PQI IN ACTION

Positive Quality Intervention

NCODA

Nirogacestat (OGSIVEO®) use in Management of Adults with Progressing Desmoid Tumors (or fibromatosis or aggressive fibromatosis)

INTRODUCTION

NCODA developed the peer-reviewed Positive Quality Intervention (PQI) as an easy-to-use and relatable clinical guidance resource for healthcare providers. By consolidating quality standards, real-life effective practices, clinical trial results, package insert and other guidance, PQIs equip the entire multidisciplinary care team with a comprehensive yet concise resource for managing patients receiving oral or IV oncolytics.

This PQI in Action is a follow up to the Positive Quality Intervention: Nirogacestat (OGSIVEO®) use in Management of Adults with Progressing Desmoid Tumors (or fibromatosis or aggressive fibromatosis) PQI and explores how the medically integrated teams at American Oncology Network (AON), Northwell Health, and Texas Oncology collaborate and utilize the information found in the PQI as part of their daily practice.

Nirogacestat (OGSIVEO®) use in Management of Adults with Progressing Desmoid Tumors (or fibromatosis or aggressive fibromatosis) PQI

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NIROGACESTAT FOR DESMOID TUMORS

DESMOID tumors are rare, intermediate (locally aggresive), soft-tissue tumors that infiltrate surrounding structures, and can be life-threatening when vital organs are impacted. These tumors most commonly affect adults in their 20s through 40s and may require systemic treatment when progressing.[1-3]

Nirogacestat (Ogsiveo®) is an oral gamma secretase inhibitor that targets the Notch signaling pathway, a mechanism implicated in desmoid tumor pathogenesis.[1] It is the first and only FDA-approved targeted therapy developed specifically for adult patients with progressing desmoid tumors requiring systemic therapy and is designated as a category 1, preferred systemic treatment in the NCCN Clinical Practice Guidelines®.[2]

Approval was based on the phase 3 DeFi trial, which randomized 142 adults with ≥20% tumor progression to receive either nirogacestat (150 mg twice daily) or placebo.

Nirogacestat significantly improved progression-free survival (HR, 0.29; P < .001) and objective response rate (41% vs 8%; P < .001), with consistent efficacy across prespecified subgroups. Patients treated with nirogacestat also experienced meaningful improvements in pain, physical function, and quality of life by Cycle 10 (P ≤ .01).[4]

The most common adverse events included diarrhea, rash, nausea, fatigue, and ovarian toxicity, the majority of which were Grade 1–2. Laboratory abnormalities included hypophosphatemia, hypokalemia, and elevations in hepatic and urinary biomarkers. Among women of reproductive age, ovarian toxicity was reported in 75%, with resolution during treatment in 71% and post-treatment in all cases.[5]

NIROGACESTAT PATIENT PROFILE: HCP INSIGHTS

SELECTING the right patient for nirogacestat therapy requires careful evaluation, guided by both clinical judgment and established treatment pathways for desmoid tumors. For many providers, the decision begins with understanding whether the tumor is symptomatic and whether it requires systemic intervention. At Northwell Health, Tony Philip, MD shared that their approach aligns with widely accepted international guidelines. Patients who are asymptomatic may be closely monitored without initiating treatment. However, when symptoms interfere with quality of life or when the tumor shows signs of progression, the care team begins evaluating systemic options.

One key factor influencing treatment selection is patient age and reproductive potential. For women of childbearing age, providers weigh the potential risk of ovarian toxicity associated with nirogacestat. As Dr. Philip explained, "That is a much harder decision for a younger woman. For older women or male patients, the decision is more straightforward." It is important for the care team to recognize that ovarian toxicity was generally resolvable, with resolution in the majority of patients.[6] Similarly, at Texas Oncology, nurse practitioner Elizabeth Dennis, MSN, APRN, FNP-C emphasized the role of clinical imaging and patient-reported symptoms in identifying candidates for therapy. Patients are frequently monitored through CT or MRI scans, and increasing tumor size, escalating pain, or reduced range of motion often signal the need to revisit treatment plans. Dennis shared that when those signs are present, the team discusses systemic therapy options with patients, explaining how this approach differs from localized treatments like surgery or radiation. The goals, she said, are clear: "to shrink the tumor, reduce pain, and improve mobility."

For Sean Warsch, MD and the team at American Oncology Network, multidisciplinary collaboration is a foundational element in the decision-making process. Their tumor board includes medical and surgical oncologists, orthopedic oncologists, radiation oncologists, and pathologists who meet regularly to assess treatment strategies.

