

# Pharmacy Utilization Meeting

March 1, 2024

## Attendees

Linda Coyle (IMS) – absent  
Jennifer Stevens (IMS)  
David Angelaszek (IMS)  
Emily Carver (IMS)  
Kevin Ward (Georgia)  
Randi Rycroft (Idaho)  
Serban Negoita (NCI)  
Peggy Adamo (NCI)  
Marina Matatova (NCI)  
Jennifer Hafterson (Seattle)  
Tiffany Janes (Seattle)  
Kaitlin Akif (NCI)  
Kathy Cronin (NCI)  
Nadia Howlader (NCI) – absent  
Steve Scoppa (IMS) – absent  
Gretchen Flynn (IMS) – absent

- Review of the pharmacy FCOT and Augmented Fields continued. Serban gave a presentation of the status of his analysis.
- Serban asked if the linkage flags in the submission files had been recalculated to only be set for CVS and Walgreens and not CVS, Walgreens and Optum.
- Jennifer confirmed that this change had been made and an issue with a CA submission file had also been corrected.
- Serban listed some research questions that he hopes to answer with pharmacy data:
  - Proportion of linked cases by registry and year - understand program coverage. It was agreed to limit DX years to 2013+
  - Proportion of cases by demographics - understand biases.
  - Proportion of cases by cancer type and disease extent - understand coverage for sites and stage expected to have oral therapy.
- Jennifer pointed out that most of our previous SAS analysis used single primary cases (sequence number = 00). Should this be continued in Serban's analysis?
- Serban, Kevin and Kathy agreed the single primary restriction was not necessary for comparisons but having both the denominators of patients with single and multiple primaries would be useful.
- Serban showed that only a few disease sites had any benefits of augmentation. This is expected since FCOT lists were only developed for certain sites.
- David agreed to review the meaning of blanks vs 00s in SEER\*DMS for the augmented fields.
- Serban pointed out that developing FCOT drug lists for additional sites is an action item.

- Kevin questioned whether developing those FCOT lists would be worth the significant effort.
  - He thought it would be useful to just exclude drugs known to have common off-label use.
  - It was mentioned that the FCOT lists do change over time which makes development and maintenance of these lists difficult.
  - Kevin also commented that such lists must already exist somewhere but it's not clear where.
  - Kathy agreed that if a hormone drug not known for frequent off-label use is given in the first year then it should be considered hormone.
- It was agreed that analysis by stage of disease would be useful.
- The value of FCOT Months field was discussed. It wasn't clear what the values from 00-11 meant. David explained it's the interval from first FCOT dispense date to last FCOT dispense date. 00 means that the first and last dispense dates were within 1 month of each other so there was not a complete month of FCOT.
- It was also noted myeloma cases might benefit from pharmacy augmentation.
- David agreed to provide an expected schedule of CVS/Walgreens linkages for 2024.