# PQI IN ACTION

Positive Quality Intervention

NCODA

# Revumenib (Revuforj) for the Management of Acute Leukemia

# INTRODUCTION

NCODA developed the peer-reviewed Positive Quality Intervention (PQI) as an easy-to-use and relatable clinical guidance resource for healthcare providers. By consolidating quality standards, real-world practices, clinical trial results, package inserts and other guidance, PQIs equip the entire multidisciplinary care team with a comprehensive yet concise resource for managing patients receiving oral or IV oncolytics.

This PQI in Action builds on the Revumenib (Revuforj) for the Management of Acute Leukemia PQI and explores how medically integrated teams collaborate and utilize the information found in the PQI as part of their daily practice.

**Revumenib (Revuforj) for the Management of Acute Leukemia PQI**

# PARTICIPANTS

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# REVUMENIB FOR ACUTE LEUKEMIA

Acute leukemia is an aggressive hematologic malignancy characterized by the clonal proliferation of immature hematopoietic cells, leading to impaired differentiation and bone marrow failure. Genetic alterations play a central role in disease pathogenesis, with rearrangements involving the menin-lysine methyltransferase 2A (KMT2A) gene and mutations in nucleophosmin 1 (NPM1) representing key oncogenic drivers in subsets of acute leukemia. KMT2A rearrangements occur in approximately 10% of acute leukemias and are associated with poor prognosis and resistance to conventional therapies, while NPM1 mutations are among the most common genetic abnormalities in adult acute myeloid leukemia (AML).[1,2]

Current treatment approaches for acute leukemia are guided by disease subtype, molecular features, and patient fitness, and typically involve combination chemotherapy with or without targeted agents, followed by consolidation with allogeneic hematopoietic stem cell transplantation in eligible patients. In the relapsed or refractory (R/R) setting, therapeutic options are more limited and may include salvage chemotherapy regimens, venetoclax-based combinations, or enrollment in clinical trials. For patients with targetable mutations, additional therapies such as fms-like tyrosine kinase 3 (FLT3) or isocitrate dehydrogenase (IDH) inhibitors may be considered. However, there are limited approved targeted options for patients with KMT2A rearrangements or NPM1 mutations in this setting.[3,4,5]

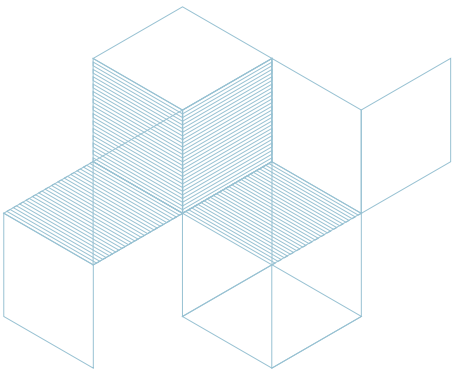
Despite advances in treatment, outcomes for patients with R/R acute leukemia remain poor, particularly among those with KMT2A rearrangements or NPM1 mutations, where responses to standard chemotherapy and venetoclax-based regimens are often limited and short-lived.[1,2,6] Current management strategies frequently rely on salvage chemotherapy and consideration of allogeneic hematopoietic stem cell transplantation. However, many patients are not eligible or fail to achieve sufficient disease control, highlighting a significant unmet need for targeted therapies.[4,5,7]

Revumenib is an oral, first-in-class menin inhibitor that targets the interaction between menin and KMT2A, a critical driver of leukemogenesis in KMT2A-rearranged and NPM1-mutated acute leukemias. By disrupting this interaction, revumenib downregulates aberrant HOX gene expression and promotes differentiation of leukemic blasts, addressing a key mechanism underlying disease progression.[2] Revumenib is FDA-approved for the treatment of R/R acute leukemia with a KMT2A translocation in adult and pediatric patients aged 1 year and older, as well as for R/R AML with a susceptible NPM1 mutation in patients with no satisfactory alternative treatment options.[6]