Dr. Warsch shared, "with nirogacestat, we are seeing more effective options for these patients." For patients with symptoms such as abdominal pain or

Nirogacestat Patient Profile: HCP Insights - continued

discomfort, the team monitors closely for clinical benefit once treatment begins. Ultimately, determining candidacy for nirogacestat is a process shaped by symptom severity, tumor progression, and multidisciplinary insight. The introduction of this therapy offers new possibilities for patients with desmoid tumors who previously had few effective options, reaffirming the value of team-based care in navigating complex decisions.

> "With Nirogacestat, we are seeing more effective options for these patients."
>
> — Sean Warsch, MD

ELEVATING PATIENT CARE THROUGH MEDICALLY INTEGRATED PHARMACY (MIP)

THE implementation of Medically Integrated Pharmacy (MIP) practices within oncology care has transformed how patients experience and manage complex treatment regimens. With a growing emphasis on collaborative, patient-centered care, MIP structures streamline communication, enhance medication safety, and improve treatment adherence, resulting in measurable improvements across clinical outcomes.

These benefits align with the ASCO/NCODA Patient-Centered Standards for Medically Integrated Dispensing.[7] These standards emphasize the integration of pharmacists into the clinical care team, consistent monitoring of patient adherence and toxicities, and timely access to medications through coordinated communication among all stakeholders.[6]

At Northwell Health, pharmacist Christina Koufos, PharmD, AAHIVP, CSP, described how close communication between pharmacy and clinic enhances the entire treatment experience. "It streamlines the onboarding process and ensures everyone is on the same page. We focus on safety, monitoring, and adherence. Each time we check in with the patient, we evaluate side effects and make sure they are taking the medication as prescribed." Koufos also highlighted the team's commitment to personalized care. From patient education to language preferences and cultural or social support, their process is designed to set the expectation at the start of therapy and let patients know the team is truly there for them.

From the nursing perspective, this integration is essential. Kayla Wilkinson, RN, from AON, explained that her team constantly reviews patient charts, monitors lab values, and flags side effects. "We work closely with our pharmacists," she said. "If a new medication is added, or a patient reports something, we collaborate to check for drug interactions or dose modifications. Then we communicate with the physician through EMR, email, or Teams messages."

This real-time collaboration is echoed across other practices. Dennis noted how proximity and trust between teams supports both access and communication. "Pharmacy is just one floor down from me. We talk throughout the day, and they have my cell and office number. If something is going on with a patient, they often hear it before I do. We have known each other for ten years. It is collaborative and effective."

Elevating Patient Care Through Medically Integrated Pharmacy (MIP) - continued

Rebecca Bahr, PharmD, MBA, added a meaningful perspective on how MIP helps patients feel less isolated during their treatment. She likened it to surrounding the patient in a "bubble of support," with the pharmacist, nurse, and other team members creating a network that encourages open dialogue and constant communication. "Patients sometimes hesitate to 'bother' their physician. But when they are supported by a full team, they feel more comfortable asking questions or sharing concerns. That moral and emotional support is just as important as medication guidance."

MIP MULTIDISCIPLINARY CARE

ADVANCED PRACTICE PROVIDER

- Assists in toxicity assessments

- Performs detailed system reviews and symptom checks

- Helps bridge communication between physicians and team

"APPs are great at digging into symptoms during system reviews. That detailed communication really supports patient care."

– Elizabeth Dennis, MSN, APRN, FNP-C

NURSE

- Monitors labs and patient charts

- Flags side effects and collaborates with pharmacist

- Provides emotional and logistical patient support

- Guides symptom management and education

"Nurses smooth the transition between treatment and appointments so patients can focus on healing."

– Paulina Barbera, RN

PHARMACIST

- Reviews drug interactions and performs medication reconciliation

- Educates patients and caregivers

- Communicates dose adjustments and monitors side effects

- Supports adherence and access

"I counsel patients and caregivers, addressing questions and supporting them throughout their treatment."

– Christina Koufos, PharmD, AAHIVP, CSP

PHARMACY TECHNICIAN

- Dispenses and processes medications

- Flags missing documentation or steps in workflow

- Supports prior authorizations and access

- Communicates issues to the pharmacist

"Techs are often the first to notice a missing step in the process and need confidence to speak up to the care team."

– Lindsey Scott

PROACTIVE, MULTIDISCIPLINARY COLLABORATION ENHANCES PATIENT OUTCOMES ACROSS EVERY TOUCHPOINT IN CARE.

