PQI IN ACTION

ACALABRUTINIB (CALQUENCE®) IN CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA

NCODA

NCODA'S POSITIVE QUALITY INTERVENTION IN ACTION

INTRODUCTION

In an effort to promote higher quality patient care, NCODA created the NCODA Positive Quality Intervention (PQI) as a peer-reviewed clinical guidance resource for healthcare providers. By providing Quality Standards and effective practices around a specific aspect of cancer care, PQIs equip the entire multidisciplinary care team with a sophisticated yet concise resource for managing patients receiving oral or IV oncolytics. This PQI in Action is a follow up to the **Acalabrutinib (CALQUENCE®) In Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma PQI** and explores how the Medically Integrated Teams at Hematology-Oncology Associates of Central New York (HOACNY) and South Carolina Oncology Associates (SCOA) incorporate PQIs as part of their daily workflow. This article will discuss how utilizing the **Acalabrutinib (CALQUENCE®) In Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma** PQI elevates patient care.

Hematology-Oncology Associates of Cental New York (HOACNY) has been a private practice dedicated to caring for people with blood disorders and cancer since 1982. They have three locations within New York with the headquarters being located in Brittonfield Parkway, New York. The HOACNY headquarters houses the main administrative officehouses and a state-of-the-art comprehensive cancer center which offers both outpatient treatments and support services including: chemotherapy and radiation, ambulatory infusion, laboratory services, clinical research, counseling services, community educational programs and a medically integrated dispensing pharmacy (MIP). The Brittonfield Parkway team is composed of 12 Medical Oncologists, 4 Radiation Oncologists, 2 Palliative & Hospice Care Oncologists and a plethora of physician assistants and nurse practitioners.

South Carolina Oncology Associates (SCOA) has been serving Columbia for more than 40 years and provides a full range of essential cancer services all at one convenient location. From a full suite of diagnostic imaging services and a chemotherapy infusion suite, to comprehensive medical, radiation and gynecology services as well as infusion pharmacy services and a medically integrated dispensing program for oral chemotherapy and supportive medications. The SCOA team is composed of 12 Medical Oncologists, 4 Radiation Oncologists, 2 GYN Oncologists, and 12 advanced practice providers. They are also a private practice, not hospital owned which means less cost for patients.

We would like to thank AstraZeneca for their support of this initiative.

THE PARTICIPANTS

Hematology-Oncology Associates of CNY Brittonfield-East Syracuse, New York

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Sallie Williams, CPhT
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MEDICALLY INTEGRATED DISPENSING: THE DEFINITION

As defined by NCODA, a Medically Integrated Pharmacy (MIP) is a pharmacy within an oncology center of excellence that promotes a patient-centered, multidisciplinary team approach. The MIP is an outcome-based collaborative and comprehensive model that involves oncology health care professionals and other stakeholders who focus on the continuity of coordinated quality care and therapies for cancer patients. Filling prescriptions through pharmacies that are located remotely from the clinical practice may result in fragmentation of care provisions, inadequate follow-up and monitoring of patients and insufficient exploration of the possibilities for financial assistance for patients.[1] However, these limitations are all addressed by The Medically Integrated Dispensing (MID) model, wherein patients' prescriptions are processed and dispensed through a pharmacy located within the oncology clinic. NCODA offers tools to MIPs to allow all healthcare workers within the MIP deliver patient-centered and transformative cancer care such as the Financial Assistance Tool, Oral Chemotherapy Education sheets (OCEs) and Positive Quality Interventions (PQIs). Throughout this article we will be discussing these three tools and their utility at HOACNY and SCOA.

Malshundria Prophet, MD, Medical Oncologist at SCOA shares that "having a pharmacy onsite is a wonderful asset because it provides real time access to the pharmacists being able to ask us questions as the providers. They also have access to the patient's medical records which increases our communication as far as being able to review drug toxicities and talk about side effects that the patient may be having." Eric Soong, PharmD, Director of Pharmacy at SCOA shares that their cancer center has implemented the MID model since 2004 and he has seen it grow from an infancy to what it is now. Eric Soong admits that he "would not have thought the MID model would have been this impactful to the treatment of our patients but it's such a gigantic part of our practice now." Because of the MID model "we are passionate about what we do and how we take care of patients, NCODA has been one of our favorite organizations for a while now."