Approval was supported by the phase 1/2 AUGMENT-101 trial, which evaluated revumenib in heavily pretreated patients with R/R acute leukemia harboring KMT2A rearrangements or NPM1 mutations. In patients with KMT2A-rearranged disease, revumenib demonstrated a complete remission (CR) or CR with partial hematologic recovery (CRh) rate of approximately 23% and an overall response rate of 63%, with many responses characterized by measurable residual disease negativity.[2] In a separate cohort of patients with NPM1-mutated AML, revumenib achieved a CR/CRh rate of 23.4% and an overall response rate of 46.9%, with responses observed across subgroups regardless of prior therapies.[1] These findings are notable given the heavily pretreated populations and historically low response rates in this setting.

The safety profile of revumenib is consistent with its mechanism of action and class effects, with common adverse events including infections, gastrointestinal toxicities, laboratory abnormalities, and differentiation syndrome. Differentiation syndrome, which can be severe or fatal, and QTc prolongation are highlighted as key safety considerations requiring close monitoring and appropriate management, including corticosteroid initiation for suspected differentiation syndrome and electrolyte correction to mitigate cardiac risk.[6]

By targeting a central oncogenic pathway in genetically defined subsets of acute leukemia, revumenib represents a significant advancement in the treatment landscape for patients with relapsed or refractory disease, offering a novel, mechanism-driven therapeutic option in a population with limited alternatives.



# GENOMIC TESTING AND PATIENT SELECTION

Because revumenib targets specific leukemogenic pathways, genomic testing is essential when identifying appropriate patients for therapy. Participants emphasized that confirming the appropriate genomic profile is one of the first priorities before revumenib is prescribed or processed, aligning with NCODA's PQI recommendations to confirm indication appropriateness before therapy initiation.

Jayanshu Jain, MD, explained that revumenib's mechanism of action directly informs patient selection. "There are certain molecular changes in acute leukemias that can render them more sensitive to treatment with menin inhibitors, and those are the things that we look for when choosing treatment for our patients," said Jain.

At The James Comprehensive Cancer Center at The Ohio State University, KMT2A rearrangements are identified through FISH testing or chromosome analysis, while NPM1 mutations are identified through PCR and next-generation sequencing (NGS). Much of this testing is performed internally to support rapid treatment decisions. "At Ohio State, we do that testing in-house," said Jain. "FISH testing usually comes back within a couple days, while next-generation sequencing can take a little longer, but usually within a week we know."

Julia Rice, MS, AGACNP-BC, described how advanced practice providers (APPs) help ensure genomic findings are reviewed and documented before treatment begins."The first thing the APPs do is make sure the patient's cytogenetics and NGS studies show either a KMT2A or NPM1 mutation," she shared.

At Northwestern Medicine, Nicole Soriano, PharmD, BCOP, noted that rapid access to in-house NGS testing helps accelerate treatment planning. She also explained that genomic findings help guide sequencing decisions and therapeutic strategy. "If we are seeing a high VAF percentage, basically a high expression of the KMT2A and NPM1, we will want to reach for a menin inhibitor like revumenib right away."

Participants emphasized that treatment readiness extends beyond genomic eligibility alone. Teams described evaluating disease burden, cardiac risk factors, concomitant medications, electrolyte status, comorbidities, and the patient's ability to manage an oral therapy regimen safely. "We are making sure the patient's white count is less than 25,000," said Rice. "If we have to give them hydroxyurea, we will do that."

QTc prolongation risk assessment was consistently identified as a critical component of baseline evaluation. Tracelyn Freeman, PharmD, BCOP, explained that clinical trial experience helped shape current operational workflows around ECG monitoring and medication review. "This medication has a lot of QTc-related concerns. When patients have other medications on board that are also QTc prolonging, how do we handle that combination? Those are important discussions to have early."