PQI PROCESS: STREAMLINING SAFE AND SUPPORTIVE NIROGACESTAT THERAPY

WHEN initiating nirogacestat therapy, the practices are implementing standardized workflows that emphasize early intervention, clear communication, and continuous monitoring as laid out in the PQI. Once a prescription is received, the team first confirms the indication for systemic therapy in a patient with progressing desmoid tumors. The FDA-approved starting dose is 150 mg taken orally twice daily until disease progression or unacceptable toxicity.[1]

The tablets are available in 100 mg and 150 mg strengths.[1]

Although 150 mg twice daily is the recommended starting dose, some providers consider initiating treatment at a reduced dose based on patient factors. Dr. Philip shared, "Even though the approved dose is 150 mg BID, my personal practice has been to start a little lower. If they are not overly symptomatic, I start at 100mg BID, then work up based on tolerability. It is easier for the patient to ramp up than to reduce after side effects." This approach reflects the reality that desmoid tumors are generally benign but can be associated with significant morbidity. According to Dr. Philip, starting at a lower dose may reduce the likelihood of early adverse events and improve long-term adherence.

PACKAGING AND ADHERENCE CONSIDERATIONS

Packaging plays a meaningful role in patient adherence and ease of use, particularly for oral oncology medications.

PQI Process: Streamlining Safe and Supportive Nirogacestat Therapy - continued

Bahr emphasized the value of the blister packaging used for nirogacestat. "One of the things I think about whenever I am dispensing a medication is how it is packaged. With Ogsiveo, the 100 mg and 150 mg tablets come in blister packs, which are really helpful for patients." She explained that blister packaging makes it easier for patients to keep track of doses, especially when traveling or managing busy schedules. "It is all in one spot. It is all there in the card. Some patients do not mind the larger size if they need to carry it in their purse. It also makes it easier for us to verify adherence. If we ask how many pills they have left, they do not have to count loose tablets. They can just look at the pack and tell us."

AON Dispensing Pharmacy Technician Cara Miller, CPhT shared that the pharmacy stores nirogacestat in a dedicated location. "We keep it at room temperature in a designated spot on our shelf. We keep it in the original packaging until it is time for the patient to open it up."

DOSE VERIFICATION AND DOSE MODIFICATIONS

Upon receiving a prescription or learning of any dose change, pharmacists at Northwell Health work closely with the provider team to confirm the plan and request an updated prescription. Farhana Khalid, PharmD, AAHIVP, CSP detailed the process. "When there is a dose change, the first thing we do is always reach out to the doctor to verify. If so, we ask for an updated prescription with the correct dosage. The same thing goes for dose interruptions. We document that in the patient's profile and notify the physician if they might be unaware."

Nirogacestat is associated with several well-documented adverse events, and dose reductions are common. The PQI outlines a stepwise approach to dose modification that aligns with the prescribing information. Dr. Warsch highlighted the importance of educating patients early in therapy, stating, "The adverse events are pretty consistently occurring with this therapy. We start with the full dose and monitor closely, but we inform patients that we might have to lower the dose. Patients sometimes feel like they are giving up if we reduce the dose, but we reinforce that even at a lower dose, they can still get a tremendous benefit." He added "it is more of a marathon, not a sprint," and that "if you need a dose reduced or a treatment holiday, that is part of the clinical course and should not be seen as a setback. Staying on therapy at a tolerable dose is the goal."

PROACTIVE MONITORING AND CLINICAL ASSESSMENT

As part of the PQI process, practices implement structured protocols to track laboratory values, evaluate tolerability, and proactively adjust treatment when needed. Clinical monitoring begins at the point of treatment initiation and is sustained throughout the patient's course on nirogacestat. Early in therapy, the practices increase visit frequency to assess tolerance and establish a baseline. Dr. Philip detailed, "We see patients fairly often in the beginning, just to get a sense of their tolerance. I may see them every two to three weeks initially and get lab work accordingly, following what is in the PQI."

Paulina Barbero, BSN, RN added that during the initial phase, "we typically assess the patient after two to three weeks and perform blood work." This early surveillance allows teams to evaluate acute trends and intervene if signs of adverse events begin to emerge. Across sites, pharmacists, providers, and nurses collaborate to review patient data prior to every dispense. Koufos described a layered approach: "We track and trend patients' labs and document their complaints. When we refill the medication, we check in with the patient. If they report something concerning, we reach out to the provider for any additional monitoring or dose modification if appropriate."

In addition to labs, practices place a high priority on patient-reported outcomes and symptom discussions during each visit. Dennis shared that "upon every clinical visit, we are going to do a CBC and CMP, and a thorough review of systems. We ask about things like hot flashes, vaginal dryness, watery stools. If they are having those, how often? Are they using loperamide, and how many times per day? We aim for descriptive discussions."

