

## COVID-19 & Oral Oncolytics

**Host:** Hello, and welcome back to another episode in our special series on cancer care during the COVID-19 crisis. The pandemic continues to present new challenges to oncology care delivery. ACCC is here to give you quick tools you can use right now. Today, COVID-19's impact on access to oral oncolytics, and what we can do for patients.

With us today is Dr. Lauren Sanders, an oncology clinical pharmacist at the University of Arizona Cancer Center.

**Sanders:** There may be some cases where you may even consider using an oral antineoplastic therapy, rather than an IV treatment modality, because there's that convenience factor here, right. Because that oral specialty medication could be shipped to the patient's home. It does not require administration at the clinic like an IV therapy would. But it does still require that vigilance in patient education, adherence checks, close monitoring, and toxicity management. Other than protecting our patients, we also want to make sure that we're protecting our healthcare workers, too. Because they're really on the front lines every day. So across the country, I think we've seen that the healthcare community has really adapted function-driven cancer center staffing models.

For those who can, or who are under home quarantine work capabilities, even in our practice, they're encouraged to work remotely. So, some staffing models may divide teams so half work physically in the clinic for two weeks, and the other half are working remotely in their homes. So the number of physically present workers is a lot skinnier here to keep our clinics up and running no matter what.

But this does also pose some issues. We need to be cognizant that with these skinnier staffing models there is also potential for access backlog, and that can lead to delays in access in some cases.

**Host:** Are you finding any potential access issues for patients because of remote workers and thinner staffs?

**Sanders:** You know, I think it does start to provide a delay in our ability to access things. Prior authorizations sometimes require multiple levels of appeals. There is a large time involvement for this and having fewer staff and working from home, perhaps without access to your fax, these tasks do become harder. So, overall, a delay in access to approval for medications. You want to continue to find solutions to mitigate this.

**Host:** Are there any other solutions like waiving prior authorizations that we can adjust to during this time?

**Sanders:** That's definitely one of the solutions that has been proposed. The Community Oncology Alliance has put forth a letter to the Trump administration requesting that we do waive private health insurance prior authorization requirements during this time period. That is one solution that could potentially help mitigate that problem with access.

**Host:** What about services like virtual education and adherence checks during this time? Can you talk about how important those are to utilize?

**Sanders:** Absolutely. So in the coming weeks, it really is important for people to stay home if possible to reduce risk and spread of infection. And for our cancer patients, this is especially important. So, as we continue to evolve our daily practice to keep our patients and providers safe, we have at our availability these innovative tools, like telehealth. So, we're able to reach our patients by phone call or with a full video interface for virtual clinic visits, and oncology patients can connect with the integrated healthcare team to receive care safely in the comfort of their own home. And this is such a terrific opportunity, I think, to expand these services—things like telehealth and digital medicine—because we're actually able to increase access to care, prevent the possible spread of COVID-19, and continue to utilize our virtual workforce fully and effectively .

**Host:** Have you seen patients been making more requests for 90-day supplies of their medications, and does that create any safety or supply concerns?

**Sanders:** You know that is something that I have noticed in our clinical practice. There is a concern, from some patients, about the supply chain of their oral oncolytics, most likely as China is known to be one of the largest producers worldwide for pharmaceutical ingredients. The request for larger supplies of medications at home has been something we have noticed. However, this can kind of backlog workflow if something requires more insurance overrides or prior authorization for these larger supplies.

At this point in time, there have not actually been any backlogs of the supply chain and that is something that's been well monitored.

It's really great to see how all of our healthcare teams are coming together across the country and pulling together all these viable options with technology, like telehealth, so we can keep protecting our patients and healthcare workers. I think we will continue to innovate and drive the practice of medicine into the future in this way.

**Host:** Coronavirus is testing the medical supply chain in every aspect. ACCC will keep track of the latest developments and help you continue taking care of patients and delivering quality care. Find more information and resources in the show notes. Until next week, for the CANCER BUZZ team, this is Summer Johnson. Stay well.