



Management of TKI Therapies in Integrated Delivery Network (IDN) Pharmacies

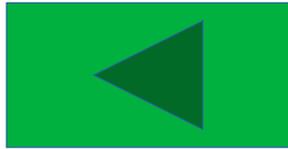
Virtual Platform

February 28, 2022

How to Navigate This Report



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Topline Takeaways and Strategic Recommendations	
Key Insights and Discussion Summary	
<ul style="list-style-type: none">• First-line therapy for advanced RCC and HCC• Management of TKI therapies in solid tumors• Patient management within IDNs	
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STUDY OBJECTIVES

To gain advisors' perspectives on

- > Current treatment practices and future considerations for treatment of RCC and HCC
- > Patient management within integrated delivery network (IDN) pharmacies

Report Snapshot: Session Overview



A moderated roundtable discussion was held with clinical pharmacists, nurse practitioners, and pharmacy managers across 11 states in the US in a virtual setting on **February 28, 2022**

Disease state presentation along with current and future considerations for treatment of RCC and HCC were led by **Bhavesh Shah, RPh, BCOP**, from Boston Medical Center, followed by a moderated discussion, in conjunction with content developed by the Aptitude Health clinical team

Insights were obtained on **factors impacting therapy selection and management, role of pharmacy/specialty pharmacy/APP throughout the patient journey**, as well as the **role of IDN pharmacies in treatment/drug access, coordination, and patient adherence practices**

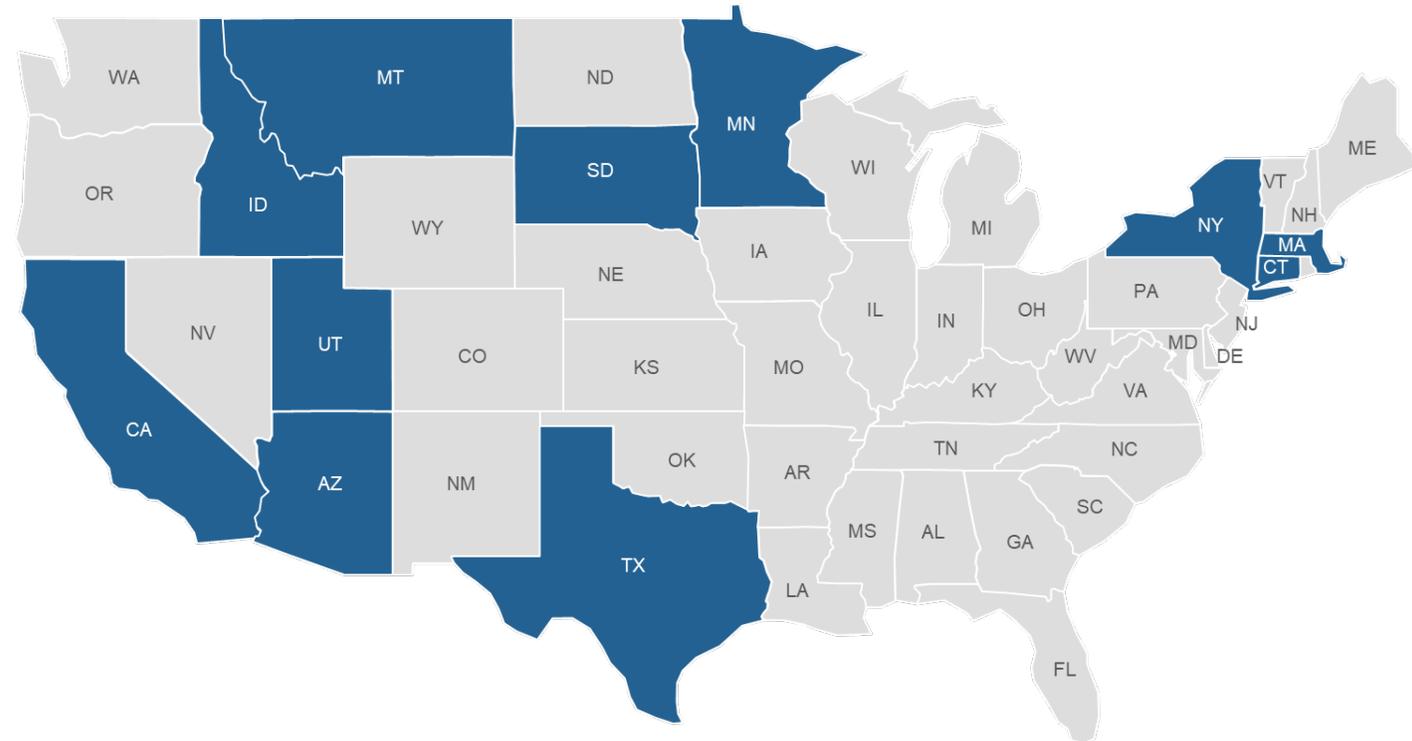
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

