NCODA Oral Oncolytics Adherence Assessment

First to Market Adherence Assessment Designed Specifically for Oral Oncolytics

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NCODA CENTER OF EXCELLENCE MEDICALLY INTEGRATED PHARMACY ACCREDITATION

Background

- The use of oral anticancer medications (oral oncolytics) in the treatment of cancer has increased greatly in recent years, and the rate of development of these medications is expected to continue to increase. Oral oncolytics should be used as directed in order to achieve maximum benefit which can be difficult due to complex treatment regimens, side effects, and out-of-pocket cost. Nonadherence may result in increased side-effects and toxicities, unnecessary treatment, and a lower chance of survival.

- The majority of pharmacy benefit managers (PBMs) and accrediting bodies use measures such as medication possession ratio (MPR) or proportion of days covered (PDC) as a performance metric to evaluate specialty pharmacies. These measures utilize administrative claims data to estimate medication nonadherence and are not designed to identify and account for appropriate nonadherence. Appropriate nonadherence can be defined as nonadherence due to an appropriate, prescriber-approved reason such as necessary medication holidays or changes in medication dosage due to disease progression or side effects. The inability to factor appropriate nonadherence into MPR or PDC methodology creates a barrier in producing accurate oral oncolytic adherence rates.

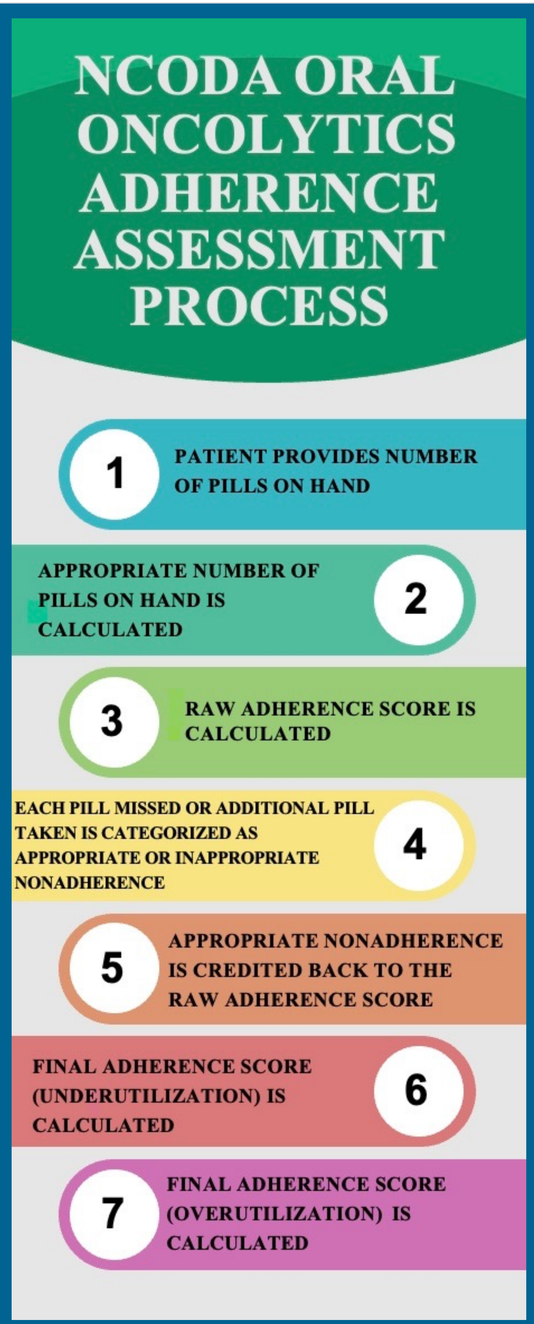
- The NCODA Center of Excellence (CoE) Medically Integrated Pharmacy (MIP) Accreditation Working Group was created in 2021 to provide input and guidance to the NCODA accreditation program. The working group, comprised of practicing pharmacists, pharmacy technicians and representatives from leading pharmaceutical manufacturers and distributors, recognized the need for an assessment designed specifically to measure adherence to oral oncolytics. As a result, an adherence subcommittee was created to develop the first to market *Oral Oncolytics Adherence Assessment*. Adherence subcommittee members include Chris Sellers, RPh | Texas Oncology, Kara Sammons, CPhT | Florida Cancer Specialists & Research Institute and Hind Hamid, PharmD, BCOP | DCH Regional Medical Center.

Objectives

- Discuss MPR or PDC limitations to assess adherence to oral oncolytics
- Identify and document appropriate and inappropriate reasons for nonadherence
- Develop NCODA *Oral Oncolytics Adherence Assessment*
- Conduct *Oral Oncolytics Adherence Assessment* pilot project to assess ease of use and data/outcomes
- Draft paper and submit to JCO for publication

Methods

- The NCODA CoE MIP Accreditation Working Group developed an adherence subcommittee to research and develop an *Oral Oncolytics Adherence Assessment*
- Limitations of using MPR and PDC to assess adherence to oral oncolytics were identified
- Appropriate and inappropriate nonadherence were defined
- Lists of potential reasons for appropriate and inappropriate nonadherence were identified and documented
- The NCODA *Oral Oncolytics Adherence Assessment* was drafted and reviewed by members of the Accreditation Working Group
- The NCODA Oral Oncolytics Adherence Assessment was finalized in Excel and Smartsheet
- DCH Specialty Pharmacy at DCH Health System, Utah Cancer Specialists, Texas Oncology, and Larivière et Massicotte, Pharmaciennes Inc. volunteered to pilot the adherence assessment on a sample of patients taking oral oncolytics
- Upon completion of the pilot, an article will be drafted and submitted to the Journal of Clinical Oncology (JCO) for publication



Pilot Project

- Participating practices utilize the NCODA Oral Oncolytics Adherence Assessment to assess and measure adherence for approximately 30 patients taking oral oncolytics over a three-month period
- Claims based adherence data (MPR or PDC) for the patients included in the pilot is pulled for the three-month period in which they were assessed using the NCODA Oral Oncolytics Adherence Assessment
- Adherence scores from the NCODA Oral Oncolytics Adherence Assessment are compared to the MPR/PDC scores
- Compile and analyze data
- Draft paper showing accuracy of adherence scores from the NCODA Oral Oncolytics Adherence Assessment vs. claims-based measures and submit to JCO

Conclusion

- The NCODA *Oral Oncolytics Adherence Assessment* is the ***First to Market*** adherence assessment designed specifically to assess adherence to oral oncolytics
- The assessment allows MIPs to capture the reason for nonadherence and to credit appropriate nonadherence back to the patient's overall adherence score
  - This provides a more accurate adherence score than MPR or PDC
- The assessment is designed to provide important clinical information that allows practices to:
  - Quickly identify nonadherence and implement clinical interventions when necessary
  - Track and trend nonadherence information per patient and per medication
- The NCODA *Oral Oncolytics Adherence Assessment* is a robust, multi-faceted assessment that provides detailed and accurate adherence information