

Project Title: Enhancing Efficiency in Oral Antifungal Dispensing for MHCT Patients

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Institution: Memorial Cancer Institute

Date: June 2025

Problem Statement

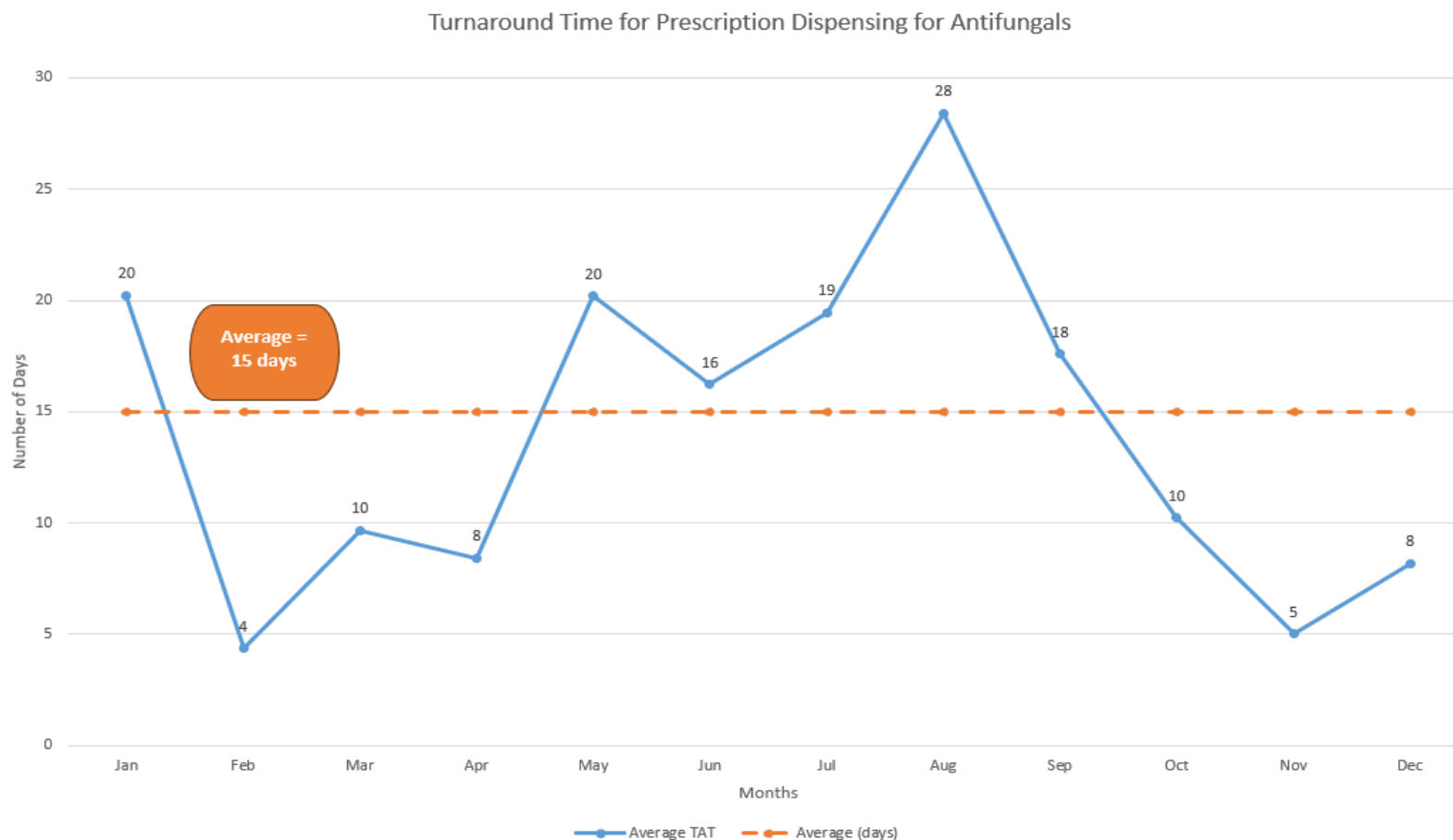
Between the months of January to December 2024, MHCT patients with a diagnosis of AML and MDS receiving active chemotherapy and allogeneic stem cell transplant (SCT) patients requiring posaconazole or isavuconazole for fungal prophylaxis and/or treatment waited an average of 15 days to receive these medications from the time of electronic prescribing to the first dispense.