Report Snapshot: Attendee Overview



- > The group of advisors comprised 16 clinical pharmacists, nurse practitioners, and/or pharmacy managers from 11 states across the US

INSTITUTION	CITY	STATE
Banner Health	Phoenix	AZ
Sutter Health	Fremont	CA
Shields Health Solutions	Albany	NY
Shields Health Solutions	Brighton	MA
Shields Health Solutions	Dallas	TX
Intermountain Healthcare*	Salt Lake City	UT
Fairview Health Services	Minneapolis	MN
Avera Specialty Pharmacy	Sioux Falls	SD
Shields Health Solutions*	Boston	MA
Baystate Health	Springfield	MA
Avera Cancer Institute	Sioux Falls	SD
Billings Clinic	Billings	MT
SHS, Yale New Haven Health	Bethany	CT
St. Luke's Cancer Center	Boise	ID



Report Snapshot: Agenda



Time (ET)	Topic
6.00 PM – 6.15 PM (15 min)	Introduction <ul style="list-style-type: none">• Program overview• ARS questions
6.15 PM – 7.25 PM (25-min presentation; 45-min discussion)	Management of TKI Therapies in Solid Tumors <ul style="list-style-type: none">• Overview of current data<ul style="list-style-type: none">– TKIs as a drug class– IO-IO combination vs IO-TKI combination<ul style="list-style-type: none">▪ Pharmacoeconomics data• Reaction and discussion
7.25 PM – 7.35 PM (10 min)	Break
7.35 PM – 8.45 PM (70-min discussion)	Patient Management Within IDNs <ul style="list-style-type: none">• Topics<ul style="list-style-type: none">– Coordination of care models– Role of APP throughout the patient journey– Treatment access and patient adherence• Moderated discussion
8.45 PM – 9.00 PM (15 min)	Key Takeaways and Meeting Evaluation



Discussion Excerpts

TREATMENT OPTIONS – INSIGHTS AND DATA

“A lot of times when you have guidelines that have so many options, there’s not really one category 1, but mostly

the overall survival that’s what we want. This is not necessarily always the case for certain diseases, so we need overall survival. I would prefer to see a guideline written with that as the primary endpoint, and I would like to see the disease-free rate at 1 year. I believe in that as a secondary endpoint of significant benefit with the treatment, and overall being that something is available.”

That’s all a lot of things have been said, nothing is better than RCT and things. It’s really hard with how RCTs are written for the patients. I would like to see a guideline that would not be one of the first ones to move based on RCT or something like that. I want something that’s clear and that we can trust that we’re doing it. If the benefits are not very clear, I think a hazard ratio of 0.85 or better would be something that I would be looking at. Overall survival rate, that’s what we’re looking for. I think that’s a good one to go by. In fact, we have to use some surrogate of efficacy. So, I do think that a 0.8 or better hazard ratio overall rate of death is what we’re going to start doing the use of any regimen. RCT is not sufficient.”

THERAPY SELECTION – INSIGHTS AND DATA

“Our clinic does medically integrated dispensing. We do bring medication to clinic locations if they are coming in.

1. Treatment success in Week 12 (N=200)

The overall success rate was 85%. This is a significant increase from the 75% success rate in the previous study. The success rate was significantly higher in the group that received the treatment compared to the control group. The success rate was also significantly higher in the group that received the treatment compared to the control group. The success rate was also significantly higher in the group that received the treatment compared to the control group.

2. Side effects reported in Week 12 (N=200)

There were no significant side effects reported in the treatment group. The most common side effect was headache, which was reported by 10% of the patients. The success rate was also significantly higher in the group that received the treatment compared to the control group. The success rate was also significantly higher in the group that received the treatment compared to the control group. The success rate was also significantly higher in the group that received the treatment compared to the control group.

THERAPY SELECTION – INSIGHTS AND DATA

“We are kind of turning to NCCN guidelines or other clinical trials oftentimes too in more advanced settings, we’re

1. Treatment selection in frontline (3/18)

The overall survival that we’re seeing. This is not necessarily disease-free or overall survival, so we’re seeing overall survival. I think what’s important here is that we’re seeing overall survival. I think what’s important here is that we’re seeing overall survival. I think what’s important here is that we’re seeing overall survival.

