



Evaluation of the Healthcare Disruption Produced by Oral Cancer Treatments

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DESCRIPTION

The goal of the study was to measure the amount of time that elapses between the time a doctor writes a prescription for an oral antineoplastic agent and the patient actually receives the medication as well as to identify risk factors that considerably extend this period. Prescriptions for oral antineoplastic drugs that were filled for the first time were found. It was established when the patient received the prescription and when it was written. A retrospective review was conducted to obtain more details, such as prescription drug information, indications, insurance details, patient assistance programme usage, dispensing pharmacy information, and the necessity of prior authorization. Multivariate statistical analysis was performed to assess the data and find risk variables that could dramatically lengthen the time it takes to get medication. The study consisted of 58 patients in total [1].

The study consisted of 58 patients in total. The patient received the drug an average of 8 days after the doctor had ordered it. The prescription of a drug, the lack of a Risk Evaluation Mitigation Strategies (REMS) programme, and the kind of insurance are all variables that prolong the time it takes to receive a prescription. Healthcare professionals can better plan and get ready for the use of oral antineoplastic drugs if they are aware of the median time involved and the variables influencing the time it takes for prescriptions to be delivered [2].

Delivering antineoplastic drugs intravenously has been the mainstay of cancer treatment for several decades. The organisation of hospital services and outpatient oncology infusion facilities revolves around this method of medicine administration. However, in recent years, patients with a cancer diagnosis have steadily increased their use of oral antineoplastic medications. There are already more than sixty oral anti-cancer medications on the market, 22 of which are oral kinase inhibitors that have received universal approval. More than 25% of the 400 antineoplastic medicines now being developed, according to experts, are intended to be taken orally. Of the 8 recently authorised cancer medications, 5 were in an oral formulation. According to

numerous studies, most patients choose oral antineoplastic medications over intravenous therapy mostly due to their convenience. The routine and ongoing monitoring that came with intravenous cancer treatment is eliminated when oral antineoplastic drugs are used instead. Patients now bear greater responsibility for monitoring and informing their healthcare providers of side effects due to the growing usage of oral medications [3].

The majority of new oral antineoplastic drugs are more expensive than conventional intravenous chemotherapy, despite the convenience they offer. In contrast to intravenously delivered therapies, they are often billed to the patient's prescription drug insurance rather than their general medical coverage. Additionally, the prescriptions typically call for the usage of a speciality pharmacy, which must ship or transport the medications to the homes of the patients. A lot of pharmacy benefit plans have put cost-containment measures in place since oral antineoplastic drugs are more expensive. A delay in the start of therapy may result from the use of prior authorisation or medical necessity restrictions. Due to the placement of certain prescriptions in higher copayment levels, this may potentially result in greater costs for the patient [4-6].

CONCLUSION

The cancer center's social workers and nurse clinicians helped by producing a list of patients receiving a prescription for an oral antineoplastic drug for the first time. Retrospective assessment of the patient's electronic medical record and progress notes allowed for the determination of the date the prescription was created and delivered to the patient. When a patient's progress reports did not include the date that the prescription was received, the date might be found by calling the specialised pharmacy that was responsible for dispensing the medication. To obtain more data for the purpose of identifying risk variables that might considerably prolong the time it takes for a patient to receive medication, a retrospective chart review was done.

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