



Society for Immunotherapy of Cancer

Advances in Cancer Immunotherapy™

Cancer Immunotherapy in Practice

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Cancer Center

#LearnACI

Disclosures

- Lidia Lopez: Consulting Fees: Pfizer Advisory Nursing board, 2018; Fees for Non CE Services: Speaker for Exelixis 2021; Other: ASCO Bladder Program Panel Member and Faculty 2019, 2021 Pfizer Learning Day Speaker 2019, BCAN Webinar Faculty 11/2020
- Virginia Seery: Consulting Fees: Exelixis, Aveo, Apricity Health, Clinigen
- Lisa Holle: Royalty: JB Learning; Consulting Fees: McGraw Hill Education, Postgraduate Education, LLC
- I will be discussing non-FDA approved indications during my presentation.

Access and Implementation

Lisa M. Holle, PharmD, BCOP, FHOPA, FISOPP

Clinical Professor, UConn School of Pharmacy

UConn Health Carole & Ray Neag Comprehensive Cancer Center

Decision-Making In Therapy Selection

- Evidence-based, tumor specific recommendations
 - National Comprehensive Cancer Center (NCCN) guidelines
 - Peer-reviewed published clinical trials
- Biomarker
 - Programmed cell death ligand 1 (PD-L1)
 - Microsatellite instability (MSI)
 - Tumor mutational burden (TMB)
 - Required for therapy – not all tumors
- Electronic medical record (EMR) documentation

Effective Toxicity Management Through Multidisciplinary Team Communication

- Educate patient, caregiver, and all clinicians involved in care of patient
 - Mechanism of action of immunotherapy
 - How immunotherapy differs from chemotherapy and other anticancer therapies
 - How to recognize irAEs during therapy and after therapy ends
 - Importance of communicating any potential irAE signs/symptoms with hematology/oncology team
- Establish a “go-to” specialist list
- Organize multidisciplinary case-based irAE team discussion

Multidisciplinary Team Communication

Patient Checklist

- Signs/symptoms of irAEs
- Trigger points to call team

Nursing Checklist

- Structures patient assessment during triage or infusion intake

Treatment Tracker

- Create global document that all providers can access if therapy is withheld or steroids initiated, tapered, re-escalated if irAEs

Wallet Card

- Includes information about current therapy and which oncology providers to contact if irAE

EMR

- Include current treatment so all specialties can easily access

Considerations for Administration

- Combination therapy – timing of oral anticancer therapy and immunotherapy
 - Clear Bagging vs outside specialty pharmacy
 - Receipt of drug before immunotherapy starts
- White bagging
 - Delivered from insurer's preferred pharmacy to be administered in clinic or patient's home
 - Requires high level of coordination
 - Logistics; change in workflow; staffing changes
 - Mitigating medication errors

Financial Toxicity

- Survey study of 105 patients receiving immunotherapy
 - 48% were aware of financial difficulty
 - 34% had pre-treatment finance discussion
- Difficulties:
 - 35% high medical co-pay
 - 33% decrease in income
 - 21% high medication co-pay
- Addressing the difficulties
 - 39% used personal finances
 - 28% trimmed private expenses
 - 24% got help from family and friends