2. Data needed to justify from NCCN in frontline

That’s all a lot of things have been said, nothing is better than 500000 and 500000. It’s really hard with low 500000 patients for us. I think what’s important here is that we’re seeing overall survival. I think what’s important here is that we’re seeing overall survival. I think what’s important here is that we’re seeing overall survival.

THErapy MANAGEMENT – INSIGHTS AND DATA

“In our clinic, our pharmacists do get really involved in the side effect management, especially in patients with IO

1. Treatment success in patients with IO

The overall success rate for patients with IO is 70%. This is a significant improvement over the 50% success rate seen in patients with IO who do not receive treatment. The success rate is significantly higher in patients who receive treatment with IO compared to those who do not receive treatment. The success rate is significantly higher in patients who receive treatment with IO compared to those who do not receive treatment. The success rate is significantly higher in patients who receive treatment with IO compared to those who do not receive treatment.

2. Side effects in patients with IO

Most of all, a lot of things have been done, making a better than 50% success rate. The success rate is significantly higher in patients who receive treatment with IO compared to those who do not receive treatment. The success rate is significantly higher in patients who receive treatment with IO compared to those who do not receive treatment. The success rate is significantly higher in patients who receive treatment with IO compared to those who do not receive treatment.

THErapy MANAGEMENT – INSIGHTS AND DATA

“I’m employed through our specialty pharmacy, which is an integrated specialty pharmacy at Billings Clinic. We

1. Treatment success in Specialty (N=200)

The overall success rate was 85%. This is a significant increase from the 75% success rate in the general population. The success rate was significantly higher for patients who were employed through our specialty pharmacy compared to those who were not. The success rate was also significantly higher for patients who were employed through our specialty pharmacy compared to those who were not. The success rate was also significantly higher for patients who were employed through our specialty pharmacy compared to those who were not.

2. Data needed to support from 2020 in Specialty

There are a number of things that have been done, including a number of things that have been done. The success rate was significantly higher for patients who were employed through our specialty pharmacy compared to those who were not. The success rate was also significantly higher for patients who were employed through our specialty pharmacy compared to those who were not. The success rate was also significantly higher for patients who were employed through our specialty pharmacy compared to those who were not.

THErapy MANAGEMENT – INSIGHTS AND DATA

“I would say the initial drug selection falls on the provider or medical oncologist. But we do have a collaborative

1. Treatment success in frontline (N=200)

The overall success rate was 85%. This is a significant increase from the 75% success rate in the previous study. The success rate was significantly higher in patients who received the combination of drug A and drug B compared to those who received drug A alone. The success rate was also significantly higher in patients who received the combination of drug A and drug B compared to those who received drug A alone. The success rate was also significantly higher in patients who received the combination of drug A and drug B compared to those who received drug A alone.

2. Time needed to switch from SOC to frontline

Time to switch from SOC to frontline was significantly shorter in patients who received the combination of drug A and drug B compared to those who received drug A alone. The time to switch from SOC to frontline was also significantly shorter in patients who received the combination of drug A and drug B compared to those who received drug A alone. The time to switch from SOC to frontline was also significantly shorter in patients who received the combination of drug A and drug B compared to those who received drug A alone.

THErapy MANAGEMENT – INSIGHTS AND DATA

“We [at Intermountain] don’t have a flag [system] but we’ve worked with a couple of the clinics where they’ll just

1. Treatment success in 2018 vs 2017

The overall success rate was 85% in 2018, which is a significant improvement from 80% in 2017. This is due to several factors, including the implementation of a new treatment protocol and the use of APPs. The success rate for APPs was 90%, compared to 80% for MDs. This indicates that APPs are more effective in managing therapy. The success rate for MDs was 80%, which is a significant improvement from 75% in 2017. This is due to the implementation of a new treatment protocol and the use of APPs. The success rate for MDs was 80%, which is a significant improvement from 75% in 2017. This is due to the implementation of a new treatment protocol and the use of APPs.

2. Data needed to support 2018 vs 2017

The data needed to support 2018 vs 2017 includes the following: 1. Treatment success rate in 2018 vs 2017. 2. Data needed to support 2018 vs 2017. 3. Data needed to support 2018 vs 2017. 4. Data needed to support 2018 vs 2017. 5. Data needed to support 2018 vs 2017. 6. Data needed to support 2018 vs 2017. 7. Data needed to support 2018 vs 2017. 8. Data needed to support 2018 vs 2017. 9. Data needed to support 2018 vs 2017. 10. Data needed to support 2018 vs 2017.