Lead technician Sallie Williams, CPhT and Richard Jacocks, PharmD working collaboratively to check orders for a patient at South Carolina Oncology Associates.

POSITIVE QUALITY INTERVENTION: THE ULTIMATE RESOURCE

Small Lymphocytic Lymphoma (SLL) is a form of non-Hodgkin lymphoma that involves malignant proliferation of B-cells in lymph nodes and other lymphoid tissues.[2] Chronic Lymphocytic Leukemia (CLL) and SLL are often categorized together because they share many of the same clinical features but differ in the site of B-cell proliferation. CLL/SLL is the most common type of Leukemia in adults older than 19; making up about 25-30% of all diagnosed leukemia cases and accounting for 38% of all leukemia diagnoses.[2,3] The NCCN guidelines contain three preferred regimens for the treatment of CLL/SLL including: Acalabrutinib monotherapy or in combination with obinutuzumab[4]; venetoclax in combination with obinutuzumab and lastly zanubrutinib monotherapy.[3] In terms of medication classes, obinutuzumab is a monoclonal antibody, venetoclax is a B-cell lymphoma-2 (BCL-2) inhibitor[4,5] and acalabrutinib along with zanubritinib are Bruton's Tyrosine Kinase (BTK) inhibitors.[5,6] Acalabrutinib was initially indicated only for Mantle Cell Lymphoma (MCL) but received an indication for treatment of CLL/SLL in late 2019.[6]

Due to new indication for acalabrutinib, the **Acalabrutinib (CALQUENCE®) In Chronic Lymphocytic Leukemia/ Small Lymphocytic Lymphoma** PQI serves as a resource in providing clinical considerations around the use of acalabrutinib to optimize the outcomes for patients with CLL/SLL.

NCODA PQI's are precise and concise peer-reviewed clinical guidance resources. Their utility is to equip the entire multidisciplinary care team with a sophisticated yet simple-to-use resource to manage patients receiving oral or IV oncolytics. Eric Soong states, "PQIs are vital and continue to be vital because information changes at a lightning pace in oncology. It's a great resource for our practitioners and pharmacists. Instead of digging through the package insert, it's just right there and we can make sure that we are on the same page as to what the provider is intending." In terms of the **Acalabrutinib (CALQUENCE®) In Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma** PQI, Stacy Keppler, PharmD, BCPS, Clinical Oncology Pharmacist at HOACNY expresses the PQI is a "great reminder for us to share important monitoring parameters with both patients and providers" At SCOA, Dr. Prophet explains that the oncologist utilizes this PQI for information regarding medication interactions and their pharmacist uses it for dose reductions.

"PQIS ARE VITAL AND CONTINUE TO BE VITAL BECAUSE INFORMATION CHANGES AT A LIGHTNING PACE IN ONCOLOGY. IT'S A GREAT RESOURCE FOR OUR PRACTITIONERS AND PHARMACISTS. INSTEAD OF DIGGING THROUGH THE PACKAGE INSERT, IT'S JUST RIGHT THERE AND WE CAN MAKE SURE THAT WE ARE ON THE SAME PAGE AS TO WHAT THE PROVIDER IS INTENDING."

Eric Soong, PharmD

ACALABRUTINIB (CALQUENCE®) IN CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA PQI: THE DESCRIPTION AND BACKGROUND

The first two sections of the **Acalabrutinib (CALQUENCE®) In Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma** PQI are the Description and Background. The description gives the purpose of the PQI, which is to discuss the clinical considerations around the use of acalabrutinib to optimize the outcomes for patients with CLL/SLL. The background lists study information for acalabrutinib. It first discusses the ELEVATE-TN trial which demonstrated a progression-free survival advantage of acalabrutinib when administered with or without obinutuzumab, over obinutuzumab plus chlorambucil. The second study mentioned is the ASCEND trial which displayed an advantage in progression-free survival of acalabrutinib monotherapy in the relapsed/refractory setting when matched against investigator's choice of rituximab product plus idelalisib or bendamustine. As monotherapy, acalabrutinib significantly improved PFS, but not ORR, in both the ELEVATE-TN and in the ASCEND trial.[7]