Baseline data summary

Item	Description
Measure:	Time (days) from electronic prescribing to prescription dispensed
Patient population: (Exclusions, if any)	AML and MDS receiving active chemotherapy and allogeneic stem cell transplant (SCT) patients requiring posaconazole or isavuconazole for fungal prophylaxis and/or treatment
Calculation methodology: (i.e. numerator & denominator)	Date of prescription release to date of prescription dispensed for first fill
Data source:	Epic Workbench Reports
Data collection frequency:	January to December 2024
Data limitations: (if applicable)	Prescriptions may be e-prescribed but not released to the pharmacy for dispensing Prescriptions transferred to outside pharmacy (non-Memorial Healthcare Pharmacy)

Outcome Measure

Baseline data

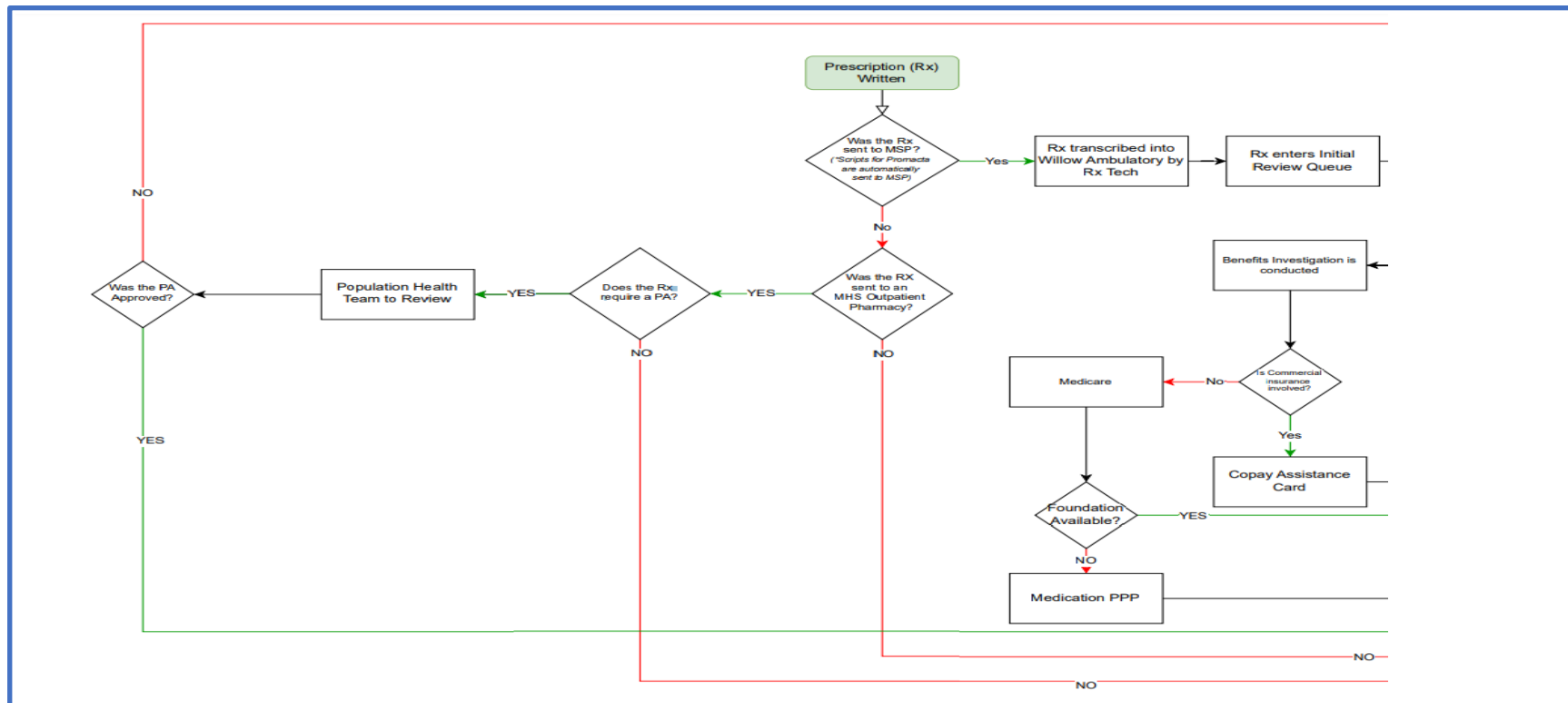


Aim Statement

By June 2025, antifungal prescription dispense turn-around-time will be reduced by 20%

