Overcoming Challenges in Outpatient Drug Therapy

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Ambulatory Leukemia-BMT Clinic

- 40-bed/chair clinic
- >14,000 visits last year
  - 113 AML & ALL patients for consolidation therapy
  - 64 auto-SCT for MM
  - 73 patients for allo-SCT supportive care until day +100
- Increase in patient referrals at a rate ~8%/yr

Overview of Pharmacy Practice

- Facilitators of rational drug therapy
- Providers of pharmaceutical care
  - Monitor treatment plans
  - Educate patients and providers
  - Promote cost-effective therapy
- Identify patients at high risk for poor medication-related outcomes
  - All transplant patients
  - All patients receiving IV antimicrobials

Outpatient Drug Therapy Challenges

- Delivery of outpatient IV antibiotics
- Obtaining drug benefit approval from Pharmacare
- Communication of medication information to outpatients

Once Daily Vancomycin?

Conflicts of Interest

<table>
<thead>
<tr>
<th>Conflict</th>
<th>Status</th>
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<tbody>
<tr>
<td>Research support</td>
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<tr>
<td>Employee</td>
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Battling with PharmaCare

- Antifungal prophylaxis for transplant patients on steroids for GVHD
  - Fluconazole
    - Not a full benefit drug unless prescribed by BMT staff physician or PharmaCare Special Authority submitted
  - Voriconazole
    - Not a benefit drug unless PharmaCare Special Authority submitted for treatment of IA initiated in hospital
  - Posaconazole
    - Not a benefit drug, coverage considered for IA if intolerant or fail other therapies or for mucormycosis

More Challenges Ahead...

"I don't think that's what the pharmacist meant when he said 'Take for two days and skip a day.'"

Are we effective communicators?

- 48 y/o male post-DCBT for ALL complicated by acute GVHD (gut) on prednisone
  - Steroid-induced DM on insulin NPH 17 units QAM

\[\text{Pre-Sugar} < 10 \quad (8)\]
\[\text{Pre-Sugar} < 10\]

\[\text{NPH dose by 2 units every 2-3 days to target}\]

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