A Health System Specialty Pharmacy-led check-in Protocol in Patients on Oral Oncolytics

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BACKGROUND

High toxicity profiles of oral oncolytic medications (OAMs) can lead to decreased time on therapy.[1]

Medication persistence can be improved through high-touch communication between patients and pharmacists. With earlier touch points, pharmacists are more likely to identify patient-related challenges to therapy.[2]

Clinical care management and reporting platforms like TherigySTM℠ have allowed for the development of health system specialty pharmacy (HSSP) protocolized check-ins.

OBJECTIVES

To evaluate the outcomes of an HSSP-led 7- to 14-day check-in protocol, using TherigySTM, on identifying and addressing early side effects of OAMs.

METHODS

Study Design

This retrospective, observational study was conducted from May 2022 to March 2023 at a health system specialty pharmacy.

Protocol required a pharmacist to contact patients within 7-14 days of therapy initiation. During this check-in, pharmacists provided adverse effect management and offered additional counseling.

Subjects

INCLUSION CRITERIA	EXCLUSION CRITERIA
• Patients who were prescribed a new OAM • Managed by an HSSP pharmacist	• Duration of their therapy was < 60 days and currently on OAM • Discharged from HSSP services < 60 days from the medication start date

DATA COLLECTION AND ENDPOINTS

Discontinuation rates and reasons were collected from TherigySTM and analyzed using descriptive statistics of counts and percentages.

Primary Endpoints

- Discontinuation rate within 60 days
- Discontinuation reasons

Secondary Endpoints

- Side effects reported
- Drug therapy problems identified

RESULTS

TABLE 1: Patient Demographic

Gender	N	%	Mean Age
Female	231	46%	66
Male	266	54%	67

TABLE 2: Top Cancer Types

Cancer Type	N	%
Leukemia	115	23%
Colorectal Cancer	64	13%
Prostate Cancer	60	12%
Breast Cancer	54	11%

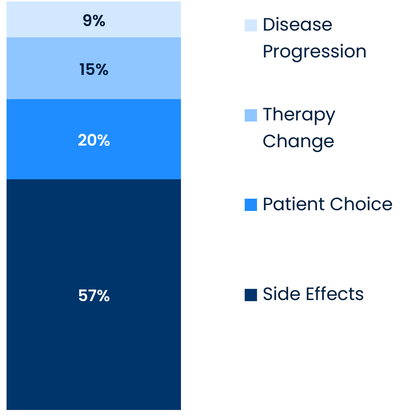
50% Reported side effects at check-in

14% Discontinued therapy < 60 days

TABLE 3: Most Common Side Effects

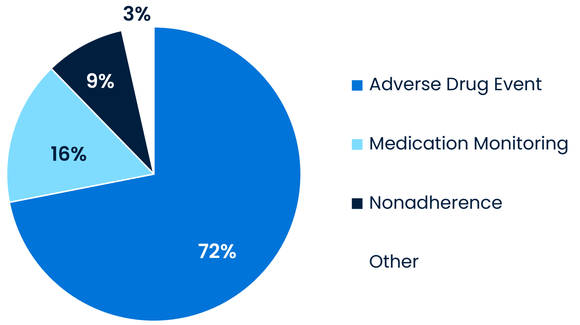
Side Effect	N	%
Nausea	76	34.%
Fatigue	64	29%
Diarrhea	39	18%
Vomiting	26	12%
Constipation	16	7%

FIGURE 1: Early Discontinuation Reasons



RESULTS

FIGURE 2: Interventions at Check-in



60% More likely to discontinue therapy early when experiencing side effects at check-in

DISCUSSION AND CONCLUSION

Overall, as pharmacists conducted the check-in, they identified patients experiencing side effects and at a higher risk of early discontinuation. The majority of interventions performed were to address patient-reported adverse drug events. Almost half of the patients reported a side effect during the check-in, and those patients were more likely to discontinue. The most common reason for discontinuation within 60 days of the therapy start date was side effects.

This study demonstrated that a HSSP pharmacist-led 7- to 14-day automated check-in can timely identify and address adverse drug events, which, if left unaddressed, could lead to early, inappropriate discontinuation of OAMs. HSSP pharmacists are uniquely positioned to support patients in the self-management of OAM side effects in order to persist on therapy.

REFERENCES

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