# Impact of Specialty Pharmacies on Stomatitis Prophylaxis with Dexamethasone at Everolimus Therapy Initiation

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### Background

2017 SWISH trial concluded that prophylactic use of dexamethasone mouthwash reduced the incidence and severity of stomatitis of patients on Everolimus (Afinitor®). Thereafter everolimus prescribing information was updated to include use of dexamethasone at everolimus initiation. Specialty pharmacies (SPs) are in a unique position to ensure patients start therapy appropriately to reduce adverse events, increase adherence, and improve outcomes.

### Methods

- Retrospective observation of data within TherigySTM® clinical management platform between July 2018 to April 2020 of selected SPs where patients (n=206) were screened for mouthwash prescription at everolimus
- TherigySTM® prompted users to screen for mouthwash upon patient onboarding and clinical assessments.
- If mouthwash script is negative, resources on the benefits and a link to a free voucher for dexamethasone was provided.
- Negative statuses were compared upon subsequent clinical follow-ups to track change.
- Data was collected via TherigyInsights<sup>™</sup> and odds ratio (OR) analysis performed using Microsoft Excel®.

### Objective

Observe the impact of specialty pharmacies on improving outcomes and quality of care for patients via access to dexamethasone upon initiating everolimus.

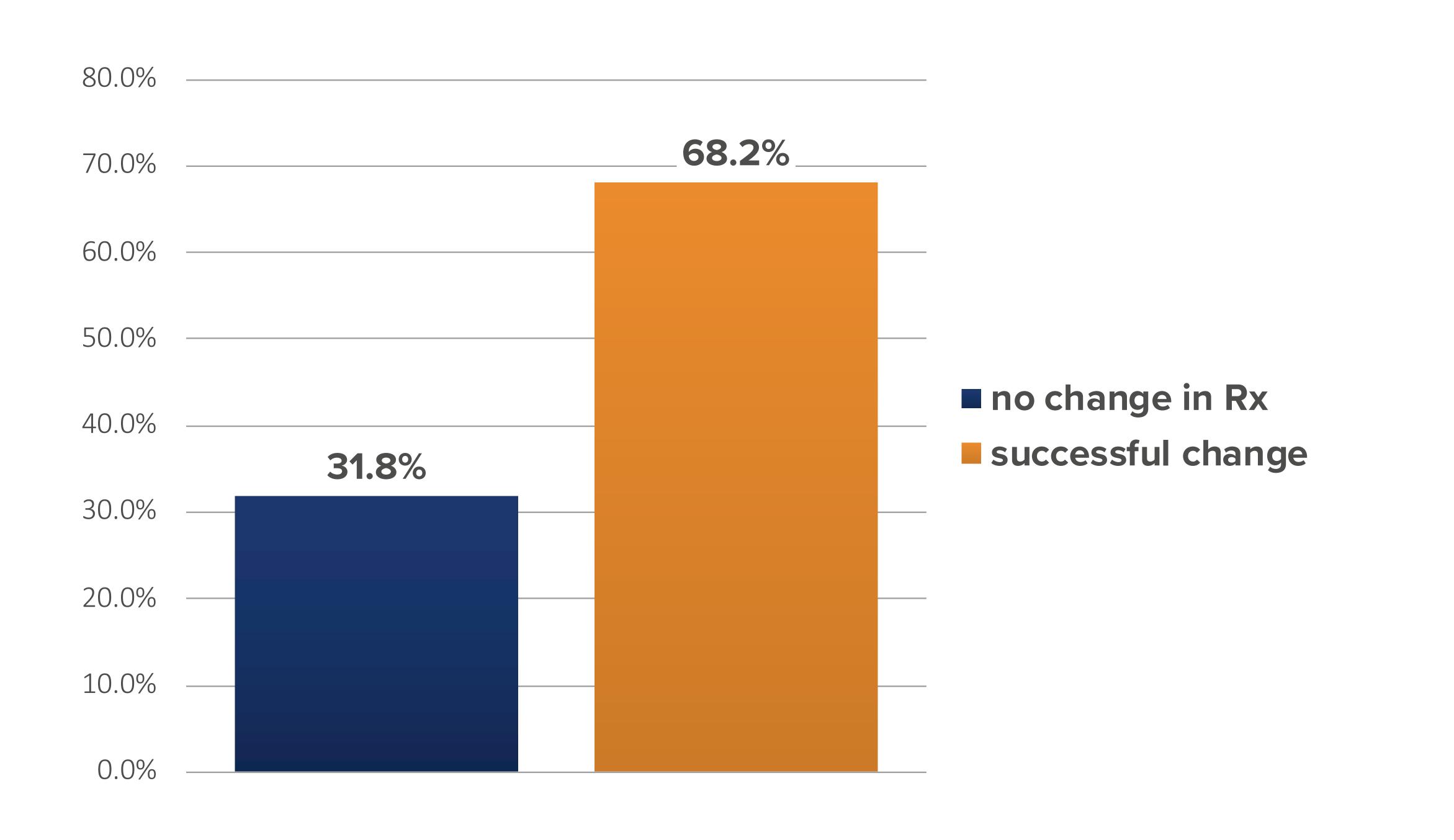
### Results

- A total of 102(49.5%) patients reported "yes" to script versus 117(56.8%) on the last observable follow-up
- In pts with ≥2 responses (n=22), 15(68.2%) reported a positive change of "no" to "yes" for script.
- In pts with discontinuations (n=90), 11/28 (39.3%) with no dexamethasone ended ≤30 days versus 7/62 (11.3%) with dexamethasone; OR: 5.1 (95% CI 4.9-5.3; p=0.003).

