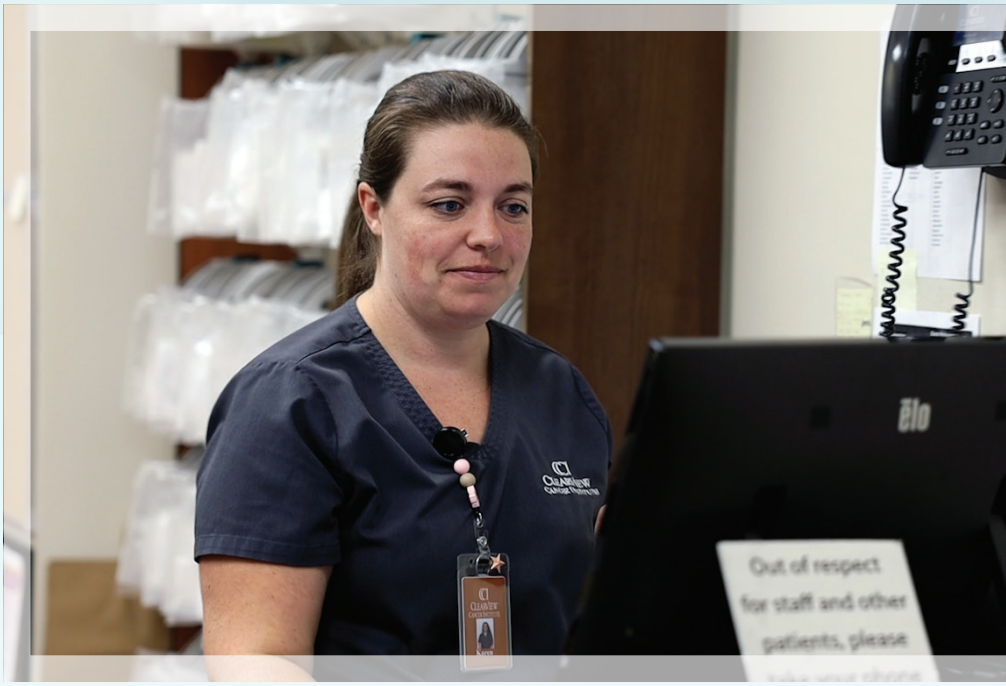
PQI IN ACTION



Ropeginterferon alfa-2b-njft (BESREMi®) Use in Polycythemia Vera PQI

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 **Ropeginterferon alfa-2b-njft (BESREMi®) Use in Polycythemia Vera PQI** and explores how the Medically Integrated Teams at Clearview Cancer Institute (CCI) and Florida Cancer Specialists and Research Institute (FCS) incorporate PQIs as part of their daily workflow. This article will discuss how utilizing the **Ropeginterferon alfa-2b-njft (BESREMi®) Use in Polycythemia Vera PQI** elevates patient care.

Florida Cancer Specialists & Research Institute (FCS) was founded in 1984 and utilizes a comprehensive, multidisciplinary approach to cancer treatment and care. Innovative clinical research, cutting-edge technologies, and advanced treatment therapies all contribute to their reputation of excellence and the exceptional and compassionate care they strive to deliver. Their mission, vision and values align closely with NCODA, including providing world-class cancer care, being patient-centered and working together as a team. With over 250 physicians, 220 nurse practitioners and physician assistants and nearly 100 locations in their network, FCS is committed to providing world-class cancer care in community-based settings throughout Florida. Currently, FCS serves patients on the Gulf Coast from Naples to Tallahassee, Central Florida and on the East Coast from Palm Beach County to Jacksonville. This PQI in Action highlights members of the FCS practices in Fort Myers, FL and Tallahassee, FL.