Baseline ECG assessment and electrolyte optimization were standardized practices across both institutions. Dr. Jain highlighted that teams routinely target potassium levels greater than four and magnesium levels greater than two prior to therapy initiation while also conducting thorough medication reviews to minimize QTc-related risk.

> "There are certain molecular changes in acute leukemias that can render them more sensitive to treatment with menin inhibitors, and those are the things that we look for when choosing treatment for our patients."
>
> — Jayanshu Jain, MD

# MULTIDISCIPLINARY CARE AND THE MEDICALLY INTEGRATED PHARMACY MODEL

Managing patients receiving revumenib requires close coordination across the oncology care team due to the complexity of acute leukemia management, ongoing laboratory and ECG monitoring, potential drug interactions, and the need for rapid response to toxicities such as differentiation syndrome. Participants consistently emphasized that a multidisciplinary approach supported by a medically integrated pharmacy (MIP) model helps create safer, more efficient, and more patient-centered care.

NCODA defines a Medically Integrated Dispensing Pharmacy (MIP) as a dispensing pharmacy embedded within an oncology center of excellence that promotes a patient-centered, multidisciplinary team approach through coordinated care, personalized support, and comprehensive services within the same site of care.[9]

At both institutions, physicians, APPs, pharmacists, nurses, pharmacy technicians, and specialty pharmacy teams work together continuously throughout treatment initiation and monitoring.

"In oncology, a multidisciplinary team is necessary to ensure patients are getting safe and effective care," shared Dr. Jain. "Every player has a role in being able to take care of these patients effectively."

Rice noted that close collaboration allows issues to be identified and addressed quickly throughout the day. "I am looking at the lab values and the patient all day long and getting that information over to the physician and pharmacist as quickly as I can," said Rice. "If even one person was missing from the group, communication would

## THE MULTIDISCIPLINARY TEAM IN REVUMENIB MANAGEMENT

A coordinated, patient-centered team approach ensures safe, effective care for patients with acute leukemia. Each team member brings a unique expertise and works together across the continuum of care.

### PHYSICIAN

Leads diagnosis, treatment planning, and overall management of acute leukemia.

- Specializes in treatment of AML, ALL, and other myeloid neoplasms
- Determines treatment strategies, including revumenib initiation and dose modifications
- Monitors response, safety, and disease progression
- Collaborates with the team on complex clinical decisions

### APP

Provides daily assessment, monitoring, and patient education.

- Assesses patients at least daily and communicates changes to the team
- Monitors for differentiation syndrome (fever, dyspnea, hypoxia, weight gain), revumenib weight gain), Ĺ, DIC, and WBC trends
- Triage symptoms and coordinate care with physicians, pharmacists, and nurses
- Education and counseling to reinforce treatment understanding

### PHARMACIST

Optimizes therapy, ensures drug safety, and supports evidence-based care.

- Performs drug interaction screens and medication review (including antifungals and chronic meds)
- Recommends dose adjustments and supportive care strategies
- Reviews treatment plans and provides education to patients and providers
- Supports monitoring parameters and treatment safety
- Engages in research, policy development, and teaching

### NURSE

Coordinates care, monitors patients, and serves as a key point of contact.

- Monitors labs and clinical status; correlates labs with patient symptoms
- First to identify concerns and escalate to providers and pharmacists
- Coordinates appointments, treatments, transfusions, and supportive care
- Facilitates transitions of care to and from the hospital
- Supports patient education and symptom management

### PHARMACY TECHNICIAN

Supports access to therapy and ensures seamless medication processing.

- Conducts benefits investigation from start to finish
- Completes prior authorizations and explains medical necessity to payers
- Communicates approvals, denials, and required documentation to the care team
- Minimizes patient burden by resolving access questions whenever possible

### TOGETHER

Collaborative communication and shared decision-making drive optimal outcomes.

- Frequent communication across disciplines
- Rapid identification and management of toxicities and complications
- Consistent patient education and support
- Coordination across inpatient, outpatient, and specialty pharmacy teams
- Focused on safe, effective, and individualized patient care

**ONE TEAM. ONE GOAL.**
Every team member plays a critical role in supporting patients receiving revumenib throughout their treatment journey.