This level of granularity supports precise documentation and tailored interventions. Wilkinson stated that part of their team's approach is reinforcing compliance with scheduled labs and appointments: "We like to make sure patients know they need to remain compliant with their lab schedule. That way the team can monitor for dose changes if necessary."

Slaughter echoed the importance of linking labs and symptoms to dispensing: "Before each dispense, we review the most recent labs and any documentation of side effects. If there is reason to reduce the dose, we collaborate with the physician team. We also monitor for side effects that patients do not necessarily recognize themselves, like liver enzyme elevations." Respiratory symptoms such as cough and shortness of breath are also common and require careful evaluation.

Monitoring is further supported by inte-

PQI Process: Streamlining Safe and Supportive Nirogacestat Therapy - continued

grated tools and order sets built into the EHR. Dr. Warsch explained that within AON, "we have order sets built into the EHR. For example, they tell us when someone needs a scan, test, or what labs we need monthly. We know exactly what to anticipate." Laboratory assessments typically include liver function tests (LFTs) and phosphorus.

ADVERSE EVENT MANAGEMENT

PROACTIVE MANAGEMENT OF DIARRHEA

Diarrhea is a commonly observed adverse event in patients receiving nirogacestat. While often manageable, if left unaddressed it can lead to dehydration, electrolyte imbalance, and treatment interruptions. Proactive management strategies, including early patient education, dietary guidance, appropriate pharmacologic intervention, and clear escalation protocols, are essential to ensuring safety and treatment continuity.

At the clinical level, the median time to onset of the first diarrhea event is 9 days, with a broad range from 2 to 434 days.[1] Given this variability, teams remain vigilant during the early weeks of therapy and educate patients to report symptoms promptly. Pharmacists and nurses play an active role in preparing patients, equipping them with symptom management tools, and providing anticipatory guidance at the time of treatment initiation.

"Diarrhea is common, so we emphasize non-pharmacologic strategies first," explained Koufos. "We advise patients to stay well hydrated, avoid trigger foods like spicy, greasy, or high-fiber meals, and discontinue stool softeners or laxatives. If symptoms begin, they may take loperamide, but they should reach out if it persists." Wilkinson highlighted that her team ensures each patient has loperamide on hand before starting therapy and receives detailed instructions. "We send a symptom management kit and handout, so they know what foods to avoid and how to take their loperamide. We stress that diarrhea may occur within the first two weeks, and they should act quickly."

Barbero reinforces clear thresholds for intervention during patient education sessions. "I tell them diarrhea means four to five watery stools per day. I explain that they should take two loperamide tablets at the first sign, then one after each additional episode, up to eight in a day. If it continues beyond 24 hours, they must call us. Hydration is critical. We recommend fluids like water, chicken broth, or Gatorade to replace electrolytes. If they are still symptomatic, we bring them in for labs and IV hydration."

Uncontrolled diarrhea may require treatment interruption or dose reduction. Bahr shared that their team has managed several patients who became dehydrated and required IV fluids. "We always encourage patients to contact us if symptoms escalate. Our team has 24/7 coverage and can quickly determine whether the patient needs to come in or go to the emergency room." Dennis emphasized the importance of structured nurse education and early triage. "We train our nurses to instruct patients on proper loperamide use: two tablets at the onset and one tablet after each episode, with a maximum of eight tablets in a day. If they reach that maximum, they are calling the clinic. That is a sign of uncontrolled diarrhea, and we bring them in immediately to evaluate labs and prevent further complications."

MONITORING AND COUNSELING FOR OVARIAN TOXICITY AND FERTILITY PRESERVATION

Ovarian toxicity is a known risk associated with nirogacestat, and for females of childbearing potential, this can present a significant concern. Clinical teams address this proactively through laboratory monitoring, patient education, and early referral to fertility specialists when appropriate. By ensuring patients are fully informed and engaged, providers support both reproductive planning and treatment continuity.

Adverse Event Management - continued

Prior to initiating nirogacestat, baseline reproductive hormone levels, including anti-Mullerian hormone (AMH), follicle-stimulating hormone (FSH), luteinizing hormone (LH), and estradiol, should be collected. Monitoring continues periodically throughout treatment, and clinicians remain alert to menstrual irregularities and symptoms of estrogen deficiency, including hot flashes, night sweats, and vaginal dryness.

