



Several Oncology Practices Have Embraced Redispensing Unused Oral Anticancer Agents

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ALTHOUGH EFFORTS TO reduce barriers to timely, affordable, and effective oral cancer medications could be alleviated in part by diverting unused drugs that would otherwise be wasted to patients who need them, most practices do not have the necessary resources to ensure drug integrity or support administrative requirements. However, several practices have embraced innovative approaches to address these challenges, and pharmacists should be encouraged to support broader implementation.

Findings from the recently published ROAD study (NL9208), a cost-savings and waste-reduction initiative that involved redispensing unused oral anticancer drugs, demonstrated a successful strategy that could improve cancer treatment affordability and sustainability. Oral medications were shipped with time-temperature indicators in special packaging to over 1000 participants, who were encouraged to return unused drugs to the pharmacy, which redispensed products that met quality requirements. A 68% waste reduction corresponded to a net annual cost savings per participant.¹

Although this study was conducted in the Netherlands, which has a national health insurance program, reductions in drug waste and cost savings are relevant to the United States, where the costs of oral cancer therapies are more than 3 times greater.² Estimates of oral cancer drug waste nationally in the United States exceed \$3 billion annually.² Technologies to monitor drug temperature excursions are feasible and routinely utilized during shipping for standard of care and investigational oncology drugs. However, patient participation is also an important determinant of successful redispensing programs. In a separate study, the lead author identified key factors that underly patients' willingness to participate, which should be fundamentally similar across populations, but differences should also be expected.³

Oral cancer drug repository programs across the United States continue to evolve, but despite the 44 states that have legislated programs for prescription drugs, only about 13 currently have active programs for oral cancer drugs.^{4,5} Several are established within major cancer centers, across health systems, in statewide networks, or in medically



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integrated pharmacy settings.⁵ Despite the substantial number of patients they are able to serve, they are insufficient to meet the needs of patients in most underserved areas and even across the majority of states. Most recently, a nonprofit organization was established in Michigan to improve health equity by providing unused and unopened oral cancer drugs at no cost to patients in need.^{6,7} Although this program serves only residents and care providers in Michigan, it can serve as a model to others who are determined to improve access to cancer medications and reduce medication waste.⁷

Oncology pharmacists and providers frequently employ strategies to reduce potential oral cancer drug waste, such as by mitigating treatment toxicities that lead to drug discontinuation through patient education and symptom management and by reducing initial drug dispensing counts.⁸ Pharmaceutical manufacturers are encouraged to provide greater variability in drug packaging sizes.⁸ But these and other current strategies are not enough; we frequently have patients and caregivers who bring us unused medications that are no longer needed, hoping that they may benefit another patient. We may not be able to act upon their wishes, but we may be able to design a program tailored to the needs of our patients by learning about factors that improve their willingness to participate in cancer drug dispensing programs in addition to identifying unmet needs and gaps in care attributed to delayed or

lack of access to oral therapies. These efforts may help support continued expansion of cancer drug donation and distribution programs that reduce disparities in cancer care and outcomes. ■

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