Dr. Prophet uses acalabrutinib in her practice and explains that "single agent CALQUENCE® is good for those patients who have a higher burden of disease, or maybe younger patients. The combination of obinutuzumab along with CALQUENCE® is also a good option; however, with the increase of COVID, we decreased the use of obinutuzumab and rituximab just because of the increased risk of COVID related adverse events." She believes in the future when COVID subsides SCOA will be "swaying back to using more dual agents in special populations." Neutropenia is a side effect with acalabrutinib as with most chemotherapies, however in the ELEVATE-RR trial acalabrutinib displayed less

atrial fibrillation incidence than ibrutinib (9.4% vs 16.0%), less hypertension (9% vs 23%), and less discontinuations due to adverse events (15% vs 22%). [6] The ELEVATE-RR trial put acalabrutinib head-to-head with ibrutinib as monotherapies, with results being acalabrutinib had a non-inferior PFS compared to ibrutinib. At a median follow-up of 41 months, acalabrutinib had a PFS of 38.4 months compared 38.4 months with ibrutinib.[7] Due to the acalabrutinib side effect profile, Dr. Prophet finds "CALQUENCE® as a great option for CLL patients" and states "It is easily tolerated, especially in the older population. I typically prescribe it for CLL patients who have a history of AFib or if they have a history of bleeding."

PQI PROCESS: THE INTERVENTION

The next section of the **Acalabrutinib (CALQUENCE®) In Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma** PQI is the PQI Process. This section provides clinical guidance in a step-by-step format regarding what interventions need to occur upon the receipt of a new prescription of acalabrutinib for CLL/SLL. The PQI dictates that the first intervention to occur should be to verify the dose, which should be 100 mg by mouth every 12 hours, taken whole with water, with or without food. Dose adjustments are not needed in mild to moderate hepatic or renal impairment but acalabrutinib should be avoided in severe hepatic impairment.[7]

The second step is to review the patient's medication list for possible drug-drug interactions. Strong CYP3A4 inhibitors should be avoided if taken chronically and the acalabrutinib dose should be increased to 200 mg every 12 hours if a patient is taking a strong CYP3A4 inducer.[7] Due to the acalabrutinib medication profile it has the potential for drug interactions and Sallie Williams, CPhT, Lead Pharmacy Technician at SCOA shares that the MIP has improved alerts to the prescriber regarding issues with the patient filling prescriptions. She states "when a patient starts a new specialty medication like CALQUENCE®, we go over the medications they're currently taking to check for interactions and then our pharmacist reviews it. There have been multiple times where alerts occur which put things to a halt because of an interaction and we are able to immediately contact the doctor to inform them and sometimes their therapy has changed because of that."

The third step further expounds on drug interactions with the focus solely on proton pump inhibitors (PPI's). It explains that acalabrutinib capsules should be avoided with PPI's and separated from antacids or H2-receptor blockers but the tablet formulation may be co-administered with gastric reducing agents.[6] According to AstraZeneca, acalabrutinib

The Hematology Oncology Associates of Central New York main headquarters - located in Syracuse, New York.

is now transitioning completely to tablets, which is a newer formulation that cancer centers have recently begun utilizing.[11] Alicia Rayder, FNP-C AOCNP, Nurse Practitioner at HOACNY states, "some people really can't get by with just H2 blockers and need to be on a PPI. Being able to now provide them that opportunity is great." Dr. Keppler shares due to this recent switch over to tablets, she believes that **Acalabrutinib (CALQUENCE®) In Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma** PQI has been helpful in "screening for drug interactions, particularly with proton pump inhibitors, so that we could alert the team whether or not patients were on those and what advantage that would be." She states the PQI causes the pharmacy team to ask providers questions such as "can we switch them to an H2-receptor blocker depending on their indication for the PPI? Is their PPI even appropriate for GERD versus something a little more severe like Barrett's Esophagus?"