Clearview Cancer Institute (CCI) is north Alabama's leading cancer treatment facility. For over 30 years CCI has provided leading-edge treatment and compassionate care to those diagnosed with cancer or blood disorders. Clearview offers every service and amenity needed in an outpatient setting. Their Phase I-IV clinical trials and relationships with renowned institutions place Clearview in a unique position to provide top-notch care. Clearview has 24 physicians, 31 nurse practitioners and 10 physician assistants with 11 locations within Alabama. This PQI in Action highlights members of the CCI practices in Huntsville, Alabama.

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

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DEFINING MEDICALLY INTEGRATED PHARMACY AND THE POSITIVE QUALITY INTERVENTION

As defined by NCODA, a Medically Integrated Pharmacy (MIP) is a dispensing 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 to deliver patient-centered care such as the financial assistance tool, oral chemotherapy sheets (OCEs) and Positive Quality Interventions (PQIs). The leading oncology organizations value the PQI which provides concise, clinical guidance information to raise the standard of care across all the professional disciples. The PQIs pinpoint critical aspects of drug therapy that providers could overlook and it serves as an easy to use reference to reinforce clinical principles for each therapy. Throughout this article we will be discussing this resource and its utility at CCI and FCS.

ROPEGINTERFERON ALFA-2B-NJFT (BESREMi®) USE IN POLYCYTHEMIA VERA PQI

Polycythemia Vera (PV) is a rare blood disorder in which there is an increase in all blood cells, particularly red blood cells. The increase in blood cells increases blood viscosity which can lead to stroke or tissue and organ damage.[2] Ropeginterferon alfa-2b-njft (BESREMi®) is indicated for the treatment of adults with polycythemia vera. It was approved by the FDA in 2021 for PV and it is the first interferon therapy specifically approved for PV. National Comprehensive Cancer Network (NCCN) has designated ropeginterferon alfa-2b-njft as a preferred therapy option for high and low-risk PV, regardless of treatment history.[3] Patients who are classified as "low-risk PV" have been characterized as having an age less than 60 or 65 years and no past medical history of thrombotic events. The general approach to treatment of low-risk PV is phlebotomy to maintain hematocrit (Hct) below 45% and the administration of low-dose aspirin.[4] In addition to ropeginterferon alfa-2b-njft , hydroxyurea (HU) and interferon alfa are also preferred treatment regimens in patients who are symptomatic. There is an indication for cytoreductive therapy in addition to aspirin and phlebotomy according to NCCN guidelines. Symptomatic patients with potential indications for cytoreductive therapy are described as having any of the following: new thrombosis or disease-related major bleeding, frequent phlebotomy or intolerant of phlebotomy, splenomegaly, progressive thrombocytosis and/or leukocytosis, and disease-related symptoms (eg, pruritus, night sweats, fatigue).[4]

CCI's Medically Integrated Pharmacy staff provides tremendous value to clinic patients.

The **Ropeginterferon alfa-2b-njft (BESREMi®) Use in Polycythemia Vera PQI** serves as a resource in providing clinical considerations around the use of ropeginterferon alfa-2b-njft to optimize the outcomes for patients with PV. NCODA's PQIs 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. Leigh Ann Childress, MSN, CRNP, AOCP, Director of Advanced Practice at CCI shares that part of her job is to find ways to prepare the advanced practice providers (APPs) to efficiently and thoroughly educate not only themselves, but their patients on the therapies that are being delivered. She expresses that "in community oncology you have to 'learn on the fly' a lot of times, so having a clear and concise resource where you can get the main information you need in a very clear format is really helpful." Childress concludes by stating "we are seeing a lot of different disease states and using a wide range of cancer therapeutics day to day, minute to minute, hour to hour. So the fact that NCODA is dedicating time and resources to being able to figure out how to better support those people doing that, particularly for those that are treating in the community, I really appreciate it."

