# Oral oncolytics:

# Strategies for improving adherence and persistence

Oral oncolytics (oral cancer treatments) are increasingly prevalent as potentially more convenient, self-administered approaches to treatment. However, many healthcare organizations have not yet established a formal program for managing treatment with oral oncolytics. Challenges around care coordination and support, adverse effects, inadequate patient education, and financial toxicity can lead to some patients unnecessarily modifying or discontinuing oral oncolytics treatment.

Standardizing a therapy management plan as a health system is the foundational first step to ensuring consistency in workflow and addressing challenges to patient adherence and persistence. With this foundation in place, the insights highlighted below can be adapted, combined, and integrated to build a comprehensive approach based on your health system's needs and capacity. Read on for five strategies to consider implementing to appropriately improve adherence and persistence to oral oncolytics treatment at all stages of the patient journey.

Scale for estimated implementation effort<sup>1</sup> High Medium Low

# PREVALENCE: of all new oncology

drugs in development

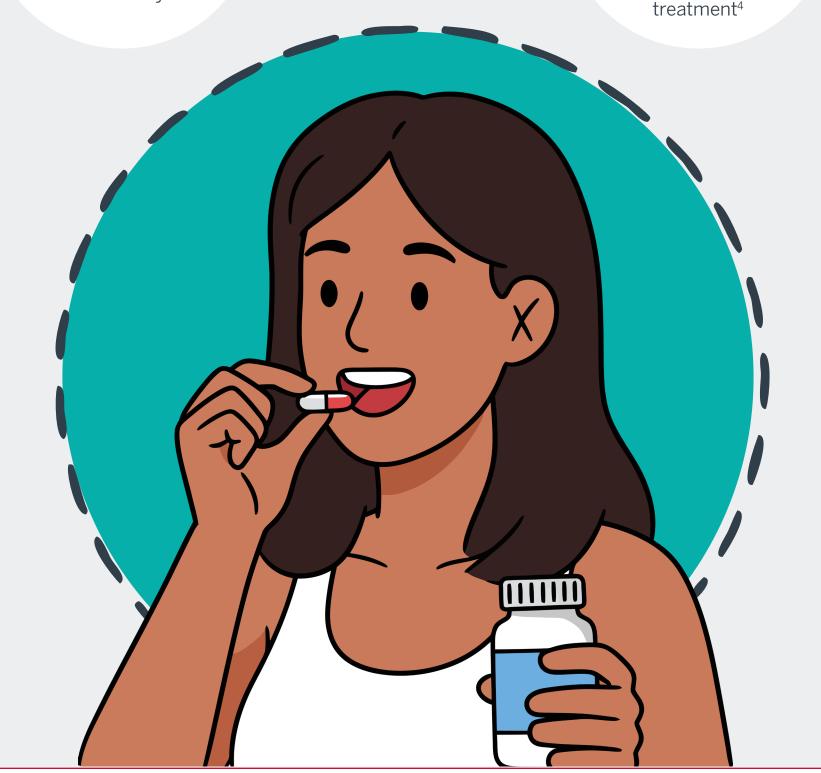
are oral oncolytics<sup>2</sup>

average nonadherence rates for oral oncolytics<sup>3</sup>

**ADHERENCE:** 

of patients abandoned their oral oncolytics treatment regimen within 90 days of initiating

PERSISTENCE:





#### STRATEGY 01

### Provide patient education on available access programs

#### What it is

Financial advocacy services connect patients with co-pay programs, grants, and foundations to potentially mitigate financial toxicity and improve access to oral oncolytics. Advocates guide patients through complex applications or complete them on their behalf, reducing patient responsibility and ensuring timely treatment initiation.

#### Estimated implementation effort<sup>1</sup>

Medium<sup>3</sup>

- Eases patients' administrative burden, saving time and energy.
- May reduce treatment interruptions or therapy abandonment caused by financial constraints.



#### **Considerations**

**Potential benefits** 

- Organizations can assign financial advocacy to a dedicated role or integrate it into existing team members' duties, such as pharmacy techs or patient navigators.
- Early access to financial advocacy services can help prevent medication access delays due to cost barriers.
- Review regulations like anti-kickback laws, Stark laws, and HIPAA to ensure financial advocate compliance.

\*We recognize that all institutions are at different levels, so this rating reflects the opinion of the ten stakeholders interviewed as well as Advisory Board analysis.

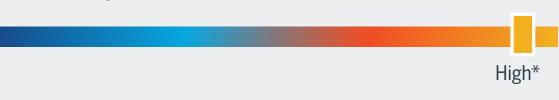
#### STRATEGY 02

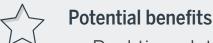
### Improve EHR interoperability to unify access to patient information

#### What it is

Interoperable electronic health records (EHRs) have the potential to enable seamless, real-time sharing and access to critical patient data such as medication orders, lab results, and patient-reported side effects. By connecting oncologists, pharmacists, and other healthcare providers, an interoperable EHR may provide continuity of care across the care team and could improve response times.\*\*







- Real-time data access, aiding in error prevention.
  - Potentially centralizes documentation, may reduce workload and enable more focus on patient care.



