patients trust and with whom they have a relationship.[5] The existing comfort level between the patient and his/her physician and health care team uniquely positions the in-office pharmacy to provide this guidance.

Adjusting Care to Patient Status & Needs
Because of the ease of access and proximity to the patient, in-office pharmacies can prescribe lower dosages in anticipation of adverse events or modification of treatment protocols. For this reason, in-office pharmacies rarely prescribe an initial 90-day drug supply when a patient's tolerance for a drug is not known.

Patient continuity of care is ensured by allowing practice staff to manage all aspects of drug therapy—from initial dispense to completion of therapy—and in-office dispensing allows for improved patient convenience, safety, and compliance.[6] Additionally, the in-office 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.

Controlling Cost & Waste in Cancer Care
The standard of care for in-office pharmacies is to limit the quantity of the 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. In a 2018 study, in-office dispensing of oral chemotherapy provided significant cost savings to third-party payers compared to mail-order pharmacy dispensing.[7]

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—requiring the patient to obtain cancer drugs from a third-party specialty pharmacy for administration by the practice. For this reason, in-office 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-office dispensing pharmacies are adept at helping patients find financial resources, such as patient assistance programs and manufacturer copay cards, to ease the cost of expensive cancer drugs. Third-party specialty pharmacies are often reluctant, unable, or unwilling to provide financial support services. 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-office pharmacy.

Summary:

In the last decade, physician in-office dispensing and/or pharmacies have emerged as a vital component in the quest to provide patients with high-quality, high-value, and convenient personalized cancer care. This benefit has become even more evident with the evolution of newer and efficacious oral cancer drugs and the rise of third-party specialty pharmacies, whose use is increasingly required by payers. By coordinating with the patient's physician, having immediate access to patient records, and tapping into real-time knowledge of patient status, in-office pharmacies improve the quality and rapid onset of care as they can quickly adjust treatment plans, recognize and minimize adverse events, alter treatment based on patient status, and reduce waste. This flexibility ensures patients receive care that is high-quality, high-value, convenient, and personalized.

Date:

Approved by the COA Board of Directors on September 16, 2019.

References:

[1] *See Mark Munger et al., Emerging Paradigms: Physician Dispensing, Presentation to the Nat'l Association of Bds. of Pharmacy (May 20, 2014), www.nabp.net/system/rich/rich_files/rich_files/000/000/338/original/munger-202.pdf., August 2016.*

[2] *In-Office Dispensing Is Better Value, Brandon Tom, PharmD, OncLive, August 10, 2016*

[3] *In-House Specialty Pharmacies Improve Quality of Care, Jason Hoffman, PharmD, RPh, Cancer Therapy Advisor, March 1, 2017.*

[4] *Ibid.*

[5] *Financial impact from in-office dispensing of oral chemotherapy, Anna Howard, Julia Kerr, Monica McLain, Journal of Oncology Pharmacy Practice, September 24, 2018.*

[6] *In-Office Dispensing of Oral Oncolytics: A Continuity of Care and Cost Mitigation Model for Cancer Patients, Nancy J. Egerton, PharmD, BCOP, American Journal of Managed Care, March 18, 2016.*

[7] *Dispensing Pharmacy: A Value Proposition for Oncology Practices, Association of Community Cancer Centers, Association of Community Cancer Centers, www.acc-cancer.org, 2015.*