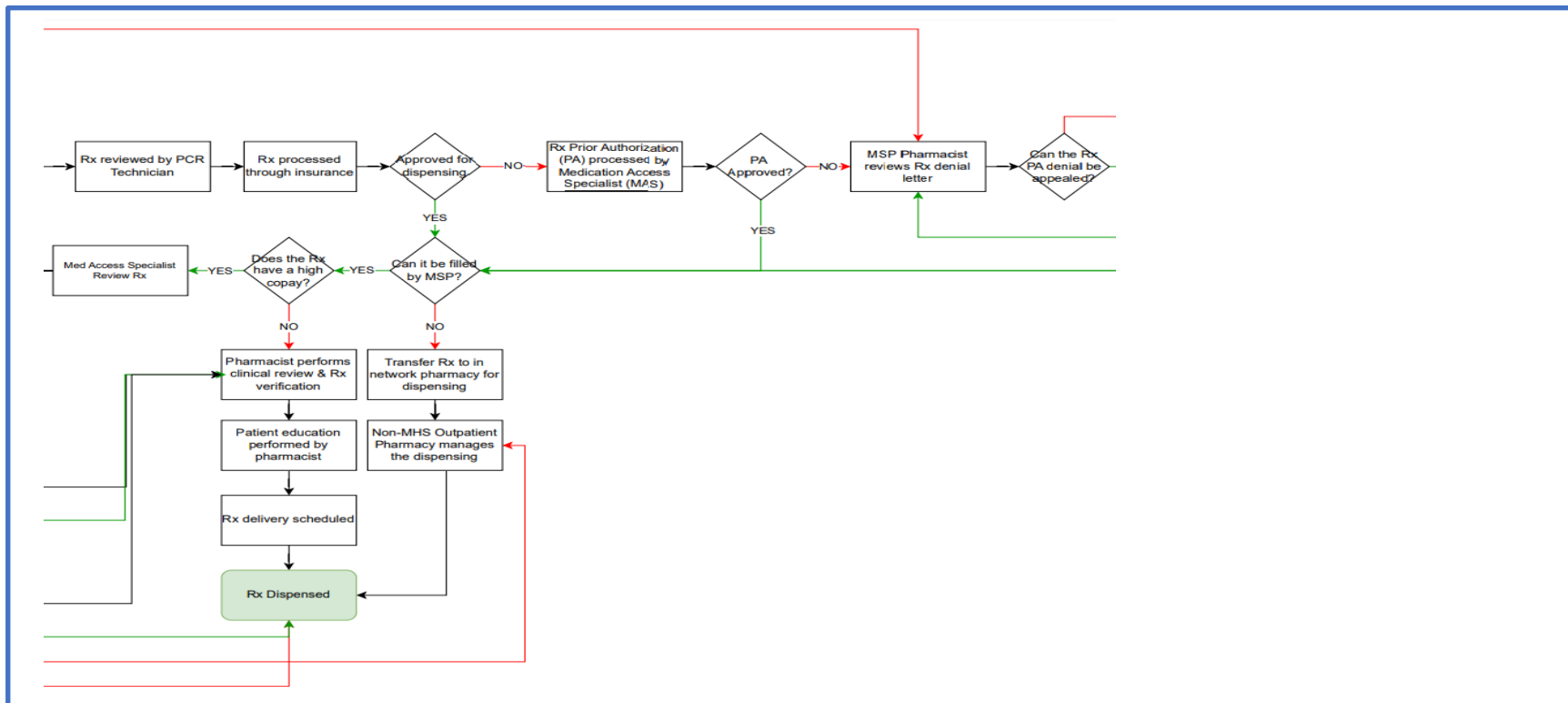
AML and MDS receiving active chemotherapy and allogeneic stem cell transplant (SCT) patients requiring posaconazole or isavuconazole for fungal prophylaxis and/or treatment waited an average of 15 days to receive these medications from the time of electronic prescribing to the first dispense.