The last two steps in the PQI process are both written in

table format regarding the management of acalabrutinib adverse events and dose modifications. The Adverse Event and Management table outlines the five warnings and precautions listed within the acalabrutinib package insert into categories. Oftentimes finding certain information within a package insert can be both challenging and time-consuming and this table is designed to only highlight critical aspects. Each category has a brief description of the adverse event occurrence in clinical trials and its recommended treatment plan. The "Cardiac Factors" category states that grade 3 atrial fibrillation or flutter occurred in 1.1% of 1029 patients, with all grades of atrial fibrillation or flutter reported in 4.1% of all patients. The risk may be increased in patients with cardiac risk factors, hypertension, previous arrhythmias and acute infection. Stacy Keppler shares that an "advantage of an MID model is that we have access to the medical record including the most recent EKG, allowing us to collaborate with the medical team to avoid potential cardiac toxicities"

"WHEN A PATIENT STARTS A NEW SPECIALTY MEDICATION LIKE CALQUENCE®, WE GO OVER THE MEDICATIONS THEY'RE CURRENTLY TAKING TO CHECK FOR INTERACTIONS AND THEN OUR PHARMACIST REVIEWS IT. THERE HAVE BEEN MULTIPLE TIMES WHERE ALERTS OCCUR WHICH PUT THINGS TO A HALT BECAUSE OF AN INTERACTION AND WE ARE ABLE TO IMMEDIATELY CONTACT THE DOCTOR TO INFORM THEM, AND SOMETIMES THEIR THERAPY HAS CHANGED BECAUSE OF THAT."

Sallie Williams, CPhT

ADVERSE EVENTS AND MANAGEMENT

Category	Occurrence	Action
Fatal/serious infections, including opportunistic infections	Serious or ≥ Grade 3 infections (bacterial, viral, or fungal) occurred in 19% of 1029 patients in clinical trials.	Consider prophylaxis in patients who are at increased risk for opportunistic infections. Monitor for signs and symptoms of infection and treat promptly.
Fatal and serious hemorrhagic events	Major hemorrhage (serious or ≥ Grade 3 bleeding or any central nervous system bleeding) occurred in 3.0% of patients, with fatal hemorrhage occurring in 0.1% of 1029 patients in clinical trials. Bleeding events of any grade, excluding bruising and petechiae, occurred in 22% of patients.	Monitor patients for signs of bleeding. Consider the benefit-risk of withholding acalabrutinib for 3-7 days pre- and post-surgery depending on type of surgery and the risk of bleeding. Caution in patients on antithrombotic agents.
Grade 3 or 4 Cytopenias	Neutropenia (23%), anemia (8%), thrombocytopenia (7%), and lymphopenia (7%), developed in patients. Grade 4 neutropenia developed in 12% of patients.	Monitor complete blood counts regularly during treatment. Interrupt treatment, reduce the dose, or discontinue treatment as warranted.
Cardiac Factors	Grade 3 atrial fibrillation or flutter occurred in 1.1% of 1029 patients, with all grades of atrial fibrillation or flutter reported in 4.1% of all patients. The risk may be increased in patients with cardiac risk factors, hypertension, previous arrhythmias, and acute infection.	Monitor for symptoms of arrhythmia (ex. palpitations, dizziness, syncope, dyspnea) and manage as appropriate.
Skin Cancer	The most frequent second primary malignancy was skin cancer (6%)	Monitor patients for skin cancer and advise protection from sun exposure.

The Dose Modification table is the last step within the PQI process and it outlines the reaction, severity of the reaction based on the grading system and then recommends the dose modification. Eric Soong states, "We've seen a couple of dose changes in using CALQUENCE® and it's just a great resource for us to turn to quickly." Dr. Prophet explains that their approach for managing dose reductions with grade 3 or greater non-hematologic toxicities such as Afib and states if a patient has "Afib with rapid ventricular response (RVR) then our first thing is patient stability and to make sure they have recovered from that initial event and then once it becomes stable again, we resume CALQUENCE® and make sure that it could be from outside factors such as whether we up-titrated the beta blockers or not." Whereas Rayder explains that their approach to handling hematologic toxicities such as thrombocytopenia is to "watch for them to get back to a grade one toxicity or less and then resume at the same dose. If that continues and it happens again for subsequent issues with that, then you would talk about dose reduction down to just 100 milligrams a day once they get back to grade one."

