

Implementation of a Drug Replacement Workflow within Health-System Outpatient Infusion Centers



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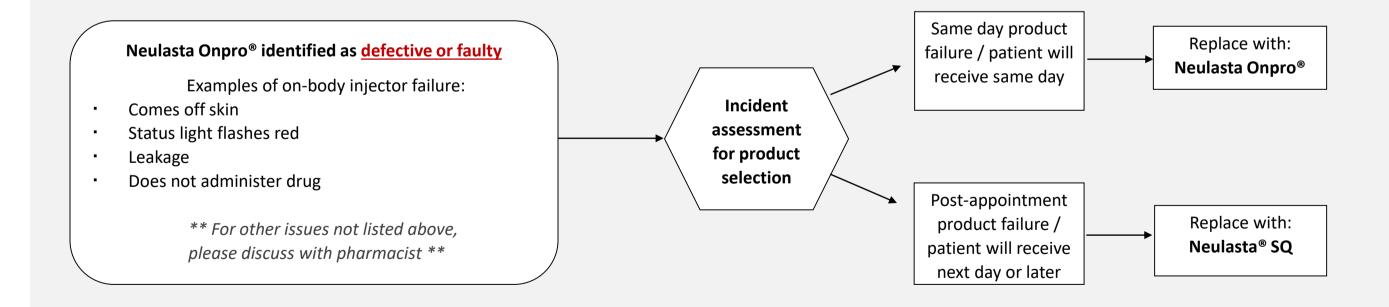
Problem

- Neulasta Onpro ® is a granulocyte colony-stimulating factor (G-CSF) on-body injector device utilized as febrile neutropenia (FN) prophylaxis following myelotoxic chemotherapy
- Studies have revealed Neulasta Onpro ® failure rates as high as 6.9%, resulting in missed/partial doses and higher risk for FN or FN-related hospitalization
- Failed devices are not reimbursable and patient's must return to infusion clinic to receive replacement device
- In 2022, approximately 10 failed Neulasta Onpro ® devices dispensed by the University of Chicago Medicine (UCM) outpatient chemo clinic were reported
- The Average Wholesale Price (AWP) of a single Neulasta Onpro ® device is ~\$7,800
- Failed devices can be replaced through manufacturer replacement programs

Goal

- Standardize the workflow for replacing failed drug devices such as Neulasta Onpro®
- Reduce overall waste and cost to the health-system through manufacturer replacement programs
- Ensure accurate reconciliation of drug administration

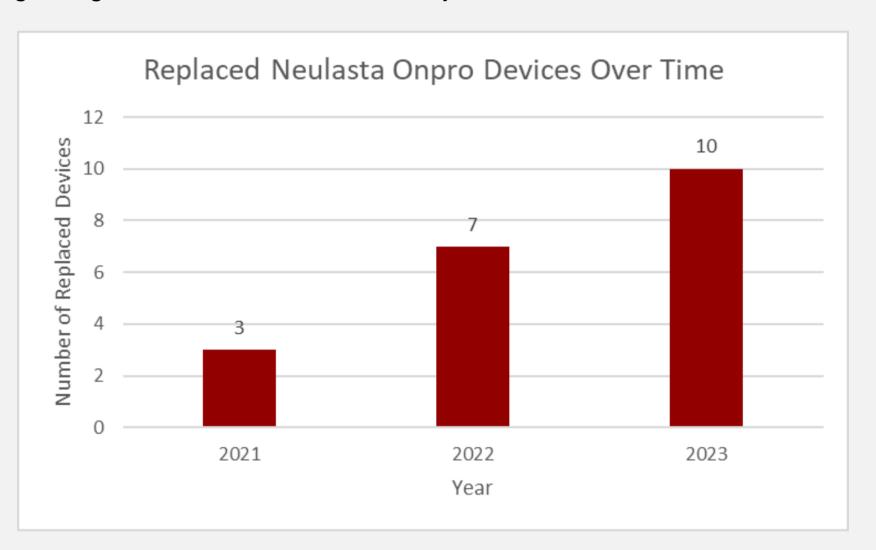
Intervention Design



- Brainstormed and completed a needs assessment
- Collaborative effort between pharmacy, nursing, and revenue cycle
- Developed a workflow outlining steps from time of failure to dispensing and replacement
- Held multiple training sessions among stakeholders
- Workflow was implemented and piloted within a single infusion center

Impact

- Improved tracking and documentation system in the event of a failed device
- Increase in number of devices replaced by pharmacy
- Reduce cost to health-system through utilization of manufacturer replacement program
- Increase drug billing and reimbursement accuracy on failed devices



Next Steps

- Continue measuring the number of Neulasta Onpro ® products replaced over time
- Collect feedback from team members to identify and correct any gaps in the workflow
- Expand and implement the workflow across other UCM outpatient infusion clinic location
- Drug replacement concept can be applied to other medications with risk of failure or waste

References

1. McBride A, Krendyukov A, Mathieson N, et al. Febrile neutropenia hospitalization due to pegfilgrastim on-body injector failure compared to single-injection pegfilgrastim and daily injections with reference and biosimilar filgrastim: US cost simulation for lung cancer and non-Hodgkin lymphoma. J Med Econ. 2020;23(1):28-36. doi:10.1080/13696998.2019.1658591