Wilkinson described the process at AON: "We confirm pregnancy status before treatment, review baseline hormone levels, and continue monitoring labs throughout therapy. We also educate patients to report any changes in their cycle, hot flashes, or vaginal dryness." Dr. Warsch emphasized that ovarian symptoms are actively monitored in premenopausal women as part of routine safety assessments. Dennis shared, "At a standard visit, we ask women if they are experiencing hot flashes, night sweats, or vaginal dryness. These questions help us identify early hormone changes that might indicate ovarian toxicity."

In addition to symptom monitoring, clinicians discuss fertility preservation with all patients of reproductive potential. Koufos explained, "We let patients know that if fertility is a concern, we will make sure they have all the information and connect them with the appropriate providers. I always tell them that it is perfectly safe to kiss or hug, but for more detailed fertility planning, we refer them back to their oncologist." Wilkinson pointed out that this discussion applies to all patients, regardless of gender. "We stress the importance of contraception throughout treatment and for at least one week following the last dose. We also let patients know that fertility preservation is possible. Egg or sperm freezing are options, and we refer them to specialists if they are interested."

Bahr echoed this approach. "Nirogacestat should not be used during pregnancy. Patients need to understand that contraception is essential throughout therapy and for a week after discontinuation. We want them to avoid harm to a fetus, so this is something we talk about early." Barbero added, "If our patients are of childbearing age, we recommend they see a fertility specialist. Some decline, and we document that choice. It is about giving them the opportunity to understand and make the best decision for themselves." Dennis emphasized the importance of that initial conversation. "We need to make sure we have had the discussion. If they still want children, we need to go over the risks and refer for egg retrieval if needed."

Menstrual changes are tracked during monthly assessments, and symptoms may prompt temporary treatment holds or dose modifications. Bahr noted that their team has used schedule adjustments, such as administering the medication for a set number of consecutive days followed by a rest period, to help manage symptoms like amenorrhea and hot flashes. This strategy can improve tolerability and support patients in remaining on therapy. Barbero also emphasized follow-up labs and referrals when needed. "If a patient reports they have not had a period, we check FSH and other labs. We also refer them to gynecology to determine if they are premenopausal or need additional hormonal support."

HEPATOTOXICITY MONITORING AND MANAGEMENT

The PQI recommends monitoring liver function tests (LFTs) prior to initiating therapy and at regular intervals throughout treatment, with dose modifications as indicated. LFTs are typically ordered as part of a CMP, which also provides electrolyte values. Dennis explained, "LFTs are run every time, be it via CMP. We are catching electrolytes there as well." This approach ensures that hepatic changes are identified promptly and evaluated in the broader context of the patient's overall laboratory profile.

Equally important is patient education on recognizing early warning signs of hepatotoxicity. Koufos noted that patients should be advised to monitor for "any yellowing of the whites of their eyes or their skin. In case they notice something like dark or brown urine, unusual bleeding, or bruising. These are all signs and symptoms they should escalate to their provider." Wilkinson also emphasized reinforcing awareness of jaundice, including "yellowing of the skin, whites of the eyes, dark urine, or bleeding" during counseling sessions. By ensuring patients can identify and report these symptoms promptly, care teams can address potential hepatotoxicity before it progresses.

RASH AND SKIN CHANGES

Dermatologic side effects are common with nirogacestat therapy and can range from mild rashes to more significant skin changes, including rare cases of non-melanoma skin cancers. The PQI recommends performing a baseline dermatologic evaluation prior to starting therapy and continuing assessments at regular intervals throughout treatment. Before initiation, patients are counseled on the possibility of developing rashes and other skin changes, so they are prepared to recognize early symptoms. Koufos shared, "Rash is a common side

Adverse Event Management - continued

effect that many patients report. It is always important prior to starting to inform patients that this is something that may occur."

Practical strategies for prevention and symptom management or rash and skin changes are emphasized during education sessions:

- Keep skin moisturized with creams or lotions to reduce dryness and itchiness.
- Avoid perfumes, harsh skin products, or irritating fabrics.
- Wear loose-fitting clothing.
- Protect skin from sun exposure by using sunscreen (SPF 30 or higher), wearing hats, and covering exposed areas.

Wilkinson highlighted reinforcing sun safety during counseling: "We like to make sure that they know to keep their skin moisturized, avoid perfumes, avoid sun exposure, wear hats, and use SPF when they go in the sun." Barbero added that she encourages her patients to send photos of any rash or skin changes so the team can assess severity and determine next steps. "If they go outside, I tell them to protect their skin from UV light with SPF and cover any exposed areas."