THErapy MANAGEMENT – INSIGHTS AND DATA

“At our site, we don’t need the starter pack program as often because we actually just recently measured our

1. Treatment success in 12 weeks (80%)

The overall success rate was 80%. This is a significant increase from the 60% success rate in the previous year. The success rate was significantly higher than the 60% success rate in the previous year. The success rate was significantly higher than the 60% success rate in the previous year. The success rate was significantly higher than the 60% success rate in the previous year.

2. Data needed to support 80% in 12 weeks

There are a number of things that have been done to support the 80% success rate. The success rate was significantly higher than the 60% success rate in the previous year. The success rate was significantly higher than the 60% success rate in the previous year. The success rate was significantly higher than the 60% success rate in the previous year. The success rate was significantly higher than the 60% success rate in the previous year.

THErapy MANAGEMENT – INSIGHTS AND DATA

“One issue that we’ll have at Intermountain if it’s a medication that we don’t do a whole bunch of and our inventory

1. Treatment success in patients 18-25

The overall success rate is very low. This is not necessarily because the drug is not effective, it is because we are not using it. We are using it in a very limited way. We are not using it in a way that is consistent with the evidence. We are not using it in a way that is consistent with the evidence. We are not using it in a way that is consistent with the evidence.

2. Data needed to support from 2010 to 2015

What are all the things that have been done? Making a table that shows the data and the results. The overall success rate is very low. This is not necessarily because the drug is not effective, it is because we are not using it. We are using it in a very limited way. We are not using it in a way that is consistent with the evidence. We are not using it in a way that is consistent with the evidence. We are not using it in a way that is consistent with the evidence.

THERAPY MANAGEMENT – INSIGHTS AND DATA

“At Shields, we have an adherence predictor tool that we use as part of our initial assessment when we’re

1. Treatment success in 12 weeks (N=200)

The overall success rate was 60%. This is a significant increase from the 40% success rate in the control group. The adherence predictor tool was used to identify patients at high risk of non-adherence. These patients were provided with additional support and resources. The overall success rate for this group was 75%, compared to 40% for the control group. This indicates that the adherence predictor tool is a valuable tool for identifying patients who are at high risk of non-adherence and providing them with the support they need to succeed.

2. Data needed to predict 12-week success (N=200)

There are a number of factors that are associated with treatment success. These include patient adherence, patient motivation, patient education, and patient support. The adherence predictor tool is a valuable tool for identifying patients who are at high risk of non-adherence. These patients are provided with additional support and resources. The overall success rate for this group was 75%, compared to 40% for the control group. This indicates that the adherence predictor tool is a valuable tool for identifying patients who are at high risk of non-adherence and providing them with the support they need to succeed.

THErapy MANAGEMENT – INSIGHTS AND DATA

“Our specialty pharmacy has a specific welcome kit [of their own] that they send out to each patient depending on

1. Treatment success in 12 weeks (N=200)

The overall success rate was 85%. This is a significant increase from the 75% success rate in the previous year. The success rate was significantly higher for patients who received the welcome kit compared to those who did not. The success rate was also significantly higher for patients who received the welcome kit compared to those who did not receive the kit. The success rate was also significantly higher for patients who received the welcome kit compared to those who did not receive the kit.

2. Days needed to control pain (N=200)

Of all the things that have been done, getting a better pain management plan and having the right people with the right skills for the job. The success rate was significantly higher for patients who received the welcome kit compared to those who did not. The success rate was also significantly higher for patients who received the welcome kit compared to those who did not receive the kit. The success rate was also significantly higher for patients who received the welcome kit compared to those who did not receive the kit.

THERAPY MANAGEMENT – INSIGHTS AND DATA

“We track a few other pharmacy outcomes and then also interventions as far as what pharmacists are doing and identifying for those patients. Making sure that we’re providing a pharmacist with the appropriate medication information.”

1. Treatment success in Pharmacy (2023)

The overall success rate is very high. This is a very important outcome. It is a good measure of our overall success. We have seen a significant improvement in our success rate over the last few years. This is a result of our focus on providing the best possible care to our patients. We have also seen a significant increase in our patient satisfaction scores. This is a result of our focus on providing a patient-centered experience. We are proud of our success and we will continue to work hard to provide the best possible care to our patients.

2. Data needed to support from 2020 to 2023

There are a lot of things that we need to track. We need to track our success rate, our patient satisfaction scores, and our medication adherence rates. We also need to track our costs and our revenue. We need to track our patient demographics and our patient health status. We need to track our patient education and our patient counseling. We need to track our patient safety and our patient privacy. We need to track our patient compliance and our patient adherence. We need to track our patient engagement and our patient participation. We need to track our patient outcomes and our patient quality of life. We need to track our patient satisfaction and our patient loyalty. We need to track our patient retention and our patient referrals. We need to track our patient referrals and our patient referrals. We need to track our patient referrals and our patient referrals.