DOSE MODIFICATIONS

Event	Occurence	Dose Modification (Starting dose = 100 mg every 12 hours)
Grade 3 or greater nonhematologic toxicities Grade 3 thrombocytopenia with bleeding	First and Second	Hold acalabrutinib; once toxicity has resolved to Grade 1 or baseline level, acalabrutinib may be resumed at 100 mg approximately every 12 hours
Grade 4 thrombocytopenia	Third	Hold acalabrutinib; once resolved to Grade 1 or baseline level, resume at a reduced frequency of 100 mg daily
Grade 4 neutropenia lasting longer than 7 days	Fourth	Discontinue acalabrutinib

PATIENT-CENTERED ACTIVITIES: EDUCATION & FINANCIAL ASSISTANCE

The Patient-Centered Activities section is the last section within the **Acalabrutinib (CALQUENCE®) In Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma** PQI. This section covers two main topics which are patient education and patient assistance. The patient education topic provides guidance to the team regarding what side effects should be covered with the patient and what supportive medications the patient should have access to with the purpose of better managing the expected side effects, such as loperamide for diarrhea. Dr. Prophet shares that her most "important point for educating is atrial fibrillation. I also discuss with them the risk of high blood pressure and the importance of checking their blood pressure. I ask patients to keep a log for me. We talk about the increased risk of infection and the risk of bleeding. I inform my patients to hold acalabrutinib for 3 - 7 days prior to and after surgery and we also discuss that if they miss a dose, if it's more than 3 hours then they should just omit that dose and then start with the next dose." At HOACNY, Alicia Rayder states "during chemotherapy teaching, we discuss the time frame of taking the pills and how to take them, the risk of bleeding, the risk of infections and the use of adding Valtrex or Bactrim for prophylaxis depending on the case scenario." The Patient Education topic also guides the MID team to provide NCODA's Acalabrutinib Oral Chemotherapy Education (OCE) sheet and review it with the patient. The OCE sheets were conceived by NCODA as a resource to provide information about oral chemotherapy drugs and their side effects to both cancer patients and caregivers.[9] Andrea Walsh, RN, OCN, Registered Nurse at HOACNY mentions that HOACNY often utilizes the OCE sheets when patients come in for their "chemotherapy teaching session with the nurse practitioner and it's useful in providing written material that cover all the side effects."

The last part of the Patient-Centered Activities section is regarding Patient Assistance. This topic informs the MID team to utilize NCODA's Financial Assistance tool to assist patients struggling to pay for cancer treatment. The Financial

Assistance tool is an NCODA initiative that provides up to date and comprehensive financial resource information about dozens of chemotherapies and cancer care treatment options.[10] Providing patient financial assistance is a cumbersome process and Bethany Joss, CPhT, Lead Pharmacy Technician at HOACNY believes "all offices should have a pharmacy within the practice because of the direct involvement in patient care and helping them navigate with patient assistant programs." She explains that a few of her roles are to assist with enrolling patients into copay programs and handling prior authorization requests. She shares that if patients are filling the prescription at their pharmacy "we will run the prescription to assess the co-pay, and if it's needing assistance then we will go to the fund finder and see what's available and open. If there's nothing that is open to secure assistance, we would then utilize a one-time use free medication voucher if it is available to get them started on therapy while they get their free drug application into place". At SCOA, Sallie Williams, CPhT shares "If the patient will have a high co-pay initially, we make sure to reach out to them. If the patient does not have insurance that allows him/her to use a copay card, then we will have social workers look into assistance options; including foundations." She expresses "we do reach out and do our best to reassure the patient that we have assistance options available to help reduce the cost of the medication. When they hear how much it is, we try to immediately tell them, please don't worry, we have assistance options! It is a hard phone call to have sometimes, but we always want to make sure we tell them they do have options. We just have to get them started."

Oftentimes, mail order pharmacies deliver prescriptions before the start of the next chemotherapy cycle and may not have the capacity to respond to prescription changes promptly.[1] In addition, filling prescriptions from remote pharmacies may result in patients passing over the opportunity to acquire financial assistance for their needed medications.[1] Bethany Joss states in her experience "specialty (mail order) pharmacies typically don't offer assistance. You have to ask them with specific verbiage in order to get a reply from them. So, I think the MID is important, I think it's necessary. I wouldn't want to go anywhere else." Similarly, Walsh mentions "having the pharmacy onsite just makes it easier for us to be able to follow the medications we prescribe; thanks to our certified pharmacy technicians and pharmacists who are following them and helping with patient assistance and co-pays."

"SPECIALTY (MAIL ORDER) PHARMACIES TYPICALLY DON'T OFFER ASSISTANCE. YOU HAVE TO ASK THEM WITH SPECIFIC VERBIAGE IN ORDER TO GET A REPLY FROM THEM. SO, I THINK THE MID MODEL IS IMPORTANT, I THINK IT'S NECESSARY. I WOULDN'T WANT TO GO ANYWHERE ELSE."