SHARED EXPERTISE | SEAMLESS COMMUNICATION | PATIENT-CENTERED SUPPORT | SAFE, EFFECTIVE CARE

Through the medically integrated pharmacy model, the entire care team works together to deliver high-quality, coordinated care for patients with acute leukemia.

## Multidisciplinary Care and the Medically Integrated Pharmacy Model - continued

be slower and things could get missed." Rice also emphasized the role nurses play in identifying early signs of differentiation syndrome and escalating concerns quickly. Participants underscored the benefit of patients hearing education and reinforcement from multiple members of the care team.

At Northwestern Medicine, Soriano described how each discipline contributes a different perspective that helps individualize patient care decisions.

"There is always an open conversation about what is in the best interest of the patient, not only from the efficacy standpoint, but also from the safety standpoint," said Soriano. She added that dedicated clinic nurses, APPs, and pharmacists help support continuity of care and ensure patients do not "get lost in the mix."

Corey Simmons, PharmD, outlined embedded clinic pharmacists as important communication hubs between leukemia clinic teams and specialty pharmacy teams, helping streamline coordination around medication management, inpatient initiation, and specialty pharmacy workflows. Freeman emphasized that multidisciplinary collaboration strengthens both clinical care and operational workflows. "Each team member brings their expertise, training, and perspective, which is so valuable," she said.

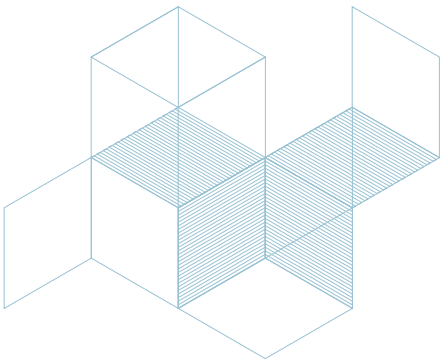
## APPLYING THE REVUMENIB PQI IN PRACTICE: DOSING AND ADMINISTRATION

Participants emphasized that safely operationalizing revumenib requires standardized workflows, proactive monitoring, and strong multidisciplinary coordination. Across both institutions, teams described processes aligned with NCODA's Positive Quality Intervention (PQI) recommendations to support safe treatment initiation, dosing, monitoring, and patient education.

As outlined in the PQI, revumenib dosing is based on patient weight and concomitant use of strong CYP3A4 inhibitors. Revumenib should be administered on an empty stomach or with a low-fat meal, and therapy should not be initiated until the white blood cell (WBC) count is less than 25,000/mm$^3$ and QTcF is below 450 milliseconds.[6]

Participants noted that dose modifications are sometimes necessary based on tolerability and clinical status. "Some patients have had a lot of fatigue on treatment," said Dr. Atluri. "Sometimes we have to make dose adjustments as a result and then slowly build back up to the maximum dose."

Simmons described the importance of reinforcing dosing instructions, particularly because many patients receive multiple tablet strengths to achieve their prescribed dose. He explained, "oftentimes patients are receiving multiple strengths. They are getting 110 mg in addition to 160 mg, so from a dispensing role, I really like to reinforce that patients are going to need to take a combination." He noted that clear patient education helps prevent confusion and supports adherence throughout treatment.