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THE MEDICALLY INTEGRATED TEAM: A PERSONALIZED SERVICE FOR PATIENTS

FCS and CCI take pride in serving patients using a multi-disciplinary approach. The integrated pharmacy system platform increases patient access to care by reducing administrative inefficiencies and MID clinics generally provide more personalized individual follow-up with patients, resulting in higher adherence rates.[1] Carol Farina, RPh, BPharm, Clinical Pharmacy Manager at FCS shares that she does not know " how any pharmacist can work without a medically integrated pharmacy in this day and age, especially with what we do in oncology. The information that we have in the EMR is invaluable. Every order that we receive and every patient that we work on, we are digging into the chart and really seeing what's going on. We can read the doctor's plan, we can check the most current labs and we can see that the regimen and flow sheet has been set up for a patient while they are on a particular medication." Similarly Annie Wingo, CPhT, Pharmacy Compliance Officer and Patient Advocate Supervisor from CCI shares that the benefit of having a medically integrated pharmacy allows the healthcare workers to have "specialized knowledge of their treatment and their medications." Wingo states "we are just able to give them a more personalized service from start to finish. We take care of everything from the prior authorizations to making sure they are getting their medications on time. It's just an all encompassing experience they are able to get for their treatment and I think it's better for the patient."

Dawn Landolph, RN, BSN, MPA, OCN, is the Associate Director of Speciality Pharmacy Nursing Services at FCS and she explains that part of her role is to assist the nursing team and the prior authorization team. She says "one of the many advantages of being in a medically integrated team is that the nursing and prior authorization team have immediate contact with the providers and their support staff. This means they can actually communicate to the MD team in real time and are able to get clarification and move prescriptions quickly." She further elaborates that "being medically integrated has really helped us with our turnaround time, we can get prescriptions out the door in less than 3 days from the date that we receive the prescription. It is a huge advantage."

THE PQI DESCRIPTION AND BACKGROUND

The first two sections of the **Ropeginterferon alfa-2b-njft (BESREMi®) Use in Polycythemia Vera PQI** are the Description and Background. The Description gives the purpose of the PQI, which is to discuss the use of ropeginterferon alfa-2b-njft in the management of PV. The Background gives detailed information about its indication and its formulation which is a subcutaneous injection that should be given by a health care professional or by the patient/caregiver once every two weeks. Yexica Croft, RN, BSN, DNP, Specialty Pharmacy Nursing Manager from FCS states that when ropeginterferon alfa-2b-njft is ordered for a patient " the first two shipments of the medication always get shipped directly to the clinic, which is technically four doses of the medication. This allows the clinic to educate the patient on the correct administration." She further states that once the patient is comfortable with injecting it at the clinic, from there on they will ship the medication to the patient's house for the patient to administer at home.

The PQI Background also mentions trial information such as the CONTINUATION-PV study, which found that 71% of patients achieved complete hematologic response (CHR) on ropeginterferon alfa-2b-njft at 36 months, compared to 51% of patients achieving CHR on hydroxyurea. In addition, it reviews the PEGINVERA study which investigated the efficacy and safety of ropeginterferon alfa-2b-njft for long term treatment. PEGINVERA achieved CHR in 80% (based only on lab parameters) with all three counts (hematocrit, platelets, and WBCs) over the 7 year observation period in the majority of patients. Meg Butler, PharmD, Assistant Director of Pharmacy Operations from CCI shares that CCI uses PQIs for educational purposes for new employees such as pharmacists and practitioners so that they are prepared when they receive their first prescription of a medication such as ropeginterferon alfa-2b-njft. She expresses that she really likes the background section because, she feels like "a lot of providers, especially new providers, are not really familiar with BESREMi® and this PQI talks about the clinical trials that occurred."

A CCI staff member assists a patient in their Medically Integrated Pharmacy.