Process map



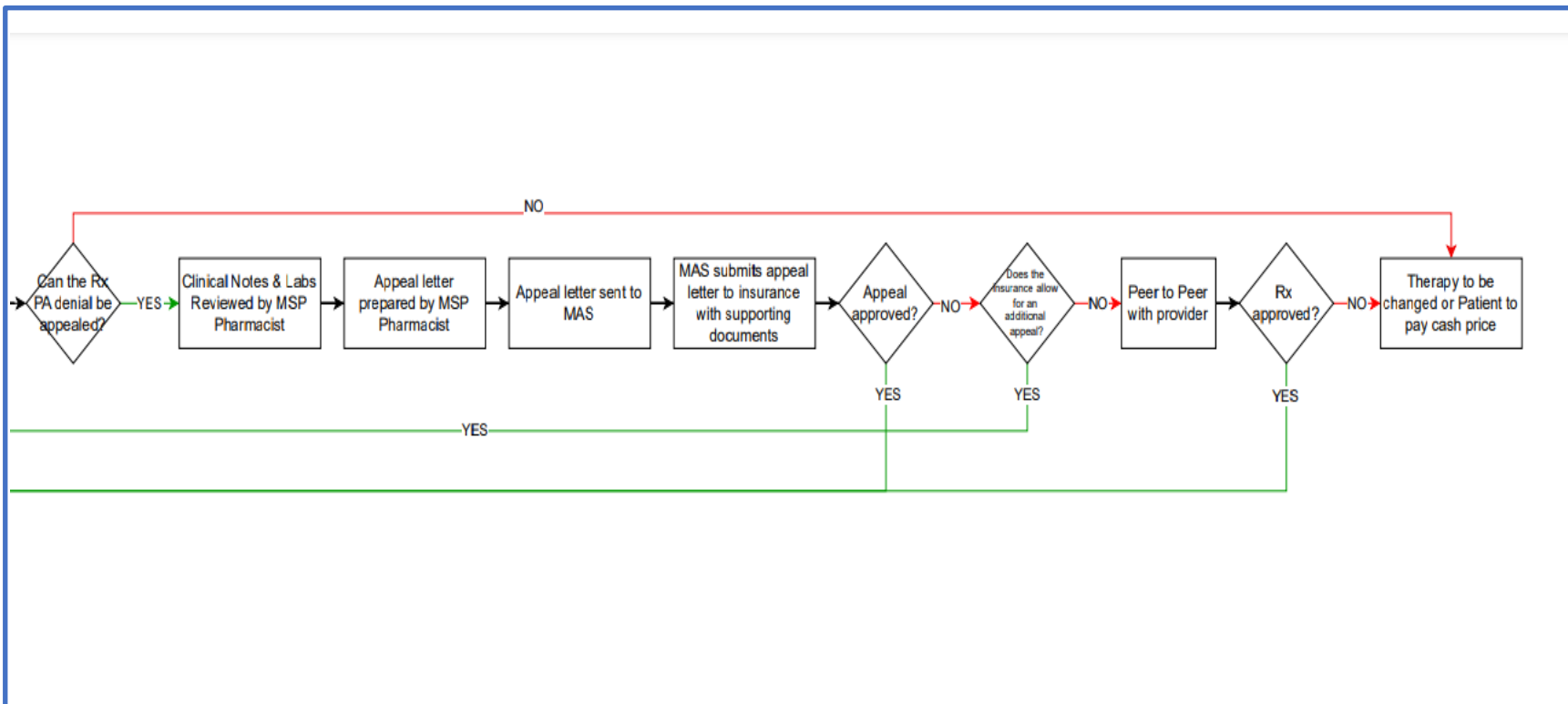
The process that occurs prior to the first dispense is complex and involves multiple departments within and outside of the healthcare system. Prescriptions may also be sent to pharmacies that are unable to process the prescription, leading to a delay in dispensing.

