

## Oral Oncolytic Clinical Workflow for Treatment of Patients with Chronic Lymphocytic Leukemia

### Decision Point: Treatment

*Discuss with patients:*

- Goals of therapy in CLL and patient treatment goals
- Treatment options in CLL:
- Efficacy and adverse events of available therapies
- How treatments are taken (e.g., oral, IV)
- Duration of therapy (e.g., continuously, defined duration)
- Use shared-decision making to select treatment based on the clinical, social needs assessment and patients' goals

### Clinical Considerations

*Before Treatment Selection*

*Assess and Evaluate patients':*

- Criteria for treatment initiation in CLL
- Cytogenetic Profile (e.g., del (17p), TP53 mutation)
- Functional status, functional and biological age
- Medical history and comorbidities
- Medication history for Drug-Drug Interactions
- Dietary preferences for Drug-Food Interactions

### New Oral CLL Rx Received

### Health-Related Social Needs Assessment

*Before Treatment Selection*

*Assess and Evaluate patients':*

**Lifestyle and Economic Situation:**

- Do they live alone or with a family member/partner?
- Do they work or retired? What is their financial situation?
- What is their daily activity level?

**Social Situation:**

- What kind of help and support do they need with daily activities and management of their condition?
- Do they have a dedicated caregiver?
- Would they like help connecting to resources for additional social support?
- Language proficiency and health literacy level
- What is their education level?  
What is their English language proficiency?  
What is their health literacy level?
- What is the preferred language for communication for the patient and caregiver?

**Transportation Situation:**

- Do they drive or have a caregiver with reliable transportation?
- Do they have trouble getting transportation to medical or laboratory appointments?
- How far do they live from the clinic?
- Are there healthcare facilities for laboratory monitoring close to the patient's home?
- Provide recommendations for support services, including navigation and/or advocacy organization resources

### Dispensing Logistics

*Complete the following:*

- Assess if Rx will be filled in-house or at external SPP
- Build workflow for notifications to team on Rx status and care coordination
- If Rx will be filled externally establish follow call schedule with an external SPP:
  - Confirm Rx status: PA completed, processed, and filled
  - Date Rx shipped to patient and anticipated delivery
- Build workflow for patient communication on Rx status:
  - Educate patient and caregiver on what to expect (e.g., follow-up phone calls, who will call, anticipated Rx delivery date, PA and BI status)

### Scheduling and Care Coordination

- Ensure oral chemotherapy consent is completed and signed
- Schedule initial patient educational sessions for oral oncolytic and IV therapy (if needed):
  - If possible, coordinate oral and IV educational sessions
- Schedule necessary lab monitoring and tests:
- Develop EMR integrated clinic protocol for lab monitoring tests for a consistent workflow

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## Prior Authorization and Benefits Investigation

### Conduct Prior Authorization (PA) and Benefits Investigation (BI):

- Assign which team member(s) will be responsible for PA and BI
- Coordinate with clinic nurses to ensure complete information for faster PA processing to avoid rejections
- Evaluate the need for financial support (copay assistance, foundation funding, manufacturer free drug program) based on patient cost
- Educate patient and caregiver on the outcomes of PA and BI using patient-friendly language
- Educate patient on available financial support options\*

*\*consider available ACCC Financial Advocacy Network Resources*

## Treatment Initiation

### During the Initial Patient Education Session:

- Review patient-specific goals of treatment
- Provide medication-specific education:
  - What AEs to expect and how to manage AEs if they occur (including OTC remedies)
  - Safe medication handling and disposal of unused medication
- Discuss the overall treatment plan and review the patient calendar:
  - How it works, How to take it (dose and frequency), and Duration of therapy
  - Follow-up appointments (clinic and laboratory)
- Discuss plan and strategies for patient medication adherence and persistency
- Educate on emergency management (where/whom to call, contact list)
- Provide patient educational materials and calendar to take home:
  - Develop a comprehensive educational binder that includes:
    - Disease and drug information, glossary of cancer medical terms, patient calendar
    - Utilize translation services to provide educational materials in patients' preferred language
  - If oral oncolytic medication is not available for 1st oral education session:
    - Utilize manufacturer-provided education kits
    - Educate about the logistics of obtaining the medication (i.e., expected timeline, reasons for potential delay)
    - Give instructions on what to do when a patient receives medication (i.e., call the clinic before starting)

## Follow-up

### Patient Counseling Questions

- How are you feeling overall?  
Do you experience any trouble taking your medication?
- Have you experienced any adverse events since you started taking this medication?
- How many doses have you missed and why?
- When do you usually have trouble remembering to take your medication?
- Have you started any new medications or stopped taking any of your current medications?
- Have there been any changes at home or in your living, social or financial situation since we last spoke?

## Follow-up Outreach

### Ensure the following for each patient:

- Schedule follow-up clinic and laboratory appointments
- Establish workflow for follow-up monitoring of adherence and persistency:
  - First call 24 hrs post-treatment initiation
  - Weekly calls X 2
  - Bi-weekly calls X 2
  - Monthly calls thereafter
  - Adjust call frequency as needed based on individual patient needs
- During each follow-up:
  - Assess how patient is doing on medication
  - Presence of AEs, AE severity (grading), and management
  - If AE management is not achieved, establish triage to clinical pharmacist/provider for dose/regimen modifications, or other interventions
  - Re-assess patient medical and medication history
- Additionally, during monthly follow-up:
  - Evaluate patient adherence and persistency on medication:
    - Need for additional adherence persistency strategies
    - Need for home health to assist with medication management
  - Re-assess patient social needs and financial situation