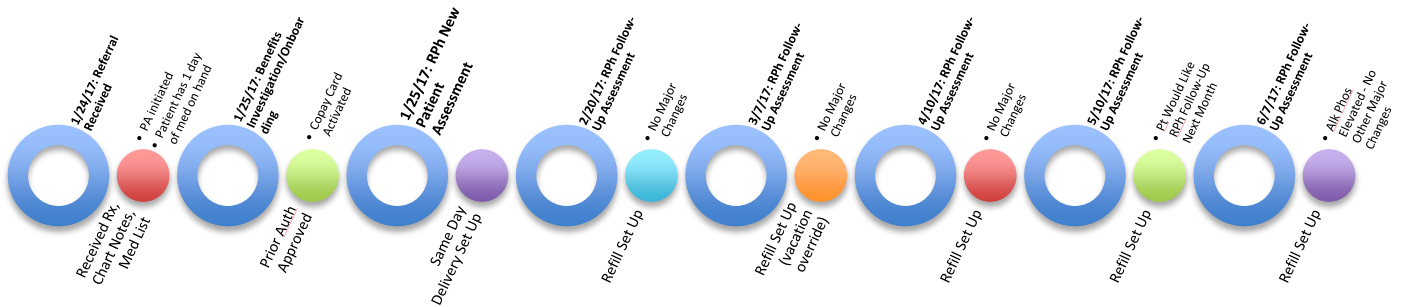


# Specialty Pharmacy Oncology Patient Experience

## **Demographics:**

JF is a 31yo F lifetime non-smoker (Wt. 48kg, BSA 1.44m<sup>2</sup>) with a diagnosis of stage IV NSCLC with ALK rearrangement. Patient was brought on service at SP in January 2017. The SP team managed JF's treatment throughout medication changes, benefits coordination after an insurance change, care coordination between out-of-state and local oncologists, and side effect management. Patient recently moved to Portland, OR in late 2016 and had a change in insurance and oncologist. Previous treatments include radiation, crizotinib (now resistant to therapy), and clinical trial with ensartinib. Current treatment is alectinib, given that she had progression (brain metastasis) while in clinical trial. Tolerating alectinib adequately, with only mild constipation as side effect.



## **Initial Onboarding:**

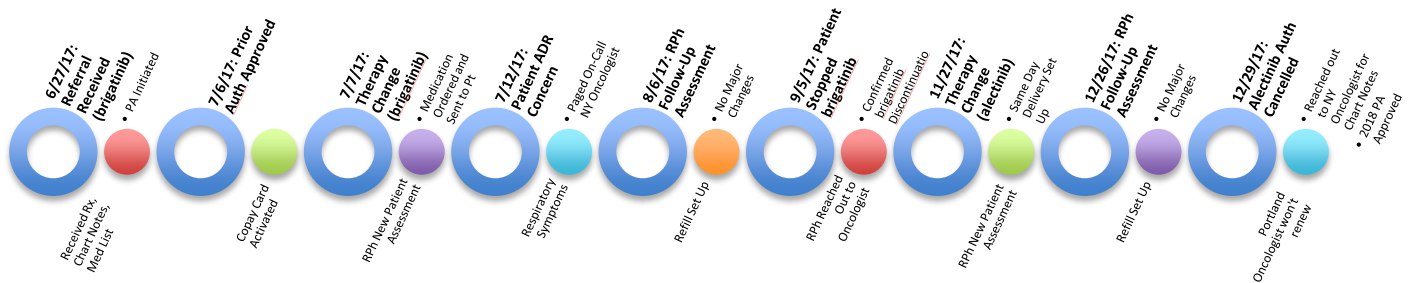
JF's initial timeline is shown above. SP received her referral on 1/24/17. Since the patient was about to run out of her medication from her previous specialty pharmacy, the SP team acted quickly to ensure no gaps in therapy. Within 48 hours, the patient had medication in hand. On 1/25/17, the SP Access Team (i.e. financial coordinators) discussed patient's benefits and copay assistance with her. Behind the scenes, the Access Team verified insurance benefits, secured an expedited prior authorization approval, and attained copay assistance. On the same day, the patient received a New Patient Clinical Assessment and consult from a pharmacist. The SP pharmacist evaluated appropriateness of therapy, reviewed pertinent labs, reviewed chart notes, performed medication reconciliation, and completed a drug interaction check. The patient's baseline quality-of-life and current symptoms/side effects were evaluated. The pharmacist and patient discussed medication education and symptom/side effect management strategies. The pharmacist also set up a same-day delivery for the patient. Along with her medication, the patient received a New Patient Packet, written patient education information, and a Constipation Side Effect Management Kit. The patient was very appreciative of SP's quick onboarding and delivery process.

## **Patient Follow-Up:**

The patient was then called monthly for refill reminders and pharmacist follow-up assessments through June 2017. These follow-up assessments included adherence evaluation, medication reconciliation, drug interaction checks (when she described new medications), assessment of any major changes in health status (ex. ER visits, hospitalizations, recent illness/infection, etc.), EMR laboratory review, quality-of-life evaluation, review of side effects and counseling on side effect management strategies. Additionally, the pharmacy technician team ensured continuation of therapy through the patient's vacation by coordinating a vacation override from the patient's insurance and appropriately timed shipments.

### **Highlights of Clinical Management Program Activities and Care Coordination:**

In June 2017, patient's CT scan and MRI showed progression in her brain metastases. The patient discussed her treatment options with both her local Portland oncologist and her previous oncologist in New York. Her Portland oncologist suggested brain radiation as an option, but the patient chose to move forward with the oral targeted therapy, Alunbrig (brigatinib), which was suggested by her New York oncologist. The SP Access Team coordinated a successful prior authorization approval with the New York oncologist and obtained copay assistance for the new therapy. Because the patient transitioned to a new therapy, an additional New Patient Clinical Assessment was completed on 7/7/17, which included evaluation of appropriateness of therapy, laboratory review, chart note review, medication reconciliation, drug interaction check, quality-of-life evaluation, evaluation of current symptoms/side effects from previous treatment, patient education/review of medication and symptom/side effect management strategies. Delivery was set up for 7/10/17.



Two days after starting brigatinib, the patient called SP reporting symptoms of unproductive cough and a feeling of restriction when she takes deep breaths. Given that there is a severe risk of pulmonary toxicity with brigatinib, the SP pharmacist called her oncologist in New York to request a recommendation and follow up with the patient. Unfortunately, the NY clinic was closed for the day. The pharmacist worked with the patient to get a timely recommendation by paging the on-call oncologist twice and following up with the patient twice. The SP pharmacist spoke with the patient after the on-call oncologist instructed her to hold her medication until the next morning. The pharmacist counseled the patient stay well hydrated and get some rest, but that if her symptoms worsen or she feels like she has any more difficulty breathing, to contact 911 right away or have someone take her to the ER, or page the SP on-call pharmacist with any other concerns. Patient was very grateful to SP for following up with her so frequently and caring for her safety.

The SP pharmacist followed up with patient over the next few days. After discussing with her oncologist and completing pulmonary tests, they resumed brigatinib at the maintenance dose. Patient received a follow-up assessment and medication refill in August with no major concerns.

In September, SP confirmed brigatinib was discontinued and JF was discharged from SP services. SP received a new prescription for alectinib (same dosing as previous prescription) from her New York oncologist in November. Patient was onboarded again to SP's clinical management program. The SP Access Team worked with the New York oncologist to secure prior authorization approval through the 2018 calendar year. The patient remains on therapy and on service with SP.