THE PQI PROCESS

The next section of the **Ropeginterferon alfa-2b-njft (BESREMi®) Use in Polycythemia Vera PQI** is the PQI Process. This section provides clinical guidance in a step-by-step format regarding what intervention needs to occur upon the receipt of a new prescription of ropeginterferon alfa-2b-njft . The PQI dictates that the team should confirm the diagnosis for polycythemia vera and assess the patient's need for ropeginterferon alfa-2b-njft versus other cytoreductive options such as hydroxyurea. FCS physician Nuruddin Jooma, MD, MPH shares that when he is selecting treatment therapy for his patients who have PV, he considers their risk factors and age. Dr. Jooma states if patients are "less than 60 and they do not have any other risk for erythrocytosis other than aspirin and phlebotomy, have no cardiac risk factors and no prior history of blood clots" then he would usually start them on hydroxyurea. However, he shares that if a "group of patients have leukocytosis, or they have other cardiac history or some comorbidity that puts them at a little higher risk he would then check their quantitative JAK2V617F to help make his prescribing decision. To clarify, JAK2V617F increases cell quantity by transmitting an excessive growth signal that in-

duces a blood stem cell with the mutation to over produce red blood cells, white blood cells and platelets.[5] The JAK2V617F variant allele frequency (VAF) is a key determinant of outcomes in PV, the greater the allele burden results in a greater risk for developing venous thrombosis, pulmonary embolism or a cerebrovascular event.[5] Dr. Jooma states that if the patient's quantitative JAK2V617F number is greater than 50% he would lean more towards prescribing BESREMi® "because it is the only drug that has disease modifying effects." His comments correspond to the BESREMi® clinical trial data where in the PROUD-PV/CONTINUATION-PV 6 year response results, JAK2V617F allele burden decreased to less than 1% in 20.7% of patients treated with ropeginterferon alfa-2b-njft compared to 1.4% of patients taking hydroxyurea (P=0.0001).[6]

The next step in the PQI process is to assess the patient's medical history for contraindications to ropeginterferon alfa-2b-njft as well as pregnancy status in females of reproductive age. Contraindications to ropeginterferon alfa-2b-njft are compiled into a table format and listed below. Farina shares that because of the known contraindications, whenever FCS pharmacy receives a ropeginterferon alfa-2b-njft order they "check the patient's history and make sure there isn't any mention of severe depression or suicide attempts in the past before they are going to start." In addition they check "if the patient has had a transplant or recent cardiovascular issues and we also check their liver function." She then alludes to the next step in the PQI by saying they also check if the patient " is on hydroxyurea or not, just so we know what dose we're expecting." To clarify, patients who were on hydroxyurea for PV and are now being switched to ropeginterferon alfa-2b-njft by their physician must gradually taper off hydroxyurea in a period of 13 weeks.[6] The PQI Process states to review the patient's medication history for use of hydroxyurea in anticipation of possible need for ropeginterferon alfa-2b-njft adjustments and the PQI also gives a detailed dose modification table. The dose modification table shown below gives the starting dose for patients transitioning from hydroxyurea to ropeginterferon alfa-2b-njft and for those who were not previously on hydroxyurea. It also gives directions for how to increase the dose or the maximum dose of ropeginterferon alfa-2b-njft that should be used.

Dr. Jooma shares if a patient is on hydroxyurea and transitioning to BESREMi® then he starts them on "50 micrograms (mcg) of ropeginterferon alfa-2b-njft SQ and brings the patient in every 2 weeks to the clinic to teach them how to give themselves shots, so they can do it at home." If a patient is not on hydroxyurea and has no side effects Dr. Jooma shares that he starts their ropeginterferon alfa-2b-njft dose at 100 mcg SQ and increases the dose to usually a maximum of 300 or 350 mcg based on its clinical trial data. In the CONTINUATION-PV trial the patients in the ropeginterferon alfa-2b-njft group reached their maximum dose plateau level approximately 28 weeks after treatment initiation and at 12 months, the mean dose was 382 mcg.[7] However, it should be noted that BESREMi® can be increased to a maximum dose of 500 mcg every two weeks to achieve optimal disease response.[8] Lisa Clark, RN, BSN, OCN, Clinical Nursing & Patient Educator at FCS expresses the importance of educating patients regarding self titration of ropeginterferon alfa-2b-njft because it is a prefilled syringe. She states "most patients are probably not getting the entire full dose of the medication within the syringe, so teaching them how to appropriately expel the amount of medication needed and to know what that level on the syringe looks like is imperative." Two things that Clark and FCS staff have seen with patients taking ropeginterferon alfa-2b-njft is not comprehending that the syringe "is not a standard dose," meaning you should not give yourself the whole dose of medication within the syringe. Secondly, Clark recounts memories of patients admitting

