

Care Step Pathway to Optimize Adherence to Oral Medications in Melanoma

Step 1: Initial Assessment/Evaluation

General:

- Assess patient's ability to understand directions and follow treatment schedule (i.e., any learning barriers or organic causes of cognitive deficits?)
- Is there adequate family/social support?

Education:

- Go over benefits/risks
- Instruct patients on how to store and take medications
- Emphasize the importance of follow-up visits
- Remind patients to take medications at approximately the same time each day (go over dosing calendar)
- Provide instructions about what to do about missed doses
- Discuss safe sex/birth control if applicable
- Discuss common side effects
- Discuss when to call the clinic/provider

Pharmacy/Insurance:

- Does patient have prescription benefits? If so, what are those benefits (e.g., co-pay)?
- Is prior authorization required?
- Does medication have to be filled at a specialty pharmacy?
 - o Is that pharmacy a mail-order or local pharmacy?
- Obtain medication reconciliation, if possible, or at least medication list

Relevant Medical History:

- Ability to tolerate orals (solids & liquids—can patient swallow pills?)
- Nausea/vomiting, absorption issues
- Previous GI toxicity from immunotherapy, bowel obstruction from tumor, etc.
- Other comorbidities (diabetes, heart disease)

Step 2: Screening Prior to Initiation of BRAF/MEK Therapy

General Exam:

- Check vitals, comprehensive H&P to assess for pre-existing thromboembolic, cardiac, ocular, and other conditions per the manufacturer's instructions
- Assess for previous toxicity from other treatments (i.e., pulmonary, liver, ocular)

Labs:

Obtain CBC w/differential, CMP (include glucose for dabrafenib), Alk Phosp, ALT, AST, total and direct bilirubin, creatine kinase (for cobimetinib or binimetinib); gamma-glutamyl- transferase (for cobimetinib/vemurafenib)

Cardiac:

- Perform echocardiography for LVEF (any MEK-containing regimen; ECG (for vemurafenib or encorafenib)

Dermatologic:

- Perform thorough skin assessment. Refer to dermatology provider if patient has not had a comprehensive dermatologic exam >1 year or has a strong history of other non-melanoma skin cancer

Step 3: Continued Assessment/Evaluation

Ongoing Counseling:

- Query patients about how they are taking medications (storage, fasting, medication list changes)
- Probe for side effects (checklist preferred)
- Query about any hospitalizations or care by another provider
- Review when to call the clinic/provider, emphasizing need for oncology team to be the first contact for medical issues

Labs:

Repeat baseline labs (q1 month)

Cardiac:

- Repeat echocardiography at 1 month and every 2-3 months while on treatment
- If ECG performed (on vemurafenib or encorafenib), repeat ECG at 14 days, monthly x3, and then every 2-3 months while on treatment
- Perform ECG more frequently if on medications affecting QTc, or as needed if patient starts new agents that may have QTc prolongation

Dermatologic:

- Perform in-office skin exams, by clinical provider, every 2 months

RED FLAGS:

- High co-pay
- Crushing or breaking pills; altering the schedule to save money (once daily versus twice daily)



Alk Phosp = alkaline phosphatase; ALT = alanine aminotransferase; AST = aspartate transaminase; CBC = complete blood count; CMP = complete metabolic panel; ECG = electrocardiography; GI = gastrointestinal; LVEF = left ventricular ejection fraction