Process map



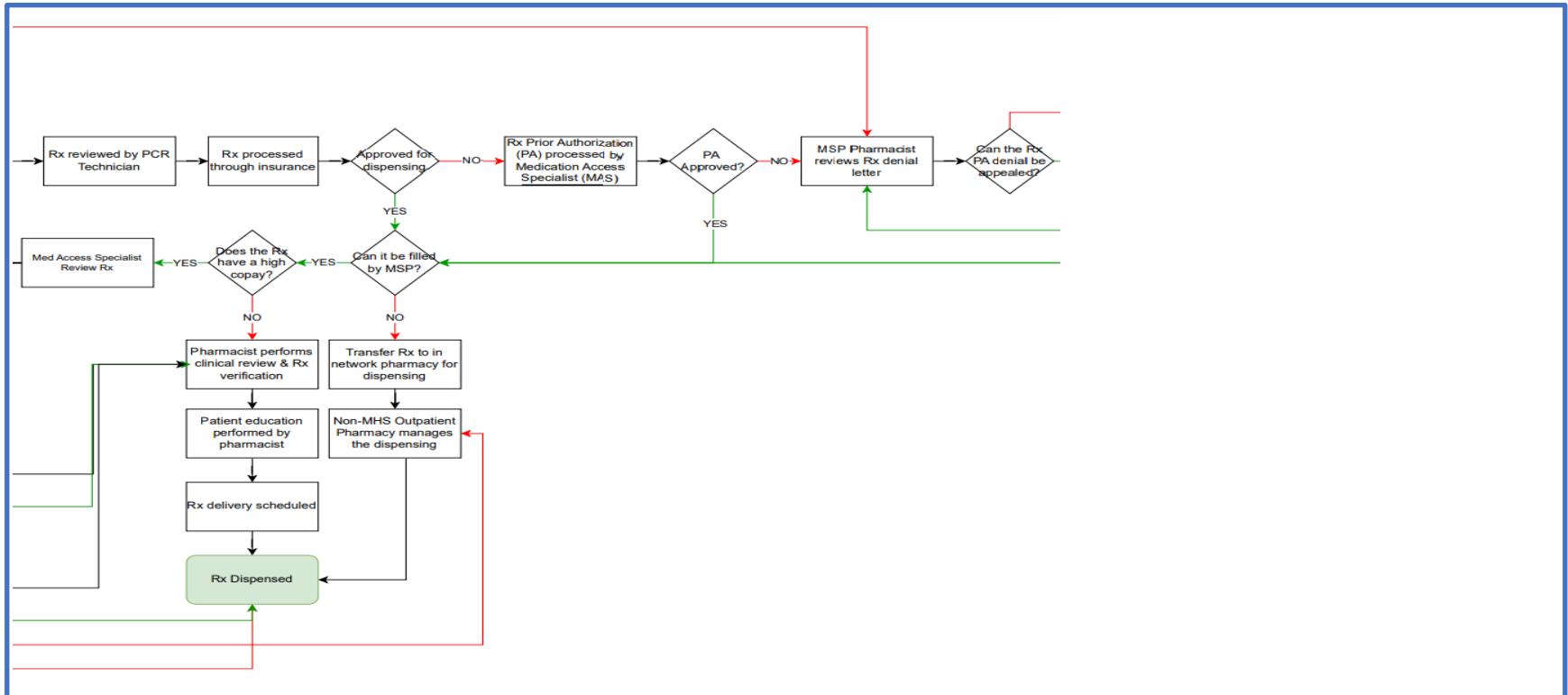
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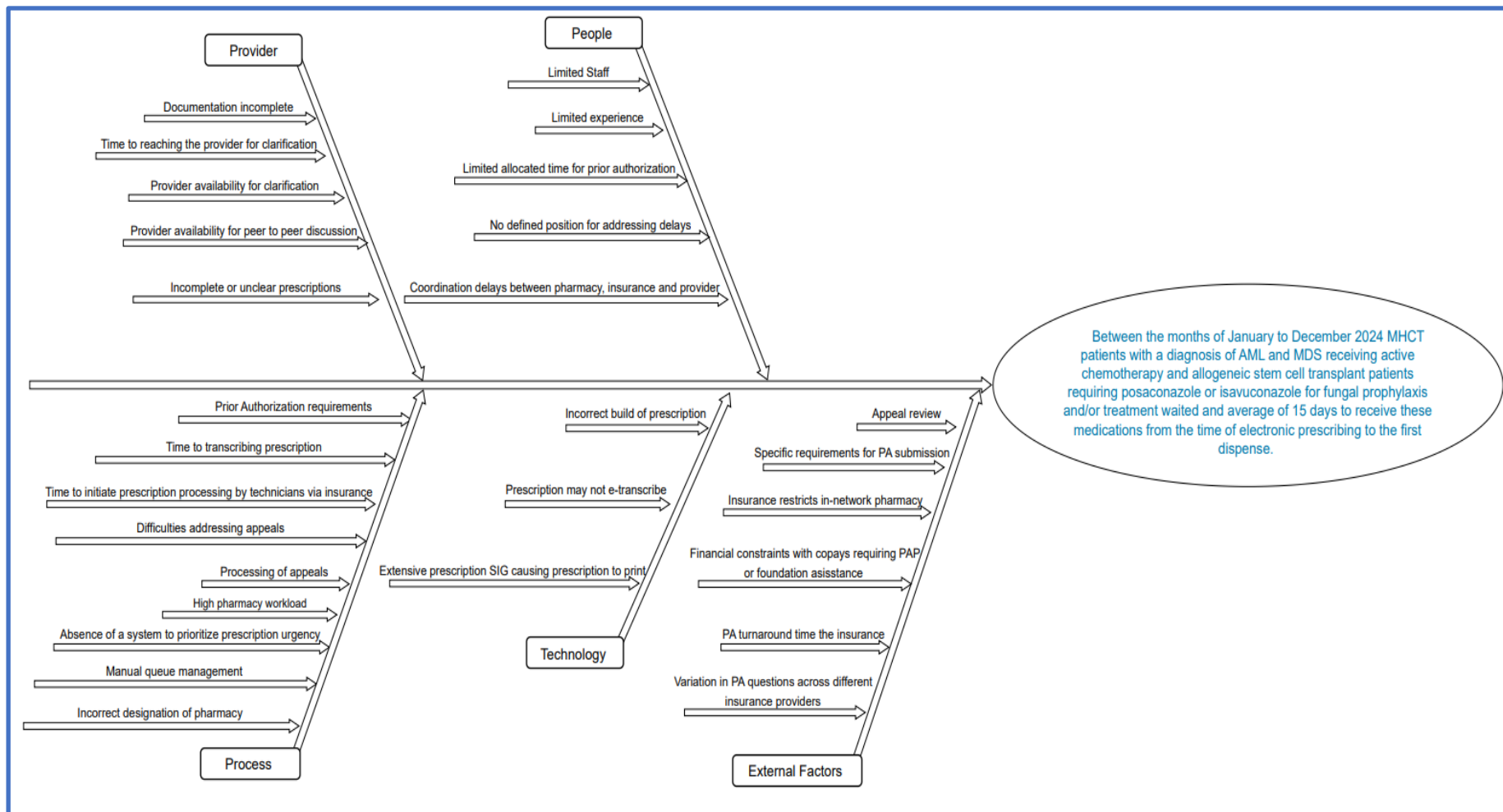