# Applying the Revumenib PQI in Practice: Dosing and Administration - continued

## REVUMENIB DOSAGE MODIFICATIONS FOR SELECT ADVERSE REACTIONS PER PACKAGE INSERT[6]:

| Adverse Reaction | Recommended Management and Dosing Instructions |
|---|---|
| Differentiation syndrome | • When differentiation syndrome is first suspected, begin hemodynamic monitoring and administer systemic corticosteroids and continue for a minimum of 3 days and until resolution of symptoms.<br>• Hold revumenib for severe signs/symptoms of DS that persist more than 48 hours after initiation of steroids or immediately for life-threatening symptoms, such as pulmonary symptoms requiring ventilator support. Resume revumenib at the same dose when signs/symptoms improve to grade 1 or lower. |
| Grade 4 neutropenia or thrombocytopenia | • Hold revumenib until recovery to Grade ≤2 or baseline and resume at same dose level.<br>• If grade 4 neutropenia/thrombocytopenia recurs, hold revumenib until recovery to Grade ≤3, then resume revumenib at reduced dose level. |
| **QTc prolongation, corrected using Fridericia's Formula** | |
| QTcF >480 msec to <500 msec | • Interrupt revumenib and correct any hypokalemia or hypomagnesemia that may exist.<br>• Resume revumenib at same dose level once QTcF <480 msec. |
| QTcF ≥500 msec or an increase by >60 msec from baseline | • Interrupt revumenib and correct any hypokalemia or hypomagnesemia that may exist.<br>• Resume revumenib at reduced dose level once QTcF <480 msec. |
| QTcF prolongation associated with life-threatening arrhythmias | • Permanently discontinue. |
| **Electrolyte abnormalities** | |
| Potassium (K) 3.6-3.9 mEq/L and/or Magnesium (Mg) 1.7-1.9 mg/dL | Supplement potassium and/or magnesium and continue revumenib. |
| Potassium ≤3.5 mEq/L and/or Magnesium ≤1.6 mg/dL | • Supplement potassium and/or magnesium and recheck electrolytes within 24 hours.<br>• Repeat within 24 hours:<br>– Potassium >3.5 mEq/L and/or magnesium >1.6 mg/dL: continue revumenib.<br>– Potassium ≤3.5 mEq/L and/or magnesium ≤1.6 mg/dL: Hold revumenib and continue supplementation.<br>– Resume revumenib at same dose once electrolytes reach adequate levels (K >3.5 mEq/L, Mg >1.6 mg/dL). |

# QTC PROLONGATION: MONITORING AND MANAGEMENT

Participants consistently identified QTc prolongation as one of the most important considerations when managing patients receiving revumenib. As outlined in the PQI, patients receiving revumenib should undergo routine ECG and electrolyte monitoring before and during treatment. Many institutions target potassium levels greater than 4 mEq/L and magnesium levels greater than 2 mg/dL to help reduce QTc-related risk.

"At Ohio State, we keep potassium and magnesium on the higher end," said Rice. "We are checking electrolytes twice a day sometimes and making sure we keep potassium above four and magnesium above two." Participants explained that ECG monitoring is often individualized based on patient risk factors, concomitant medications, and electrolyte stability.

Dr. Jain shared, "With QTc prolongation, an EKG is needed prior to starting revumenib. We monitor EKGs weekly for the first four weeks and then at least monthly afterwards." Several participants noted that concurrent antifungal therapy, particularly posaconazole, often requires additional monitoring and dose adjustment considerations. "Our practice regularly uses posaconazole," explained Soriano. "We have to dose adjust, but we also have to pay attention to the QTc." Participants emphasized that close collaboration among physicians, APPs, pharmacists, nurses, and cardiology teams helps support early identification and management of QTc-related concerns.

## QTc Monitoring Checklist

- ☑ Obtain baseline ECG/QTcF prior to initiation
- ☑ Confirm QTcF <450 msec before starting therapy
- ☑ Review concomitant medications for QTc prolongation risk
- ☑ Monitor ECG weekly for first 4 weeks, then monthly thereafter
- ☑ Consider more frequent ECGs in higher-risk patients
- ☑ Maintain potassium >4 mEq/L and magnesium >2 mg/dL
- ☑ Coordinate with cardiology when clinically indicated
- ☑ Reassess therapy and consider dose modifications if QTc prolongation occurs

# DIFFERENTIATION SYNDROME: RECOGNITION AND EARLY INTERVENTION

Alongside QTc monitoring, differentiation syndrome (DS) was consistently identified as a major clinical consideration requiring close observation and early management. Because symptoms can overlap with other complications commonly seen in acute leukemia, teams described the importance of close monitoring, multidisciplinary communication, and rapid intervention.

