



Walgreens Local Specialty Pharmacies Provide Convenient Access to Oral Chemotherapies for Patients throughout the United States

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Walgreens integrated business model uniquely allows patient choice and flexibility by using Local Specialty Pharmacies as well as maintaining medication access through other pharmacy channels.

OBJECTIVE AND BACKGROUND

- To identify utilization trends and access to oral oncolytics (including Limited Distribution Drugs) for patients using Walgreens Local Specialty Pharmacies (LSP).
- Retail local specialty pharmacies (LSP) are comprised of Health Systems (hospitals or medical offices) and Community pharmacy locations that combine traditional Walgreens and central specialty pharmacy components, and where patients receive personalized, comprehensive pharmacy care addressing complex disease conditions.
- Limited Distribution Drugs (LDD) are medications that may have specific reporting requirements that need to be monitored closely. Because of this, manufacturers will choose to limit the distribution of the product to a select number of pharmacies. Within the LSPs there is variation regarding access to LDDs.

METHODS

- This retrospective cohort study used pharmacy claims to identify patients who were either new to pharmacy or therapy based on a 6-month preview of patients utilizing oncolytics from September 2013. The reported one year observation time is from March 2014 through March 2015 for patients at least 18 years of age.
- Oral chemotherapy prescriptions that are designated as limited distribution at the time of fill were the following: afatinib, axitinib, bosutinib, crizotinib, dabrafenib, erlotinib, lapatinib, lenalidomide, pazopanib, pomalidomide, procarbazine, regorafenib, ruxolitinib, sorafenib, sunitinib, thalidomide, vemurafenib, vismodegib, and vorinostat. Not designated as LDD during the study period were the following: abiraterone, bexarotene, capecitabine, dasatinib, everolimus, imatinib, nilotinib, temozolomide, topotecan, and trametinib.

RESULTS

- Between March 2014 and March 2015, 8,127 patients were new to Walgreens or therapy for 29 oncolytics, of which 19 were designated as limited distribution (LDD). The majority of patients (64%) had access to a LDD prescription for their treatment, with 16.2% accessing multiple pharmacy channels (i.e., central pharmacy), and represents 38.8% of all Walgreens patients utilizing a LDD oncolytic. As presented in Table 1, utilization of LDD from LSP was higher for males than females ($p < .0001$), for patients older on average by 5.5 years ($p < .0001$), for patients in mid-western states followed by north eastern states compared to other regions ($p < .001$), and patients had a slightly higher mean number of LDD fills ($p < .05$).

Table 1. Patient Characteristics by LDD Indication

Oncolytic LDD	Gender		Age*	Regions* North Eastern	Mid western	Southern	Western	Mean of Patient Fills*
	Female	Male						
No (n=2,921)	1,607 (41.9%)	1,314 (30.6%)	60.7	294 (35.6%)	1,116 (31.0%)	1,043 (41.0%)	468 (40.4%)	3.4
Yes (n=5,206)	2,229 (58.1%)	2,977 (69.4%)	66.2	533 (64.4%)	2,481 (69.0%)	1,503 (59.0%)	689 (59.6%)	3.6

* Denotes a significant association. Patient's states were aggregated into US Census regions. Mean fills are only for oncolytics included in study period.

- Most patients were covered with a commercial plan (90.7%) or with Medicaid coverage (9.3%). Within the LSP network, Community pharmacies dispensed 56% of oncolytic fills, hospital systems dispensed 32.3% of fills, and 11.7% of fills were dispensed from a medical office buildings. Table 2. indicates that utilization of LDD occurs the most from Community pharmacies compared to hospital settings or medical office buildings ($p < 0.0001$). There is no significant association with LDD and commercial payers or Medicaid ($p < 0.93$).

Table 2. Pharmacy LSP Types and Payer Types by LDD at First Fill

Oncolytic LDD	LSP Type* (n 7,930)	Community	Hospital	Med. Office	Payer Type (n 7,892)	Commercial	Medicaid
No	2,815	1,140 (27.6%)	1,256 (44.3%)	419 (43.7%)	2,797	2,521 (35.2%)	276 (37.8%)
Yes	5,115	2,997 (72.4%)	1,579 (55.7%)	539 (56.3%)	5,095	4,641 (64.8%)	454 (62.2%)

Notes: The total number of LSP type does not include closed locations within the study period. Payer types exclude a single Workers Compensation benefit or missing indication. * denotes a significant association.

- Patients received 28,834 fills, with an average AWP cost of \$8,894.¹
- Table 3 reports fill counts and mean AWP per drug, by LDD designation and ordered by fill counts. The range of AWP costs does not appear associated with utilization counts, and is more likely driven by cancer diagnoses. To note, this study does not address cancer diagnosis, or off label utilization of the included drugs.

Table 3. Total Fill Count and AWP per Oncolytic

Oncolytic (LDD)	Fill Count	Mean AWP	Oncolytic (not LDD)	Fill Count	Mean AWP
lenalidomide	6,048	\$11,082.26	temozolomide	3,886	\$3,616.22
erlotinib	2,506	\$7,252.21	abiraterone	2,415	\$8,684.41
sorafenib	1,117	\$11,382.98	everolimus	1,800	\$12,189.45
pazopanib	1,010	\$8,157.09	capecitabine	1,667	\$3,294.60
pomalidomide	867	\$13,068.00	imatinib	1,144	\$9,909.37
sunitinib	710	\$11,219.96	dasatinib	818	\$10,592.08
ruxolitinib	657	\$11,293.92	nilotinib	607	\$10,182.30
regorafenib	582	\$12,680.87	trametinib	318	\$11,498.06
thalidomide	389	\$9,325.30	topotecan	207	\$5,618.11
lapatinib	352	\$5,158.02	bexarotene	72	\$27,668.71
dabrafenib	335	\$9,631.26			
procarbazine	291	\$1,931.48			
axitinib	264	\$12,122.53			
afatinib	261	\$8,060.34			
crizotinib	256	\$14,228.76			
bosutinib	176	\$10,065.94			
vismodegib	40	\$11,381.11			
vorinostat	35	\$8,211.94			
vemurafenib	4	\$13,020.96			

CONCLUSIONS

- Walgreens Local Specialty Pharmacies allow access to both LDD and non-LDD oral chemotherapies in retail pharmacy settings for patients throughout the United States.
- Walgreens integrated business model across pharmacy channels uniquely allows patient choice and flexibility of utilizing Local Specialty Pharmacies, while maintaining medication access across pharmacy channels.

References:

1. AWP costs based on Medi-Span® data.

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