Bethany Joss, CPhT

CONCLUSION: NCODA, THE MID AND ACALABRUTINIB PQI - THE BIGGEST VALUE

The MID team is multi-dynamic and consists of a variety of health care providers that each have different perspectives of the biggest value of utilizing the MID model and PQI clinical resources. Team members from Hematology-Oncology Associates of CNY and South Carolina Oncology Associates agree that the MID model, as well as PQIs, provide engagement, safety and convenience. Lea Moser, RN, BSN, OCN, Director of Clinical Services at SCOA shares the biggest value of the MID is its function in providing "good continuity of care for the patients. We have patients that are in infusion that are on dual regimens that have oral chemotherapy and IV chemotherapy. The nursing staff is always keeping up with the patient and making sure they are taking their oral chemotherapies the way they should be. They rely on the support of our retail pharmacist and it's very nice to have them here and present. Our pharmacists actually come out to a chair and engage in conversation with our patients. I think it just makes the care for the patient more cohesive and safer." Comparably, Stacy Keppler shares the "biggest value of the MID is that it's safer for the patients to help minimize toxicities. It's more financially sound as far as not sending out large amounts of expensive medications when there may be a need to hold. We often can anticipate based on our experience with how well

patients tolerate things, whether it be the drug or the patient themselves and intervening when we don't think they are going to tolerate the dose. So, we help to minimize again, not only the toxicity to the patient, but the financial impact on the cost of the medication."

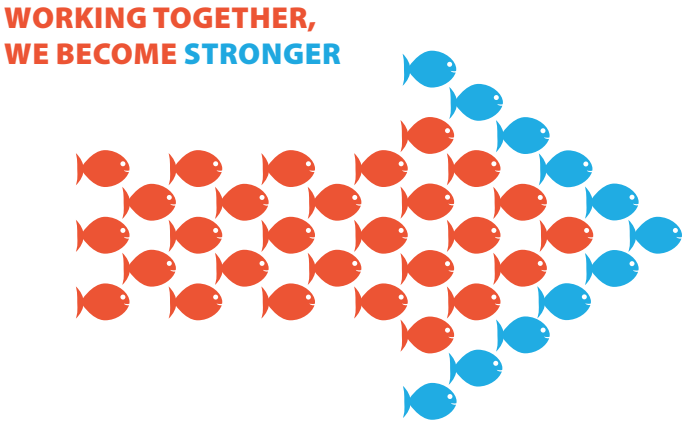
At SCOA, Sallie Williams believes the biggest value of the MID is the convenience for patients to get their medications while they are already at the cancer center seeing their doctor. She states "some patients travel all around the state to get to us and they already have a long drive. So the MID model allows patients to come in and it's just one stop and "if there is a prior authorization, we can always assist them quicker because everything is in house." Similar to Williams Sallie, Alicia Rayder at HOACNY shares that having a pharmacy within the practice is "phenomenal" and that she would be lost without the pharmacy team. She expresses "it's wonderful for her patients to be able to come to their appointment, review blood work and then just go back downstairs and get their medication the way out the door. It's also an extra set of eyes in the pharmacy to help us as well and vice versa for tracking purposes."

Dr. Prophet states the biggest value of the MID is its ability in "providing ease to the patient and it also provides ease to the providers knowing that our patients are being compliant and that they have help not only from us but from the pharmacy too". In her experience the acalabrutinib PQI "improves communication because our pharmacist will actually give us a call if they find that there is a drug interaction." She believes because of this communication between the patient, provider and pharmacist it "decreases the number of discontinuations with the medication."

The acalabrutinib PQI provides the Medically Integrated Team with an easy to use, compact clinical resource guide

Stacy Keppler, PharmD, BCPS fills a prescription for a patient at Hematology-Oncology Associates of Central New York.

when treating these patients. It helps the team ensure they are providing patients with the tools and education to improve clinical outcomes. Pairing the Medically Integrated Team with the **Acalabrutinib (CALQUENCE®) In Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma** PQI meets NCODA's Guiding Values of being Patient-Centered and Always Collaborative.