When rashes occur, initial management may include moisturizers, over-the-counter antihistamines for itching, and topical agents such as hydrocortisone cream. If symptoms persist or worsen, patients are advised to contact their provider. Koufos clarified that over-the-counter antihistamines or additional creams may be helpful, but persistent or severe cases require reassessment. In some instances, dose modifications or temporary treatment interruptions may be necessary.

DRUG INTERACTIONS AND CLINICAL MANAGEMENT

Comprehensive screening for drug and food interactions is an essential component of safe nirogacestat therapy. The PQI recommends thorough evaluation prior to initiation and continued vigilance throughout treatment to prevent clinically significant interactions that may impact efficacy or increase the risk of toxicity.

Nirogacestat is metabolized primarily via the CYP3A pathway, and concomitant use with certain medications should be avoided1:

- **Strong or moderate CYP3A inhibitors** (e.g., azole antifungals, macrolide antibiotics) may increase nirogacestat exposure and the risk of adverse events.
- **Strong or moderate CYP3A inducers** (e.g., rifampin, efavirenz) may reduce plasma concentrations and diminish therapeutic benefit.
- **Food interactions** such as grapefruit products, Seville oranges, and starfruit can increase systemic exposure and should be avoided.
- **Gastric acid-reducing agents** Avoid concomitant use of nirogacestat with proton pump inhibitors and H2 blockers. If concomitant use cannot be avoided, nirogacestat can be staggered with antacids (e.g.; administer nirogacestat 2 hours before or 2 hours after antacid use).

Although in vitro studies suggest limited clinical impact from interactions with other CYP enzymes and p-glycoprotein pathways, a complete review of all prescription, over-the-counter, and herbal products remains necessary.

At initiation, the care team conducts a detailed medication reconciliation using both the electronic medical record and direct patient interviews to capture all therapies in use. Khalid described this process as "a thorough drug utilization review, verifying the list for accuracy, and confirming any over-the-counter medications or herbal supplements." If a potential interaction is identified, the pharmacist escalates the concern to the prescribing provider, recommending an alternative agent or a dosing adjustment when appropriate.

Drug Interactions and Clinical Management - continued

Bahr underscored the value of engaging patients in this process: "Patients may not recall every medication during a clinic visit, but speaking to them at home with their prescription bottles in front of them often uncovers additional therapies. If a severe interaction is identified, we notify the clinic immediately to determine whether to adjust the dose, hold the therapy, or change another medication."

Patient counseling includes specific guidance on avoiding grapefruit juice, starfruit, and Seville oranges, which may be found in certain marmalades. Koufos noted that in cases where low-level interactions are identified and therapy is continued, the dosing schedule may be adjusted to minimize overlap. Education also addresses over-the-counter agents, particularly proton pump inhibitors, which Bahr described as "readily available but capable of reducing nirogacestat's effectiveness." In such cases, antacids may be recommended, with instructions to separate administration by two hours.

PATIENT-CENTERED EDUCATION AND SUPPORT

PATIENT education is a central pillar of the nirogacestat PQI, ensuring that individuals understand their therapy, know how to manage side effects, and feel supported throughout their treatment. NCODA member practices integrate standardized educational resources with personalized counseling to meet each patient's needs. At treatment initiation, patients receive the NCODA Patient Education Sheet for nirogacestat. This resource summarizes key administration instructions, potential side effects, drug and food interactions, and monitoring expectations in a concise, patient-friendly format. Slaughter described the process: "We immediately go to the NCODA website to see if there is an education sheet available for the medication. For Ogsiveo, there is, and we print that out as part of the pickup package for every patient."

Many teams pair the Patient Education Sheet with the NCODA Nirogacestat Treatment Support Kit, available at no cost to NCODA members. The kit includes an educational booklet, treatment calendar, loperamide, queasy drops, a pill organizer, water bottle, and hydrocortisone cream. Bahr remarked, "The kit is really useful because it provides supportive items patients may need, even if they are over-the-counter. We review each item with the patient,

Patient-Centered Education and Support - continued

so they know, 'If this happens, use this product.' It prevents them from just receiving a box of items without understanding their purpose."

Verbal education reinforces written materials, with pharmacists reviewing administration instructions including take twice daily without regard to food, swallow whole, do not crush or chew, and what to do in case of a missed or vomited dose. Khalid emphasized counseling on proper storage at room temperature, and Koufos added that patients are reminded to contact their provider with any questions, and to inform all providers about new medications or supplements. Dr. Philip emphasized the value of repetition: "A lot of the drug education comes from my own practice, using what is in the PQI and the patient education sheets. Patients probably hear it multiple times, and we reiterate it at every visit."