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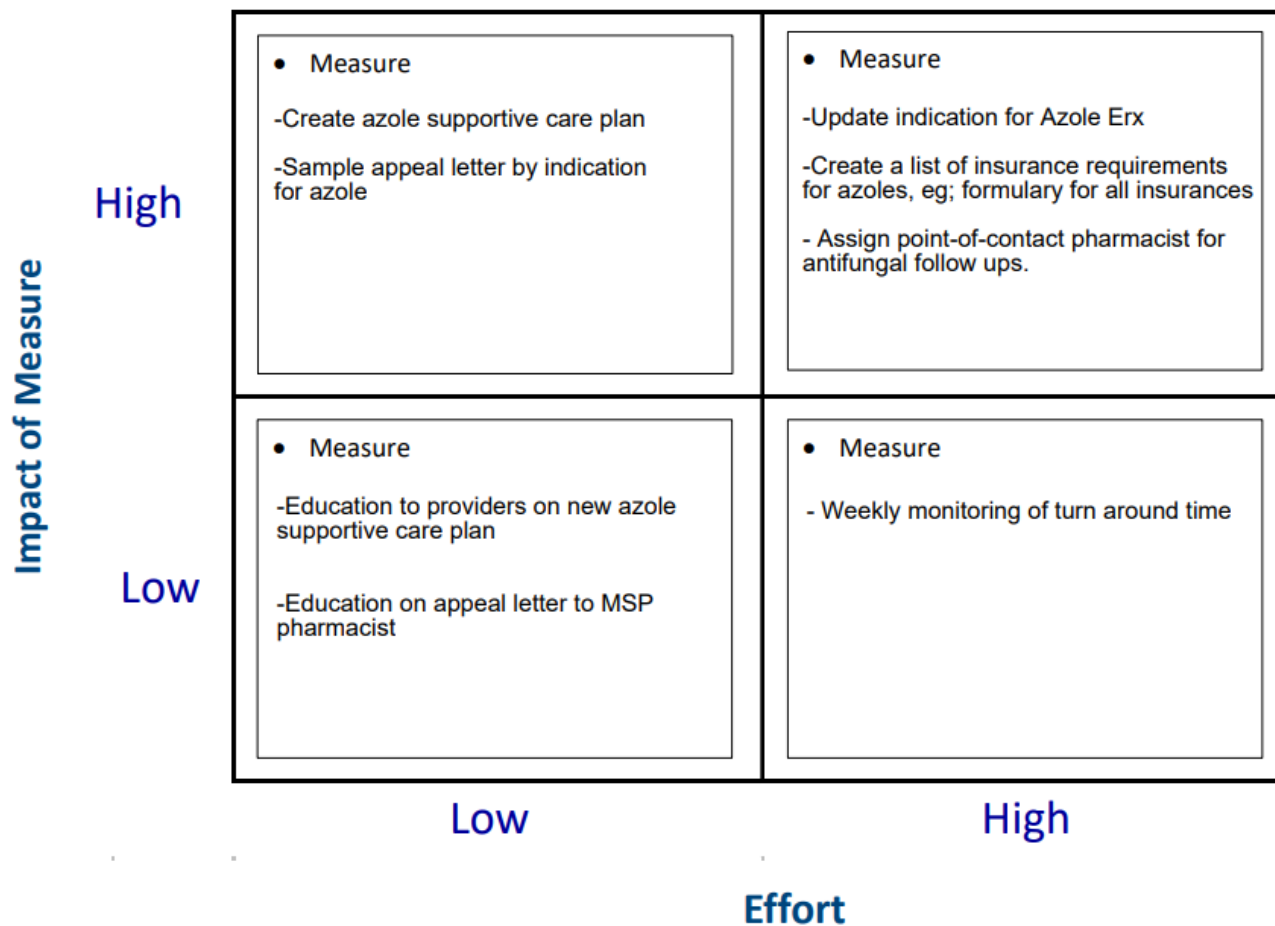
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Cause and Effect diagram