- · Some EHRs offer data tracking and reporting tools to evaluate potential treatment outcomes and may improve quality.
- Having the ability to integrate pharmacy management software with EHRs automates data exchange, which can reduce dualdocumentation efforts.



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#### **STRATEGY 03**

#### Embed follow-up communication based on patient risk

#### What it is

Risk-based follow-up plans tailor patient engagement to treatment complexity and nonadherence risks, providing personalized patient communication beyond initial follow-ups. These plans incorporate regular assessments of adverse events and adherence, with higher-need patients receiving more frequent evaluations to proactively address barriers and prevent discontinuation.\*\*

Estimated implementation effort<sup>1</sup>





- May identify patients at high risk for emergency department (ED) visits or hospital admissions to help avoid those outcomes.
- Might optimize resources by focusing follow-ups on higher-risk patients.
- · Might enhance patient satisfaction and engagement through personalized communication.



# **Considerations**

- Develop a scorecard to assign patient risk levels based on criteria like pill burden and comorbidities, guiding communication intensity.
- Create and embed a tool in the EHR to automate scoring, schedule follow-ups, and send reminders for clinicians and patients.

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# STRATEGY 04

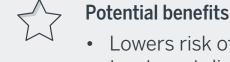
# Prioritize standardized patient education across the entire care journey

# What it is

Patient education delivers information about oral oncolytics through verbal counseling, written materials, and digital tools at key stages — before treatment, during initiation, and throughout treatment — to support adherence and persistence. Often led by pharmacists or pharmacy technicians, nurses, APPs, etc., patient education emphasizes proper administration, adverse effects, and approaches for managing challenges, while providing clear pathways for immediate support if needed.

# Estimated implementation effort<sup>1</sup>

Low\*



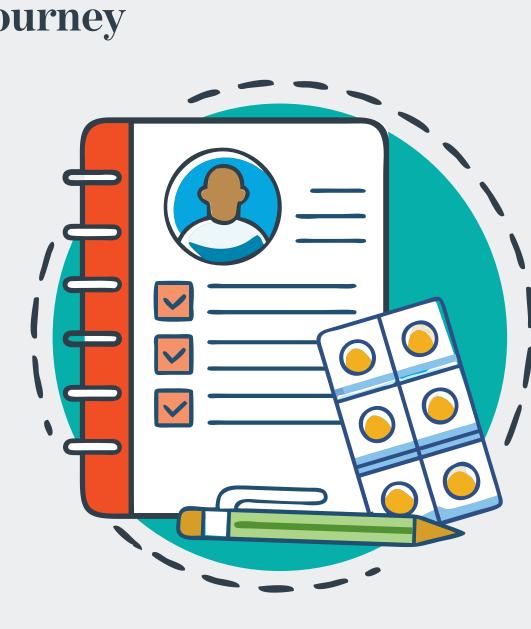
- Lowers risk of missed doses or inappropriate treatment discontinuation. • Empowers patients to report adverse effects
- timely, enabling quick action and may help to avoid unnecessary ED visits or hospitalizations.



# **Considerations**

- Regulations from bodies like the Joint Commission and Centers for Medicare & Medicaid Services mandate patient education before starting oral oncolytics, and standardized materials from pharmaceutical companies can support comprehensive ongoing education. Leverage digital tools like apps, online platforms,
- and electronic materials for continued education and support.

 Include education on managing self-care, involve caregivers in sessions, and engage the multidisciplinary care team for diverse insights.



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# **STRATEGY 05**

#### Establish reciprocal trust within care team and between patients and providers

#### What it is Establishing reciprocal trust within the

multidisciplinary care team facilitates collaboration, communication, and timely interventions, supporting patient-centered care. This lays the groundwork for fostering trust in patient-provider relationships, driving greater patient engagement, openly discussing challenges, and proactively seeking support — which together may enhance appropriate adherence and persistence in oral oncolytics treatment.

# Estimated implementation effort<sup>1</sup>

Low<sup>3</sup>



- Boosts team confidence in decision-making for more timely responses to patient needs or issues.
- enabling more timely interventions and reducing complications.

Encourages patients to report challenges early,



#### **Considerations** Ask patients about their preferences and unique

**Potential benefits** 

- needs during treatment initiation, making patients more likely to engage in their care. Provide oncology-specific training opportunities
- to enhance providers' knowledge and skills, helping to build confidence within the care team and with patients.

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**Definition of scale for estimated implementation effort:** 1. Overall level of organizational commitment and resource coordination required to execute a strategy or initiative, including staffing, leadership engagement, time commitment, financial resources,

and operational complexity. **Sources:** 2. McBride A. The Emerging Role of Oral Oncolytics. Oncology Issues. Jan 24, 2020.



3. Vyas A, et al. Association between adherence with oral anticancer medications and short-term health care resource utilization: A 2010-2018 claims-based analysis. J Manag Care Spec Pharm. Jan 15, 2024.

Unless otherwise specified, all information in this infographic came from Advisory Board interviews and analysis.

4. Doshi JA, et al. Association of Patient Out-of-Pocket Costs With Prescription Abandonment and Delay in Fills of Novel Oral Anticancer Agents. J Clin Oncol. December 20, 2017.



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