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>
> –Tony Philip, MD

ACCESS AND FINANCIAL ASSISTANCE

Timely access to nirogacestat requires coordinated efforts across the clinical team to navigate insurance requirements, prior authorizations, copay challenges, and patient assistance programs. MIP teams play a central role in initiating coverage processes, managing denials, and securing financial support for eligible patients. At Texas Oncology, prescription orders are routed directly to the oncology pharmacy team for processing. RX Prior Auth and Patient Assistance Manager Lindsey Scott walked through the workflow: "When the provider enters an order, it is sent to the oncology pharmacy. If it needs a prior authorization or rejects for plan limits, we process it through our Smartsheet referral system. The case is assigned to a team member, who then obtains approval and closes the referral with an update to the care team."

Khalid shared that prior authorization support is a routine part of the dispensing process. "If the medication gets denied, we notify the physician and advise if an appeal is needed. We help initiate prior authorizations, provide the necessary documentation, and guide the office if they are using platforms like CoverMyMeds. If the prescription must be filled through an in-network specialty pharmacy, we assist with transferring the order." Slaughter highlighted the importance of turnaround time: "We try to keep the time from claim submission to prior authorization approval as low as possible. If delays increase, we escalate to leadership to ensure adequate staffing."

Even after approval, high copays can present significant barriers to access. Miller explained, "Anything with a $100 copay or more is sent to our billing or prior authorization team. They contact the patient's insurance, mediate the process, and explore grants or copay savings cards. Because we are a medically integrated pharmacy, we can quickly loop in the physician to coordinate next steps." Scott outlined a structured approach to copay assistance: "We review the patient's insurance, determine if foundations are available, and, if not, evaluate free drug options. We maintain a glossary of drug-specific income guidelines to help guide these decisions." For patients who do not initially qualify for free drug programs, manufacturers may consider appeals. She continued, "Patients can submit an attestation letter explaining their financial situation, even if they are over the income threshold. Each case is reviewed individually."

SpringWorks Care Connections offers comprehensive patient support for individuals prescribed nirogacestat, including benefits verification, prior authorization assistance, copay support, and free drug programs for eligible patients. For broader assistance, NCODA's Financial Assistance Tool provides a searchable

Access and Financial Assistance - continued

database of manufacturer and foundation support programs to help offset treatment costs. Bahr stressed the importance of frequent communication with patients during this process: "Patients may not recall every detail during a clinic visit, but when we speak to them at home, they often have their medication bottles in front of them. This allows us to identify additional therapies, address possible interactions, and confirm they understand how their treatment will be covered."

CONCLUSION

THE PQI for nirogacestat provides a clear, patient-centered roadmap for managing desmoid tumor therapy in clinical practice. Through proactive monitoring, collaborative dose management, thoughtful attention to packaging and adherence, and consistent communication, care teams can reduce adverse events, maintain adherence, and improve outcomes. NCODA resources, including Patient Education Sheets and Treatment Support Kits, ensure that patients receive practical guidance and supportive tools from the start of therapy. Access programs such as SpringWorks Care Connections, along with NCODA's Financial Assistance Tool, help remove financial barriers and support continuity of care. The medically integrated pharmacy model unites these elements by embedding pharmacists within the clinical workflow and enabling close coordination with physicians, advanced practice providers, nurses, and pharmacy technicians. This collaborative approach delivers safe, timely, and compassionate care with the patient at the center of every decision.

REFERENCES:

1. OGSIVEO® (nirogacestat). Prescribing information. SpringWorks Therapeutics, Inc; 2024.

2. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Soft Tissue Sarcoma. Version 1.2025.

3. Alman B, Attia S, Baumgarten C, et al. The management of desmoid tumours: A joint global consensus-based guideline approach for adult and paediatric patients. European Journal of Cancer. 2020. 127: 96-107. Access April 5, 2023. https://www.sciencedirect.com/science/article/pii/S0959804919308329.