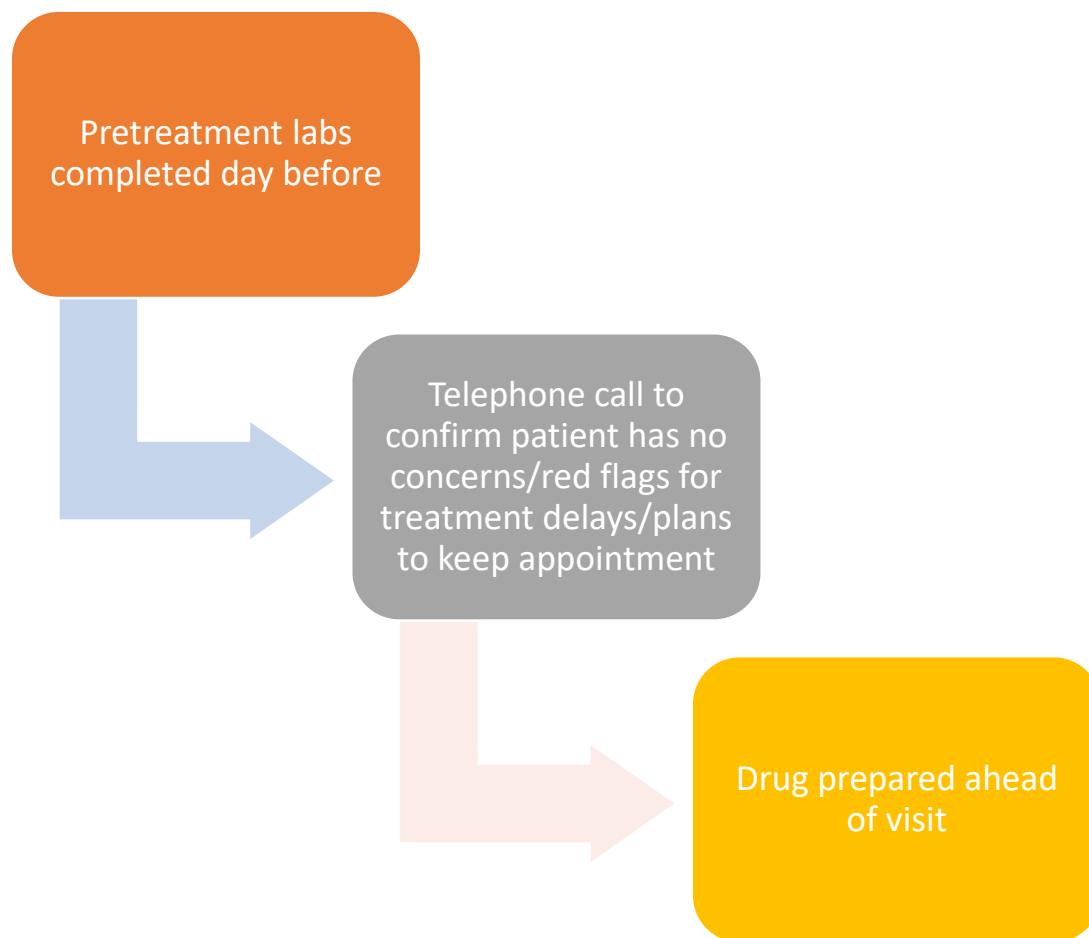
Reducing Patients' Out-of-Pocket Infusion Room Costs

- Discuss and educate patients about insurance coverage and anticipated out-of-pocket costs
 - Financial planning
 - Shared decision making
 - Medication assistance programs
- Apply formulary management strategies
 - Evidence-based formulary
 - Use of low-cost drugs when possible (eg, biosimilars)
- Development of clinical pathways

Reducing Other Patient Costs Related to Infusion Therapy

- Reduced time in infusion room or use of non-infusion therapies
- Supportive care management to prevent/minimize
 - Toxicity and additional treatment
 - Emergency room visits/hospital admissions
- Education of patient about toxicities and when/how to seek care for toxicity management
- At-home infusions
- Financial assistance/counseling
 - Insurance benefits
 - Disability, bill relief, rides

Fast Track Programs



- *Cleveland Clinic*
- Low-cost chemotherapy drugs advanced preparation
- Decreased time to treatment administration (TAT) of 21 min
- 22% drug waste
- *University of Colorado*
- Immunotherapy call-ahead program
- Decreased TAT by 35 minutes
- No waste
- Improved patient and staff satisfaction

Optimizing Reimbursement

- Precertification
 - Documentation of disease state
 - Payor policies and practices (coverage, white bagging practices)
 - Prior therapies received by patient
 - Biomarker findings (if required)
 - Concurrent indications that might preclude authorization
- Staff resources to support precertification claims
 - Most recent clinical data/guidelines
 - Insurance provider clinical policies
 - Compendia
 - National and local coverage determinations

Optimizing Reimbursement

- Patient resources
 - Inform patients of financial obligations before therapy initiation
 - Identify patients in need of assistance and access resources
- Waste management
 - Clarify if payers will allow for waste billing
- Tackling denials
 - Develop streamlined process/workflow to support claims in timely fashion
 - Resources for staff to use to support appeal
- Monitor payer trends