Teams monitor closely for fever, dyspnea, hypoxia, pleural or pericardial effusions, edema, hypotension, renal dysfunction, rapid weight gain, and rising white blood cell counts. "Patients with increased disease burden are potentially at higher risk of something called differentiation syndrome," said Dr. Jain. "To reduce that risk, we try to lower the white blood cell count to less than 25,000 $mm^3$ if possible prior to starting revumenib."

The teams described monitoring weights, fluid status, vital signs, symptoms, and laboratory trends very closely during initiation. The importance of starting steroids quickly once differentiation syndrome is suspected was emphasized. "Steroids are the cornerstone of treatment and should be started immediately," said Dr. Jain. "Because differentiation syndrome can otherwise be life-threatening."

Education and helping patients recognize symptoms early at home is important. Soriano described ideal education as "breaking it down into more patient-friendly terms like swelling or shortness of breath." Dr. Atluri noted that patients with higher disease burden or increased risk may require closer observation during treatment initiation. "If we have a lot of burden of disease, we can even admit the patient to monitor closely for those toxicities," she shared.

Freeman highlighted that differentiation syndrome management can be nuanced and may vary between patients. She explained, "differentiation syndrome could look different in different patients. As we gain more experience with the medication, standardizing how we manage differentiation syndrome across therapies has become an important area of focus."

## Differentiation Syndrome Monitoring Checklist

- ☑ Lower WBC count to <25,000/$mm^3$ prior to initiation when possible
- ☑ Educate patients on signs and symptoms before starting therapy
- ☑ Monitor weights, fluid status, vital signs, and laboratory trends closely
- ☑ Assess for: fever, dyspnea, hypoxia, rapid weight gain, peripheral edema, pleural/pericardial effusions, rising WBC count, hypotension, renal dysfunction
- ☑ Initiate corticosteroids immediately upon suspicion
- ☑ Consider hospitalization for high-risk patients or severe symptoms
- ☑ Monitor closely during steroid taper for recurrence
- ☑ Hold revumenib for severe, persistent, or life-threatening differentiation syndrome when clinically indicated

# DRUG-DRUG INTERACTIONS AND MEDICATION REVIEW

Because revumenib is a major CYP3A4 substrate, teams emphasized that comprehensive medication review is essential before and throughout therapy. Revumenib dosing should be adjusted in the presence of strong CYP3A4 inhibitors, while strong or moderate CYP3A4 inducers should be avoided when possible.[6]

Medication management can become particularly complex in acute leukemia due to the frequent use of antifungals, supportive care medications, cardiovascular agents, and supplements.

"Revumenib has an interaction with CYP3A4 modifiers, and I frequently use posaconazole," said Dr. Atluri. "I talk to my pharmacist closely when prescribing it to make sure we are mindful of all interactions."

Pharmacists were consistently described as central to identifying interactions, recommending dose adjustments, and supporting safe therapy management. "It starts with a very thorough medication review at the initiation of therapy," shared Freeman. "Sometimes we are able to determine a medication is no longer needed, which helps reduce additive risk."

Teams also stressed the importance of keeping medication lists updated and encouraging patients to report any prescription, over-the-counter, herbal, or supplement use. Simmons elaborated "We encourage patients to let us know if they are considering any medication change. Keeping an up-to-date medication list is the biggest tool."