Priority / Pay-off Matrix

Countermeasures

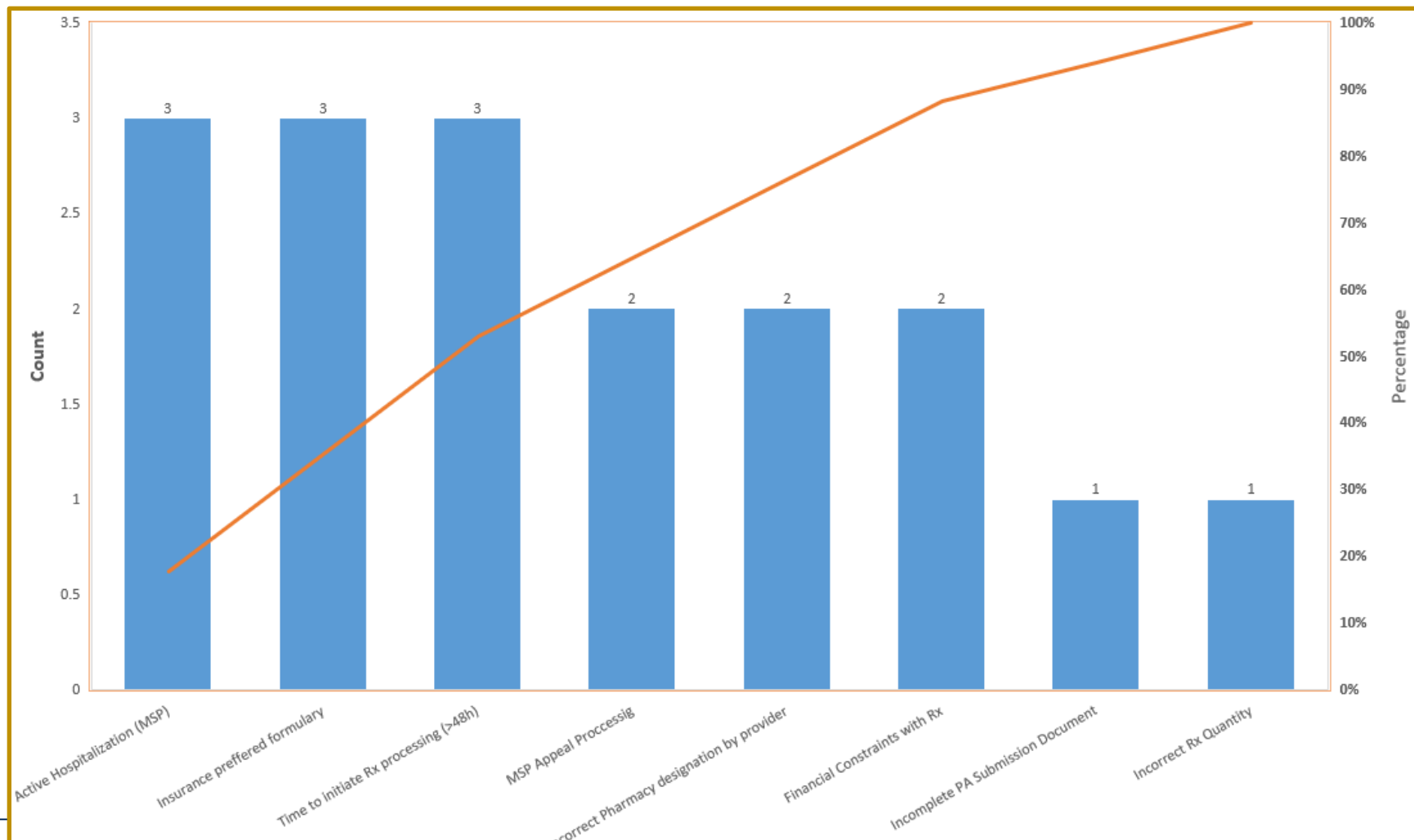


Process Measure

Diagnostic Data summary

Item	Description
Measure:	Longest time lapse between each process leading to prescription delays
Patient population: (Exclusions, if any)	AML and MDS receiving active chemotherapy and allogeneic stem cell transplant (SCT) patients requiring posaconazole or isavuconazole for fungal prophylaxis and/or treatment . Rx ONLY sent to MSP
Calculation methodology: (i.e. numerator & denominator)	Time stamp of written prescription to time of prescription dispensed for first fill
Data source:	Epic Workbench Reports Manual Chart Review
Data collection frequency:	October to December 2024
Data limitations: (if applicable)	Some of the Rx from EPIC workbench report picked up additional fills and not first fill. Incomplete documentation of Rx delivery date

Process Measure Diagnostic Data



Test of Change **PDSA Plan**

Date of PDSA Cycle	Description of Intervention	Results
January 2025	MSP Pharmacist processing appeals provided tips on drafting successful appeal letters	Faster approval due to improved content and structure of letters resulting in reduction of treatment delays
April 15, 2025	Supportive Care Plan developed and education provided. Providers instructed to send all antifungal scripts for MHCT patients to MSP	The supportive care plan has standardized the prescribing of antifungals. This intervention has also resulted in a rise in workload at MSP leading to extended prescription turnaround times

PDSA Cycle 2: Supportive Care Plan Implementation

PO Azoles Rx for Heme/ONC/Cellular Therapy

Cycle 1 — [redacted] Planned

Sign Acti

Day 1, Cycle 1 — [redacted]

Sign Release Acti

There are required orders that must be added to this day before signing orders. [Add required orders](#)

Protocol Alerts

Sign Release Acti

PROVIDER COMMUNICATION

Sign Release Acti

Please use the appropriate azole agent order for prophylaxis or treatment. Always LOAD patients if treating or confirmed fungal infection.

Take-Home Medications

Sign Release Acti

isavuconazonium (CRESEMBA) 186 mg capsule

Sign Release Acti

Take 2 capsules (372 mg) by mouth in the morning. Indications: Opportunity infection prophylaxis/severely immunocompromised/Drug Drug Interactions/Intolerance to other azoles. Disp-56 capsule, R-6, Normal

Suggested Protocol Orders

[Collapse All](#)