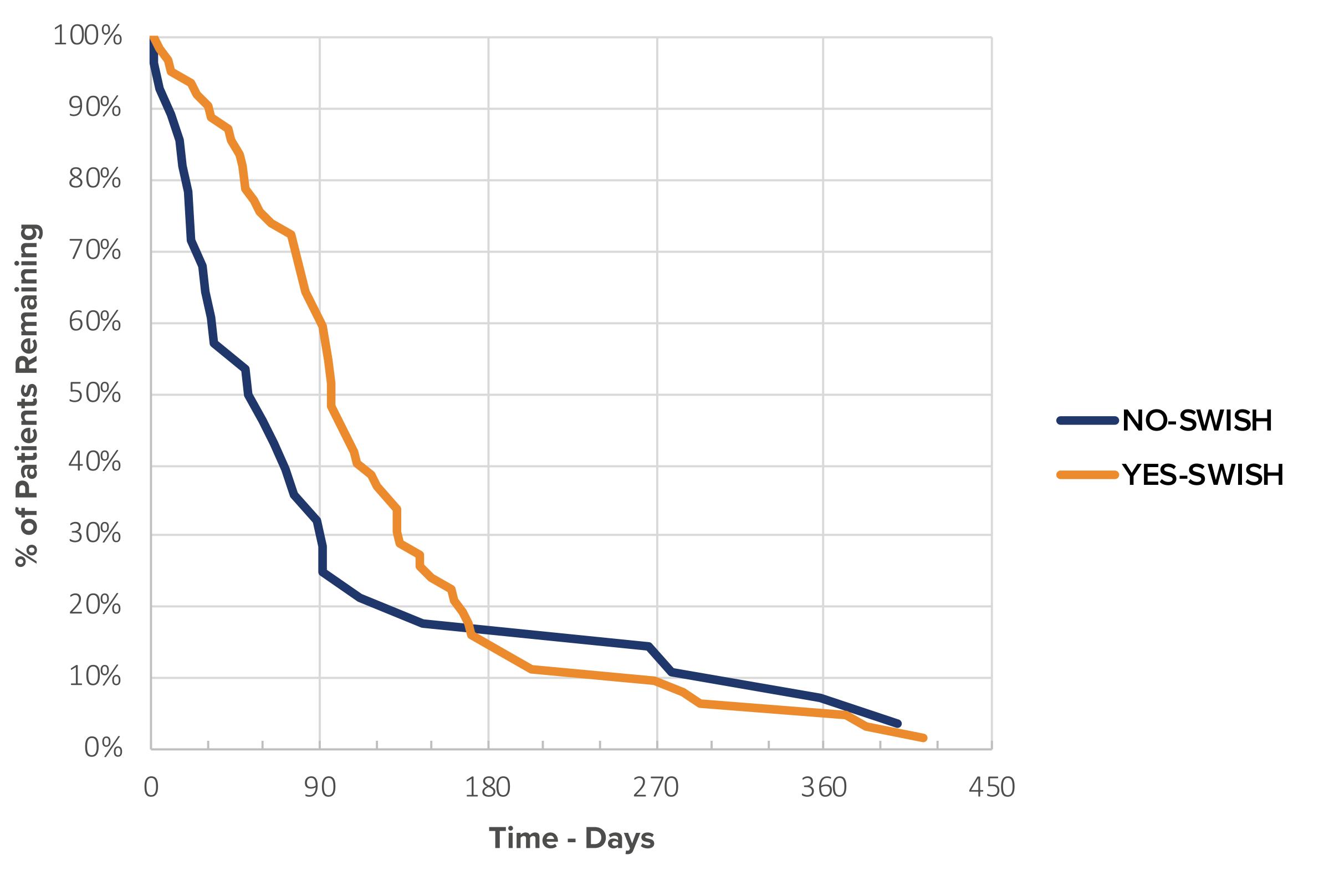
## Conclusion

- Patients starting everolimus without dexamethasone showed a significantly higher chance of early therapy discontinuation and patients that initially did not have dexamethasone script had a 68.2% positive status change.
- The limitations of the study include data gaps such as incidence and severity, resolution of stomatitis, and valid reasons to a negative dexamethasone script.
- It is unclear that dexamethasone is solely responsible if a patient is likely to discontinue early. However, patients who ultimately reported access to dexamethasone can be viewed as a surrogate marker of success from services performed by SPs.
- SPs who are ensuring patients having a proper start of therapy are more likely to perform other services in maximizing patient's outcomes. Future prospective studies would be needed to address the data gaps mentioned.