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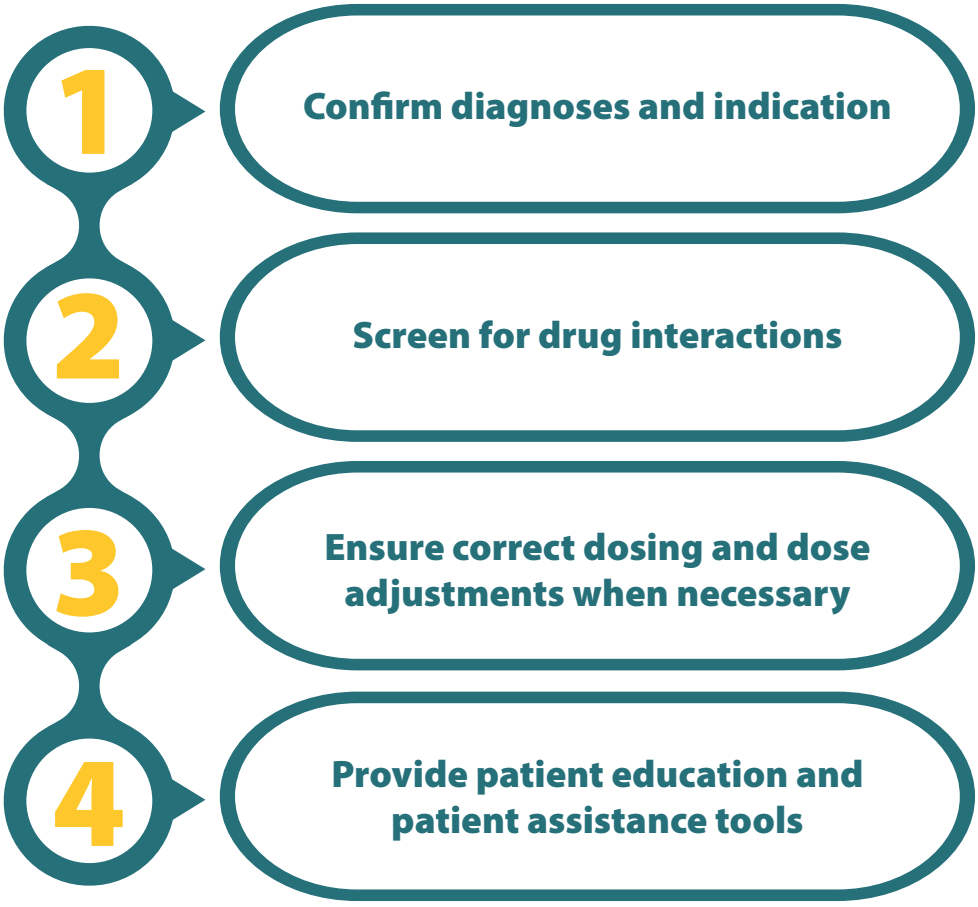
PQI PRINCIPLES:



Helpful Online Resources

- Acalabrutinib (Calquence®) in Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma PQI
- Positive Quality Interventions
- Acalabrutinib Oral Chemotherapy Education Sheet
- Oral Chemotherapy Education Sheets
- NCODA Website
- NCODA Financial Assistance Tool

ON THE COVER:

- On The Cover (from left): Alicia Rayder, FNP-C AOCNP, Nurse Practitioner at HOACNY; Stacy Keppler, PharmD, BCPS, Clinical Oncology Pharmacist at HOACNY; Andrea Walsh, RN, OCN, Registered Nurse at HOACNY.

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

Important notice: NCODA has developed this Positive Quality Intervention in Action platform. This platform represents a brief summary of medication uses and therapy options derived from information provided by the drug manufacturer and other resources. This platform is intended as an educational aid and does not provide individual medical advice and does not substitute for the advice of a qualified healthcare professional. This platform does not cover all existing information related to the possible uses, directions, doses, precautions, warning, interactions, adverse effects, or risks associated with the medication discussed in the platform and is not intended as a substitute for the advice of a qualified healthcare professional. The materials contained in this platform are for informational purposes only and do not constitute or imply endorsement, recommendation, or favoring of this medication by NCODA, which assumes no liability for and does not ensure the accuracy of the information presented. NCODA does not make any representations with respect to the medications whatsoever, and any and all decisions, with respect to such medications, are at the sole risk of the individual consuming the medication. All decisions related to taking this medication should be made with the guidance and under the direction of a qualified healthcare professional.

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