AZOLES PROPHYLAXIS DOSING

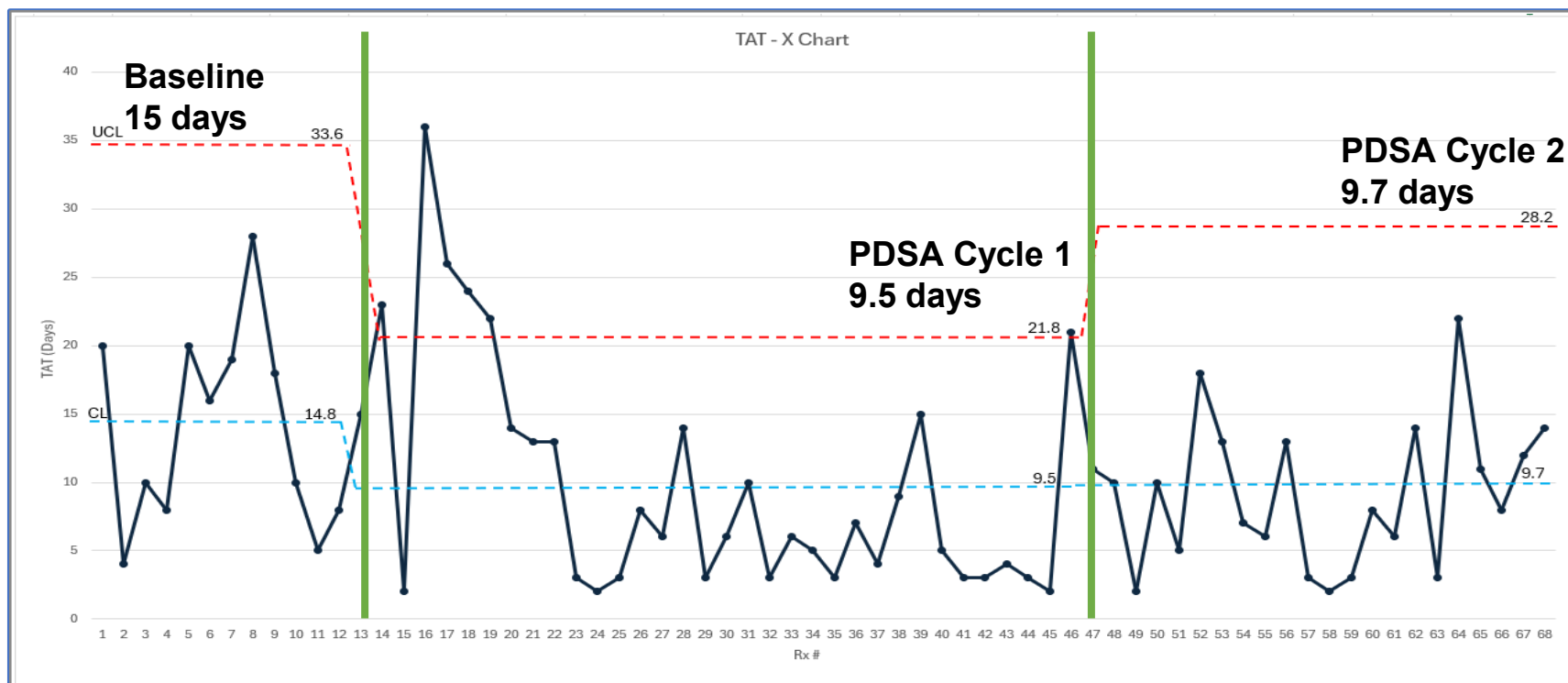
- ☒ isavuconazonium (CRESEMBA) 186 mg capsule
Take 2 capsules (372 mg) by mouth in the morning. Indications: Opportunity infection prophylaxis/severely immunocompromised/Drug Drug Interactions/Intolerance to other azoles. Disp-56 capsule, R-6, Normal
- ☐ posaconazole (NOXAFIL) 100 mg delayed-release tablet
Take 3 tablets (300 mg) by mouth in the morning. Indications: Opportunistic infection prophylaxis/severely immunocompromised. Disp-90 tablet, R-6, Normal

AZOLES TREATMENT DOSING

[Override](#)

- ☐ isavuconazonium (CRESEMBA) 186 mg capsule
Take 2 capsules (372 mg) by mouth see administration instructions. Take 372 mg (2 capsules) every 8 hours for 6 doses, then 372 mg (1 capsules) daily thereafter Indications: Invasive fungal infection/DDI/Intolerance to other azoles/severely immunocompromised Disp-56 capsule, R-6, Normal
- ☐ posaconazole (NOXAFIL) 100 mg delayed-release tablet
Take 3 tablets (300 mg) by mouth see administration instructions for 1 day. Take 300 mg (3 tablets) every 12 hours for 2 doses, then 300 mg (3 tablets) daily thereafter Indications: Invasive fungal infection Disp-90 tablet, R-6, Normal

Outcome Measure Change Data



Results

- At baseline, the average turn-around-time for antifungal prescription dispensing was 15 days
 - Following PDSA Cycle 1, the average turn-around-time was 9.5 days
 - Following PDSA Cycle 2, the average turn-around-time was 9.7 days
- By implementing the antifungal supportive care plan for MHCT patients, we were able to enhance the appropriateness of indication selection.

Next Steps **Sustainability Plan**

Next Steps	Owner
MSP collaboration with pharmacy specialist at MCI	MCI Director of Pharmacy
Prescriber education on utilization of supportive care plan	Collaboration between pharmacy and MCI leadership
Addition of Clinical Specialist with MSP background and training	MCI Operations Manager

Conclusions/Lessons Learned

- Collaborating with Memorial Specialty Pharmacy early in the process helped us to understand their workflow, documentation requirements and prior authorization/appeal process pain points.
- We identified that many prescribers were unaware of how their documentation impacted the turn-around-time for the dispensing.
- By standardizing documentation how we document clinical and insurance-related information, we reduced back-and-forth communication and prescription rejections.
- The process implemented can be expanded to include other medications that are identified as having a long turn-around-time.