## Dexamethasone Rx Status Change

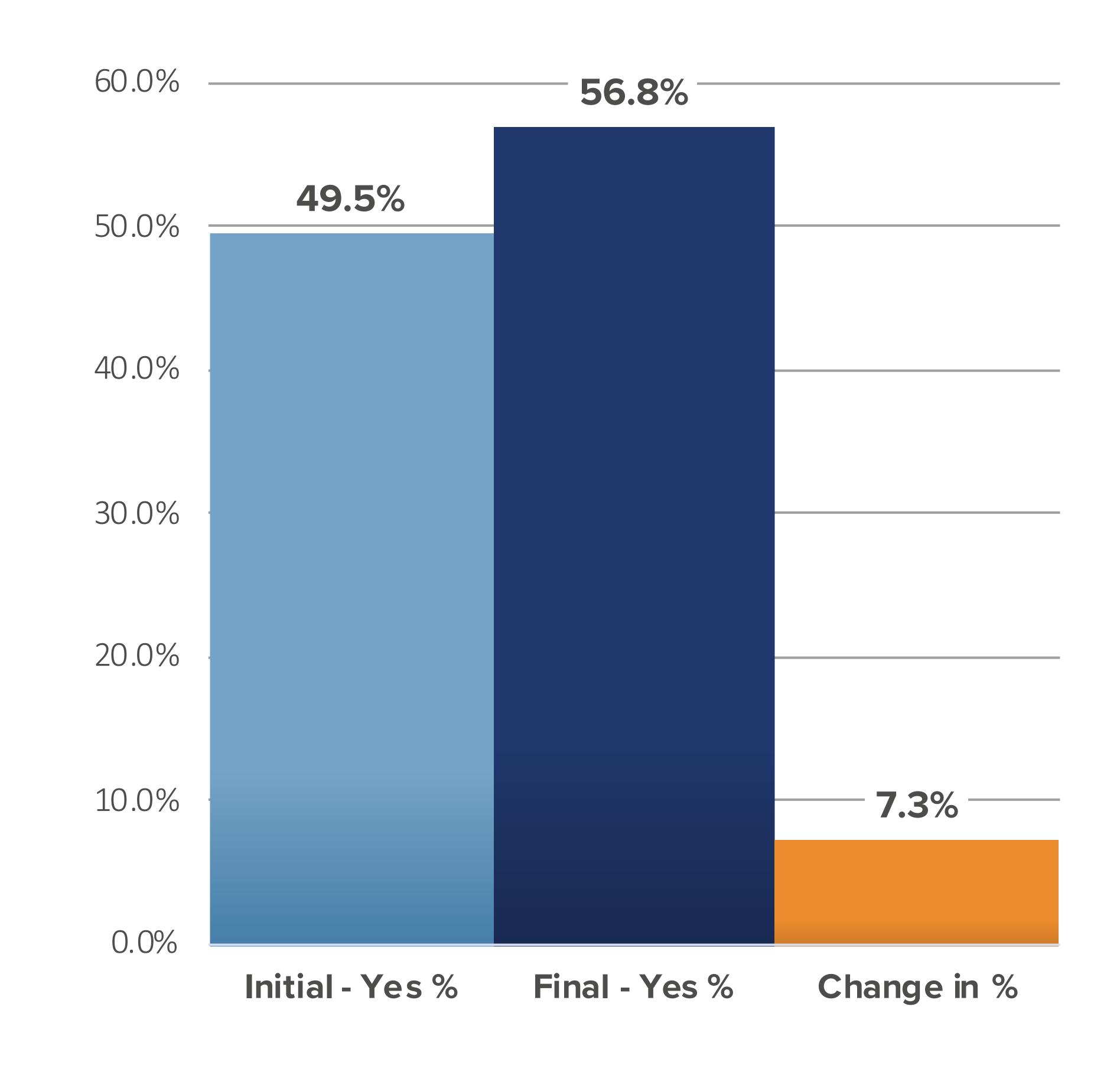


## Time to Discontinuation Due to Any Clinical Reasons



SWISH STATUS	Discontinued in 30 days or less
NO Dexamethasone Rx (n=28)	39%
YES Dexamethasone Rx (n=62)	11%

### Dexamethasone Rx at Baseline Comparison



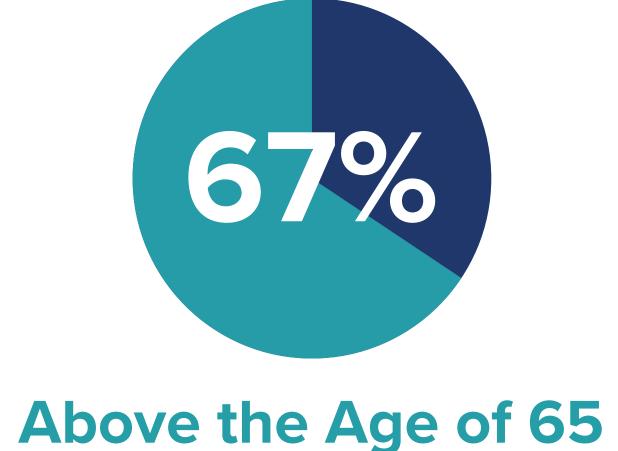
## Patient Demographics



**Most Prevalent Documented Diagnosis:** 

Advanced HR+, HER-2 **Breast Cancer** 

169 New to AFINITOR 20 Existing AFINITOR Patients 17 AFINITOR Status Unknown



AFINITOR (everolimus) [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. 2020

Rugo HS, Seneviratne L, Beck JT, et al. Prevention of everolimus-related stomatitis in women with hormone receptor-positive, HER2-negative metastatic breast cancer using dexamethasone mouthwash (SWISH): a single-arm, phase 2 trial. Lancet Oncol. 2017;18(5):654-662. doi:10.1016/S1470-2045(17)30109-2