BESREMi® is contraindicated in patients with[6]
• Hypersentivity to interferons, including interferon alfa-2b, or any component of the formulation
• Existence of, or history of severe psychiatric disorders, particularly severe depression, suicidal ideation or suicide attempt
• Moderate (Child-Pugh class B) or severe (Child-Pugh Class C) hepatic impairment
• History or presence of active serious or untreated autoimmune disease
• Immunosuppressed transplant recipients
BESREMi® should be avoided in patients with[6]
• Uncontrolled hypertension, congestive heart failure, arrhythmias, significant arterial stenosis, unstable angina, recent stroke or myocardial infarction

	Starting Dose	Increasing Dose	Dose Maximum
Transitioning from Hydroxyurea (HU)	50 mcg SQ every 2 weeks in combo with HU	50 mcg SQ every 2 weeks until hematological parameters stabilize (hematocrit <45%, platelets <400,000/mm^3, and leukocytes <10,000/mm3) Gradually taper the HU by reducing the total biweekly hydroxyurea dose by 20% to 40% every 2 weeks during weeks 3-12; discontinue hydroxyurea by week 13	500 mcg every 2 weeks
Not on Hydroxyurea	100 mcg every 2 weeks		

to "sticking the syringe back in the fridge and reusing it" in attempts to conserve the rest of the dosage left in the syringe. Clark works with her team to "overcome those hurdles" as far as "making sure that patients really understand how to appropriately dispose of the extra medication and know that just because you're only using a portion of it, does not mean you can hang onto the rest of it for the next round."

The last two steps of the PQI Process are regarding ropeginterferon alfa-2b-njft monitoring and adverse events. The PQI dictates that providers should monitor blood counts, signs of suicidal ideation, cardiovascular toxicity and reasons for discontinuation. At CCI, Butler shares that part of her role is building monitoring regiments within the EMR. She explains that once a patient starts taking ropeginterferon alfa-2b-njft it is built into the system to make sure patients are coming back at appropriate times to get their lab counts done. She comments that "from a pharmacy level, once we see a new prescription come over we will basically verify that the dose is appropriate based off those lab counts. The doctors and the nurse practitioners are the ones the patients are coming in to see after the labs are being drawn, but the pharmacy staff will double check that the dose is appropriate." The PQI Process concludes by giving details on ropeginterferon alfa-2b-njft boxed warning and most common adverse events, which are flu-like symptoms, itching, sore throat, hypersensitivity reactions, ophthalmologic toxicity, hepatotoxicity, endocrine toxicity, depression and suicide. Dr. Jooma shares that outside of monitoring for depression in patients, he has had a couple patients with recurrent sinus infections and fatigue. However, he says the fatigue usually occurs at the very beginning of treatment and then stabilizes. Similar to CCI, he shares that at FCS follow-up and monitoring is already built in the system, so once he gets a patient at a stable dose they will then come in once a month or once every two months to get their labs done and to ensure everything is going smoothly.

