

# 'Real-world' Canadian experience of pomalidomide plus dexamethasone for relapsed and refractory multiple myeloma

St-Pierre, Catherine – Dubois, André

Pharmacie Larivière et Massicotte, Montréal, Québec, CANADA

## Introduction

Larivière et Massicotte Pharmaciennes Inc. (LMP), is an independent community pharmacy, based in Montreal, Quebec, Canada, dedicated exclusively to specialty medications in four major therapeutic fields (oncology, hepatitis, multiple sclerosis and kystic fibrosis). Our pharmacy model is an added value for the patients considering there are no physical dispensing pharmacies for oral therapies in the hospitals in the province of Quebec.

Our main focus is in oncology, which represents 70% of our clientele.

Revaud-certified for over 10 years, we have dispensed medication and accompanied numerous multiple myeloma patients. Our practice model is based on tight collaboration with the hospital healthcare professionals as well as with the 'family' community pharmacist.

We undertook a practice evaluation exercise with 2 objectives :

- identify areas for improvement in our workflow
- determine if our clinical setting reproduces results comparable to those of the pivotal study MM-003

## Methodology

We retrospectively reviewed pharmacy profiles from 50 patients who initiated pomalidomide/ dexamethasone between January 2016 and March 2017.

### Inclusion criteria

- Patients ≥ 18 years old
- Never received Pomalyst in the past
- Not under dialysis
- No concomitant use of Procytox
- Cycles 21/28
- Pomalyst 4mg/day on days 1-21 + dexamethasone 40mg/day on days 1, 8, 15, 22
- OR
- Pomalyst 4mg/day on days 1-21 + dexamethasone 20mg/day on days 1, 8, 15, 22

Baseline characteristics	LMP (n = 50)	San Miguel (n = 302)
Age, median (range)	70 (47 – 91)	64 (35 – 84)
Sex		
▪ Male	48%	60%
▪ Female	52%	40%
Creatinine clearance		
▪ < 60 ml/min	36%	31%
Previous treatments		
▪ Dexamethasone	100%	98%
▪ Thalidomide	10%	57%
▪ Stem-cell transplantation	54%	71%
▪ Lenalidomide	98%	100%
▪ Bortezomib	92%	100%
Number of previous treatments, median	4	5
Refractory multiple myeloma	78%	82%
Payer		
▪ Public	64%	N/A
▪ Private	32%	
▪ Federal	4%	
Deaths	10%	8%

## Results

### Treatment

	LMP (n = 50)	San Miguel (n = 302)
Duration of treatment, average	149 days	168 days
Initial dosage		
▪ Pomalyst + dexamethasone 40 mg	54%	92%
▪ Pomalyst + dexamethasone 20 mg	46%	8%
Reasons for treatment discontinuation		
▪ Progressive disease	31%	67%
▪ Change in therapy (ixazomib, daratumumab)	29%	0%
▪ Adverse event	14%	11%
Patients requiring at least one dose interruption	46%	67%

### Contact Information



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## Results

### Access/Admin

	LMP (n = 50)	San Miguel (n = 302)
Reimbursement approval at treatment initiation, median (range)		
▪ RAMQ (public)	4 cycles (4-6)	N/A
▪ Private	4 cycles (3-12)	
Delay reimbursement, median (time between prescription and reimbursement approval)	3 days	N/A
Time to first dose (time between prescription and first day of cycle #1)	10 days (average) 8 days (median)	
▪ RAMQ	8 days (average) 7 days (median)	N/A
▪ Private	14 days (average) 13 days (median)	
Patients with delay in initiating a cycle		
▪ Cause under LMP control	0%	N/A
▪ Cause outside of LMP control	38%	

### Communications

	LMP (n = 50)	San Miguel (n = 302)
Number of communications with patients, average		
▪ Cycle 1	4	N/A
▪ Cycles 2-3-4	3	
▪ Subsequent cycles	2	
Number of communications with HCPs, average		
▪ Cycle 1	4	N/A
▪ Cycles 2-3-4	2	
▪ Subsequent cycles	1.5	

### Audio Presentation:



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## Conclusions

- A well-structured specialty pharmacy workflow, working in a maximized collaboration with the hospital healthcare professionals as well as the community pharmacist, positively impacts patient relevant outcomes :
  - Reasonable treatment initiation delays
  - No undue delays in treatment continuation (cause under LMP control)
  - Median duration of treatment comparable to pivotal study results
  - Treatment discontinuation due to adverse event comparable to pivotal study results
  - Proportion of patients requiring at least one dose interruption comparable to pivotal study results
- For a timely and effective management of multiple myeloma patients oral therapies, including reimbursement management, our specialty pharmacy needs a robust infrastructure to meet the large volume of communications/interactions with stakeholders in the first 3-4 cycles of therapy - patient, payer, hospital team, community pharmacy.
- We are planning on evaluating other levels of impact from this highly collaborative model of pharmacy care, i.e. # and type of clinical interventions, cost/waste avoidance, ...

### Reference

San Miguel J and coll. Pomalidomide plus low-dose dexamethasone vs high-dose dexamethasone alone for patients with relapsed and refractory multiple myeloma (MM-003) : a randomized, open-label, phase 3 trial. Lancet ; Sept. 3, 2013.

Disclaimer : This retrospective review was completed for the sole purpose of evaluating the practice at LMP. Hence, the protocol was not reviewed and/or approved by an ethics committee. Therefore, we cannot draw scientific conclusions from the review. Consequently, the results can only be interpreted as either positive or negative trends, depending on the case.