BACKGROUND
- On September 26, 2016 the FDA approved ustekinumab for the treatment of Crohn’s disease (CD), which uniquely requires administration via two distinctly different methods, induction intravenous (IV) infusion followed by maintenance subcutaneous (SubQ) self-injection.
- While therapeutically appropriate, the two dosing methods present administrative challenges beyond currently available treatments including verification of insurance coverage for both medical and pharmacy benefit, coordination of medication distribution, and care coordination and communication between the infusion service and specialty pharmacy.
- To ensure continuity of care, the successful facilitation of this process requires a care system that has experience in managing both infusion and specialty pharmacy medications.

METHODS
- In this descriptive analysis we characterize the patient, provider, and dispensing process across multiple sites of care.
- We highlight common scenarios experienced by patients and summarize unique opportunities of coordinating treatment across multiple care settings.

OBJECTIVE
Describe process and key learnings for complex therapy administration.

MOST COMMON SCENARIOS

UNIQUE MANAGEMENT OPPORTUNITES

CONCLUSIONS
- Prior to the approval of ustekinumab, Fairview Pharmacy Services identified potential gaps in coordination between different clinical settings and partnered with the health system, local clinics, and infusion centers to seamlessly coordinate care across medication delivery settings.
- A designated Specialty Care Coordinator is responsible for performing end-to-end communication and coordination of all activities for patients to ensure the transition between delivery settings does not result in gaps in therapy or medication waste.
- Through this program, we identified unique management opportunities, where coordination of services benefits the patient, payer, and healthcare system.
- Since process implementation, we have successfully coordinated ustekinumab administration for over 200 patients both within and external to our health system and all patients appropriately received the IV induction dose, prior to receiving the SubQ maintenance dose.

RESULTS
- The provider orders ustekinumab, but the insurance benefit requires a trial of other therapies prior to ustekinumab.
- We work with the clinic and insurance company to support step therapy requirements and ensure appropriate program criteria have been satisfied before initiating ustekinumab.
- This proactive communication acts as a waste management strategy by ensuring the patient only receives the IV dose when they are willing and able to continue therapy with subsequent SubQ treatment, eliminating the scenario of a wasted induction dose and need to switch to a different CD treatment.

COORDINATION OF CARE & APPROPRIATE DELAYS
- Some patients have had surgeries scheduled prior to the ustekinumab IV infusion so we will coordinate services and follow-up with the patient and the provider at the appropriate time, post-surgery.
- This coordination and post-surgery follow-up ensures that therapy is being initiated appropriately, the patient and provider still wish to pursue therapy, and IV dose is administered when they are willing and able to continue therapy.

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- This coordination and post-surgery follow-up ensures that therapy is being initiated appropriately, the patient and provider still wish to pursue therapy, and IV dose is scheduled prior to dispensing any self-injectable product.