### 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

#### 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

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)

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

*consider available ACCC Financial Advocacy Network Resources