PATIENT- CENTERED ACTIVITIES: KEEPING THE FOCUS ON PATIENTS

The Patient-Centered Activities section is the last section within the **Ropeginterferon alfa-2b-njft (BESREMi®) Use in Polycythemia Vera PQI** and it gives patient-centered guidance for the team. The PQI addresses the need for the team to instruct the patient on ropeginterferon alfa-2b-njft preparation, administration techniques and its adverse effects. Both FCS and CCI have a mix of healthcare providers completing patient education. FCS has teams for special drugs such as ropeginterferon alfa-2b-njft because of its unique administration protocol. Croft explains that once a new order comes over from the provider it automatically alerts the whole team within the system. She states "an email goes out to the ropeginterferon alfa-2b-njft team, which is a multidisciplinary team with pharmacists, pharmacy techs, nurses and some of our revenue people." She further elaborates that "once the physician enters ropeginterferon alfa-2b-njft into a patient regimen, it auto-populates a patient teaching session that must be completed within 7 days prior to the initiation of the first dose." Farina explains that after the medication has been approved by insurance and the pharmacy is ready to dispense, they will then alert their clinic and let the staff know the patient is getting ready to start ropeginterferon alfa-2b-njft . At FCS the pharmacy is responsible for shipping the medication to the clinic and as mentioned before, every patient receives their first 2 fills at the clinic in order to receive training and education. Farina shares that the pharmacy will complete initial counseling with the patient regarding well known side effects and counsel on the need to follow their schedule of lab appointments for routine monitoring. Once the pharmacist

finishes answering any questions the patient may have, they then send them off to the clinic to receive additional counseling and education from the nursing team. Croft from FCS explains that at their clinic "a representative from the manufacturer may be requested to come and educate the clinic on how to give a ropeginterferon alfa-2b-njft injection." Oftentimes the manufacturer will provide a sample demonstration kit for the staff to work through as a refresher on the medication administration. In addition, Clark further explains that once the staff is educated, the manufacturer will also provide a patient welcome kit that serves as teaching aid for the staff to instruct patients on the process of self injection and how to titrate the medication. Landolph shares that the patient welcome kit includes a timer because "a part of the injection process requires the patient to take the syringe out 20 minutes before using so it can come to room temperature." She states it also includes a travel letter signed by their physician letting the airport know that this patient has medication that needs to be kept with them on the plane in a container with a cold pack inside of it.

At CCI, the pharmacists will develop the treatment plan and the hematologists initiate orders, with the patient being scheduled to come back to the clinic for treatment. She then states that "greater than 90% of time that would be an APP visit" meaning that the APPs at CCI are responsible for going over any high risk side effects, dosing schedule, duration of therapy and answering any questions. She clarifies that the physician holds the initial appointment and explains why they are prescribing the drug and its monitoring process followed by giving an educational handout for the patient to take home. When the patient comes back to the clinic to start treatment they can ask the APPs any questions that they have after reviewing the educational handout and will start therapy under their supervision. Childress explains that "APPs will go over any high risk side effects that are rare and then oftentimes we again go over the dosing and schedule. We make sure that the patients know what they are receiving and why they are receiving it as well as what they can expect as far as duration of therapy." She also states that APPs are monitoring for adverse events and when a patient calls in with a side effect the majority of the time they are scheduled to see an APP for toxicity management.

PATIENT-CENTERED ACTIVITIES

- Advise patients to read the FDA- approved medication guide and instructions for use patient labeling
- Counsel on proper storage, preparation, and administration techniques if administering at home
- Instruct patients to report any signs of an allergic reaction, like rash, hives, itching, red, swollen, blistered or peeling skin with or without fever, wheezing, tightness in the chest or throat, trouble breathing, or swelling of the mouth, face, lips, tongue, or throat
- Direct patients to report any signs of depression, suicidal thoughts, or abnormal thinking
- Inform patients to report symptoms of tiredness, frequent urination, and increase in thirst
- Advise females of reproductive age to use an effective method of contraception during treatment and for at least 8 weeks after the final dose, as ropeginterferon alfa-2b-njft may cause fetal harm
- Advise women not to breastfeed during treatment and for 8 weeks after the final dose