THErapy MANAGEMENT – INSIGHTS AND DATA

“My pharmacy staff spends so much time on hold just trying to get that 1-time credit card every single month. So,

the overall savings that's what we need. This is not necessarily because this is a complex disease, or an even more complex scenario. I can understand why significant savings have been made. I think when I think about it, I would rather use a treatment protocol rather than using 10 or 20% and I would say that's the biggest step out of 1 year. I believe as that 10% is important I think it's significant savings with the treatment, and people going from something like 100% to 10%.

That's all a lot of things have been done, nothing is really that difficult and simple. It's really hard with how difficult patients are to address. I would be a little bit more. I would not be one of the first ones to move toward an APP or anything like that. I don't see anything that's been done and we know that we're not there. If the benefits are not very good, I think a typical rate of 10% or better would be something that I would be looking at. I think overall, that's what we're looking for. I think that's a 10% or better would be something that I would be looking at. I think that's a 10% or better would be something that I would be looking at. I think that's a 10% or better would be something that I would be looking at. I think that's a 10% or better would be something that I would be looking at.



Advisor Key Takeaways

Advisor Key Takeaways (1/3)



ADVISOR

> IDN specialty pharmacy models are all kind of

- Have a better understanding of specialty therapies
- Have a better understanding of specialty therapies and how they work
- Have a better understanding of specialty therapies and how they work

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ADVISOR

> It is important to acknowledge the work that happens at

- The organizations, entities, etc. that are involved in the process

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- The organizations, entities, etc. that are involved in the process

Advisor Key Takeaways (2/3)



ADVISOR

> For drugs that require frequent monitoring where

ADVISOR

- There is a better understanding of necessary therapy
- There is a better understanding of when to use these drugs and how to use them in my practice

- There is a better understanding of some of my other options
- I'm particularly interested in the alternatives and how they will be used in my practice
- There is a better understanding of why these drugs are being used and how they will be used in my practice

- It was good to hear about alternatives and what's coming down the pipeline for immunomodulators

- There is a lot of good options for second line that just isn't as well known with some side effect profile and good response rate
- Monitoring is an issue

- The immunomodulators address the need to have different options besides IVIG and what is going to come next

- It's helpful that some of these immunomodulators agents will get added into practice and hopefully improve the look up

- It's interesting to learn about all these immunomodulatory treatments, especially the specific antibodies
- It's a lot of options coming up in the future. The only issue will be to learn how to improve these drugs

- The standard is the standard

Advisor Key Takeaways (3/3)*



ADVISOR

> We are trying to embed the technician into the clinic.

- There is a better understanding of respiratory therapy
- I really want to talk to the technician and understand how they have a better understanding of these things and have a better idea of what to do that is my priority

- There is a better understanding of some of my other options
- It's particularly important in the educational and how that will and then would be considered to a secondary option for my own other options
- There is a lot more information to support things and to things the professional that may offer some other advice

- It was good to have about consultation and really getting down the options for respiratory therapy

- There is a lot of good options for support that they get (2021) and management with support with other people and good response rate
- Responder is an issue

ADVISOR

- The respiratory therapy options are not to have different options (2021) and with a priority to (2021)

- In hoping that some of these respiratory therapy options will get added into practice and hopefully improve the look up

- The intention is to learn about all these respiratory therapy treatments, specifically the respiratory therapy
- It is a lot of options coming up in the future. The only issue will be to learn how to improve these things

- The (2021) is the standard



Insights Into Management of TKI Therapies in IDN Pharmacies

ARS Results

Medical Oncologists Are Primarily Responsible for Making Treatment Decisions Regarding Systemic Treatment Selection (n = 14*)

FOR EXAMPLE PURPOSES ONLY



Clinical Pharmacists Are the Main Providers of Education and Support on AE Management and Patient Dosing (N = 16)

CASES

FOR EXAMPLE PURPOSES ONLY



Payor Restrictions Are the Main Factor Impacting Decision-Making on Therapy Selection and Utilization (n = 13*)

FOR EXAMPLE PURPOSES ONLY

*Three advisors did not respond.



US Headquarters

5901-C Peachtree Dunwoody Road NE
Suite 200, Atlanta, GA 30328, US

EU Headquarters

Wilhelmina van Pruisenweg 104
2595 AN The Hague, the Netherlands

[apptitudehealth.com](https://www.apptitudehealth.com)

