

Impact of the End of Public Health Emergency Oral Dispensing Flexibilities for At-Risk Patients in a Community Oncology Practice

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BACKGROUND

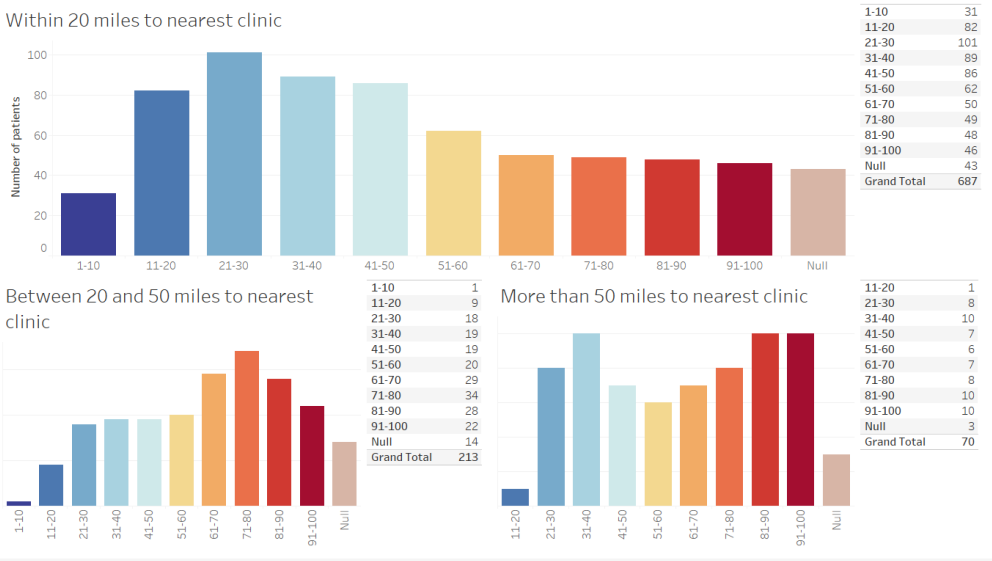
Many studies have shown the benefit of medically integrated pharmacies for cancer specialty oral drugs in improving patient adherence and reducing waste compared to external pharmacies. Anti-kickback regulations have limited practice’s ability to deliver prescriptions to patient’s homes from physician offices. During the Covid Public Health Emergency (PHE), flexibility for prescription delivery by a physician owned pharmacy was allowed leading many practices to deliver oral cancer therapies to patients who could not otherwise come to clinics to fill their medications. With the end of the PHE, CMS reversed this flexibility. We sought to determine the impact on patients with this change in CMS regulations.

METHOD

Utilizing the pharmacy database of prescriptions delivered to a patient’s home for a large statewide community oncology practice in Texas during the PHE, we identified patients with Medicare part D who would no longer be able to utilize their physician’s pharmacy for home delivery of their specialty medications. We determined the distance of those patient’s primary address to the nearest clinic and further matched them to the address deprivation index (ADI) a well-validated approach that rank orders zip codes in deciles from lowest to highest need.

RESULTS

We found 970 patients receiving home delivered prescriptions with traditional Medicare Part D. 687 or 71% of patients lived within 20 miles of the nearest clinic. 213 or 22% lived between 20 and 50 miles with 70 or 7% more than 50 miles from the nearest clinic. 60 addresses could not be matched to the ADI database. Focusing on those available addresses in the top half of the ADI at highest need, we found that 40% of patients living within 20 miles of the clinic are at significant risk of disparity vs 67% of those 20-50 miles and 61 % of those living more than 50 miles from the clinic.



CONCLUSIONS

The removal of the PHE flexibility for home delivery of prescriptions from physician offices will significantly increase the burden on patients in Texas, forcing many to drive long distances to obtain drugs and disproportionately affecting those at greatest risk of disparity. We encourage revising policies to allow medically integrated pharmacies to allow home delivery of cancer specialty drugs to meet CMS stated goals of improving health equity.

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