THE MEDICALLY INTEGRATED TEAM: A WINNING APPROACH FOR PRIOR AUTHORIZATIONS

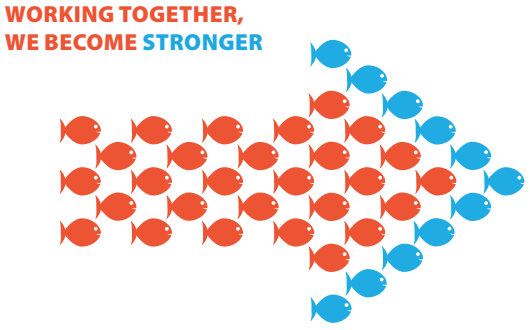
A 2018 study showed that prior authorization and patient assistance were the leading cause of delays for patients receiving their oncolytic therapies.[9] However, it has been shown that medically integrated pharmacies provide timely access, copay assistance, monitoring and management of side effects resulting in increased adherence to therapy and overall improvement in quality and satisfaction.[9] Dr. Jooma shares being medically integrated "makes life so much easier by having the knowledge of what medications are prescribed to the specialty pharmacy", We know "if the patient has received the medication or even when they are expected to get it." He further adds that by having a MIP they are able to handle any issues with insurance and complete prior authorizations or appeals, as there is a case manager assigned to each patient at FCS. He explains that the case managers provide patients

with financial assistance, which is an advantage compared to those who do not use medically integrated pharmacies. In his experience those who don't have access to an MIP "have to make multiple phones calls regarding financial assistance, and 9 out of 10 times, I would say there is a delay in getting their medication."

Wingo at CCI is responsible for pharmacy compliance which includes maintaining all of their policies and procedures that support pharmacy accreditation. She states that "the NCODA accreditation gave us a very good perspective on how we could improve upon and make sure we're giving the best patient care possible for our oncology patients. The other accreditations are a very broad generalization, whereas NCODA's is very specific and very focused on the patient. NCODA understands that we need to be focusing on the patient while making sure we are still doing everything possible to maintain our standards and best level of practice." NCODA's accreditation provides standards on all aspects of benefit investigation and how patient assistance should be coordinated by the MIP team which includes prescription coverage, copay determination and copay assistance. Childress shares that a benefit of being medically integrated is that prior authorizations (PA) are started in-house. She says if there are questions about the particular indication or dosing for the drug and things of that nature, there is very easy communication between the care team and the PA team. She excitedly expresses that at CCI their "PA team is exceptional and very efficient in getting those patient's medications approved quickly. Which in the ends puts the medication more quickly in the patient's hands and gives quicker disease control and may even lead to overall improved prognosis and control of symtoms." For time reference, Butler shares that the PA department will typically have PAs completed within 0.5- 3 days days which is a very quick turnaround time. She also shares that they have an order built into their EMR system to help physicians know to send a 28 day supply of BESREMi® "because we do not want to give the patient too much medicine with the chance of getting taken off the medication and their not needing it anymore. Lastly she mentions that insurance companies have a set co-pay for 14 day supply and 28 day supply of BESREMi®, so by intentionally dispensing a 28 day supply of medication they are ensuring the "patient is getting more bang for their buck."

CONCLUSION: NCODA, THE BESREMi® PQI

The Medically Integrated Team provides value to patients. Butler sums up the value of a MIP by saying " with our accreditation we are constantly reaching out to patients to check in on them and seeing how they are doing. Having that level of care in these patients is really important to them, they feel like they are better taken care of and they feel as if they are your priority, which they are. You know that they are our patients as well as the doctor's patients, so we are going to treat them at the same level that the doctor would in their office." Additionally, being Medically Integrated provides a confidence in how you provide patient care, which Farina shows by stating "At FCS, I feel that we are well equipped to handle dispensing of ropeginterferon alfa-2b-njft. You know this is our bread and butter, this is what we do when we have a drug that needs high touch special care for our patients and careful monitoring, we are good at this, we know what to do, and we can always put a plan in place in and improve upon it as needed to have the best outcomes for our patients." The **Ropeginterferon alfa-2b-njft (BESREMi®) Use in Polycythemia Vera PQI** provides the Medically Integrated Team with an easy to use, compact clinical resource guide 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 **Ropeginterferon alfa-2b-njft (BESREMi®) Use in Polycythemia Vera PQI** meets NCODA's Guiding Values of being Patient-Centered and Always Collaborative.