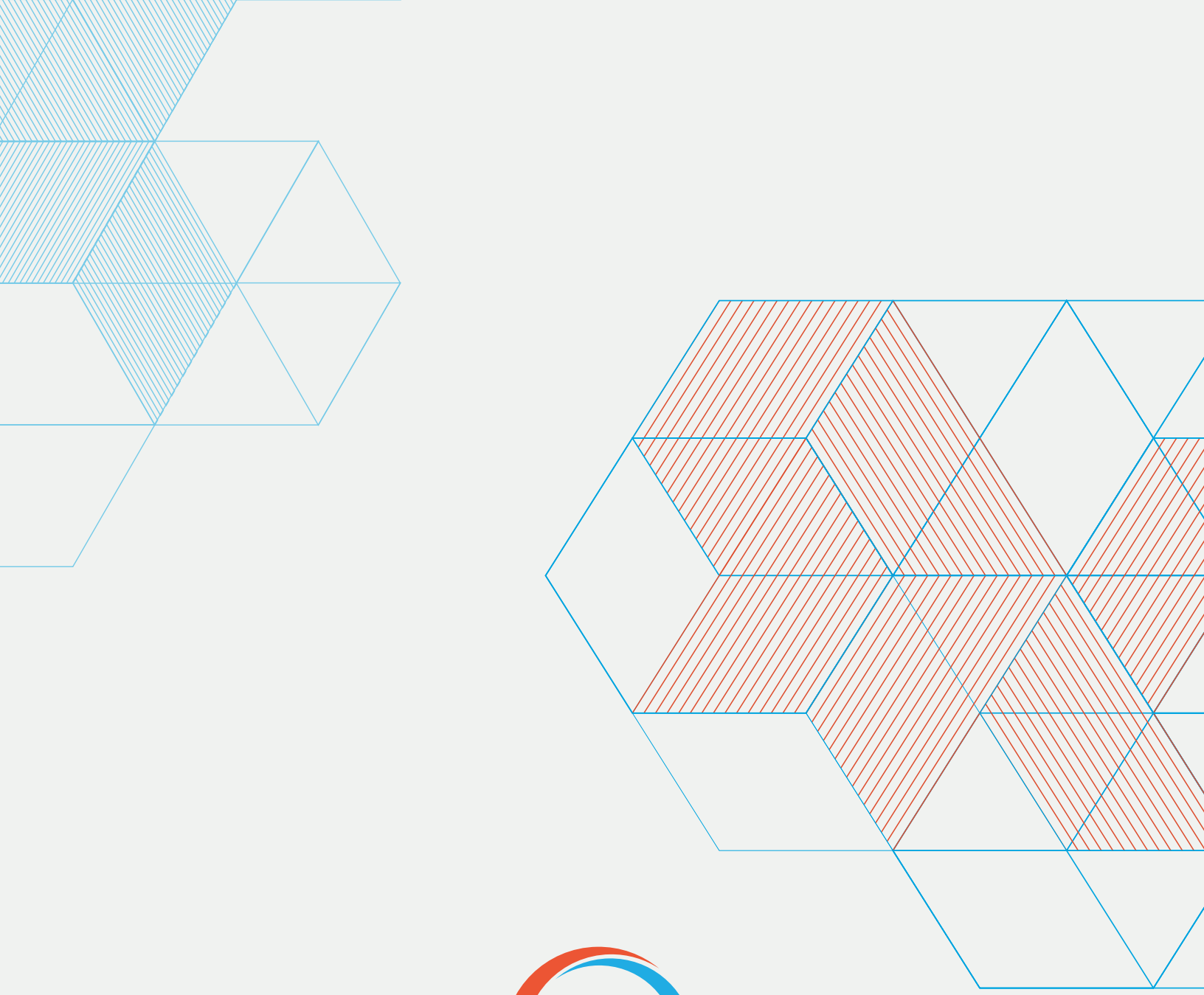
4. Gounder MM, Mahoney MR, Van Tine BA, et al. Nirogacestat, a gamma-secretase inhibitor for desmoid tumors. N Engl J Med. 2023;389(3):241-252. doi:10.1056/NEJMoa2300062.

5. Loggers ET, Chugh R, Federman N, et al. Onset and resolution of ovarian toxicity with nirogacestat treatment in females with desmoid tumors: Updated safety analyses from the DeFi phase 3 study. Cancer. Published online May 4, 2024. doi:10.1002/cncr.35324.

6. Loggers ET, Chugh R, Federman N, Hartner L, Riedel RF, Cho S, Hyslop D, Lim A, Oton AB, Oktay KH. Onset and resolution of ovarian toxicity with nirogacestat treatment in females with desmoid tumors: Updated safety analyses from the DeFi phase 3 study. Cancer. 2024;130(16):2812-2821. doi:10.1002/cncr.35324

7. Raez LE, Gregg XT, Doshi GK, et al. Medically integrated dispensing pharmacy: ASCO–Network for Collaborative Oncology Development & Advancement standards update. JCO Oncol Pract. Published online 2025. doi:10.1200/OP-25-00279.

Positive Quality Intervention in Action



Practice panelist's comments reflect their experiences and opinions and should not be used as a substitute for medical judgment.

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