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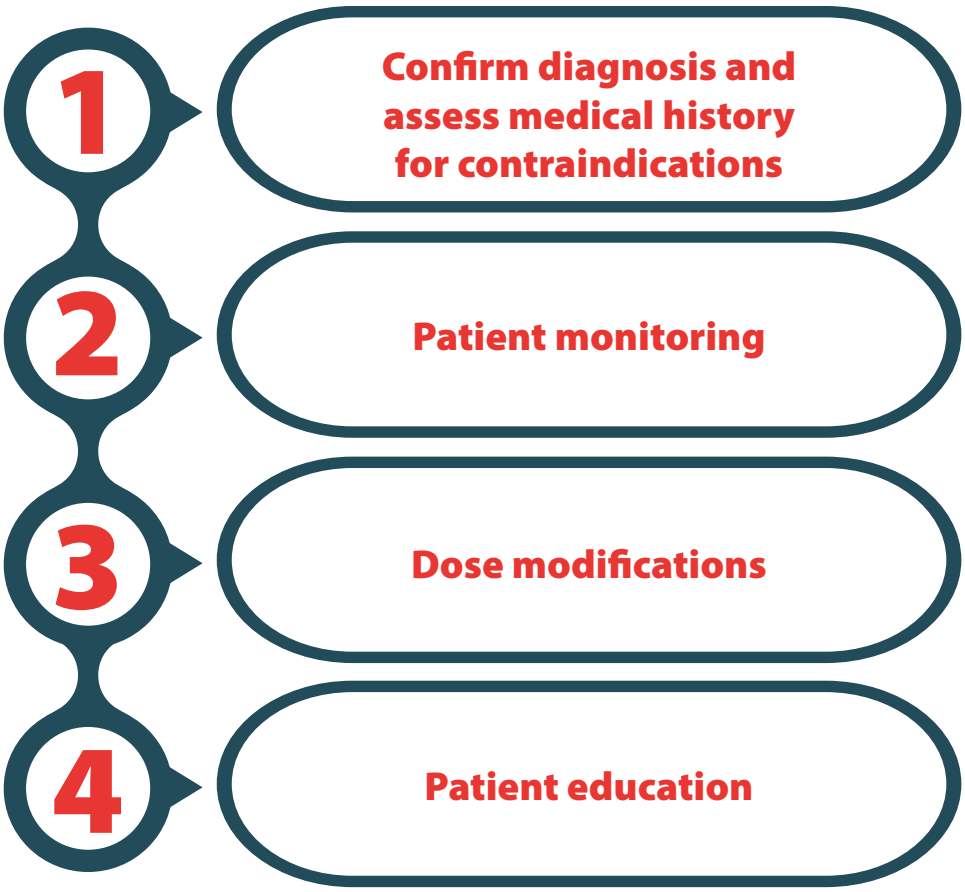
Helpful Online Resources

- NCODA Website
- Positive Quality Interventions
- Ropeginterferon alfa-2b-njft (BESREMi®) Use in Polycythemia Vera PQI
- NCODA Medically Integrated Pharmacy Accreditation

PQI PRINCIPLES:



ON THE COVER:

- The Medically Integrated Pharmacy Team at CCI provides top notch customer service.

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

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.

NCODA'S POSITIVE QUALITY INTERVENTION IN ACTION

October 2023