> "Practically, you cannot avoid those kinds of medications every time, but we put forth a good effort in trying to minimize the risk."
>
> — Tracelyn Freeman, PharmD, BCOP

## Drug Interaction Management Checklist

- ☑ Perform comprehensive medication reconciliation prior to initiation
- ☑ Review for strong CYP3A4 inhibitors and inducers
- ☑ Adjust revumenib dosing appropriately when needed
- ☑ Assess for concomitant QTc-prolonging medications
- ☑ Encourage patients to report all prescription, OTC, herbal, and supplement use
- ☑ Maintain updated medication lists across transitions of care
- ☑ Coordinate closely with pharmacy and multidisciplinary teams

# PATIENT-CENTERED EDUCATION AND FOLLOW-UP

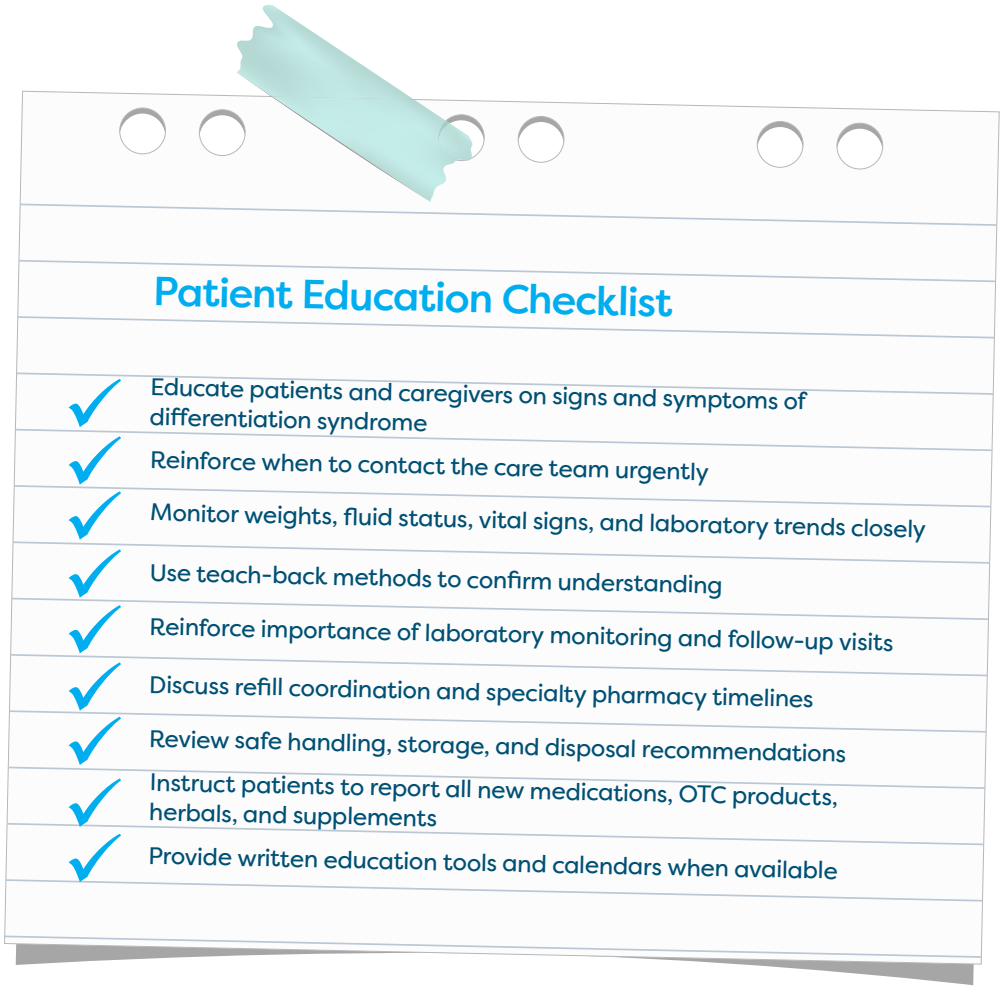
"The outpatient education portion is so important," shared Northwestern leukemia clinic nurse Jamie Lee, RN. "When it comes to oral medications, the patient education piece is crucial." Patients should be educated on the signs and symptoms of differentiation syndrome, the importance of ECG monitoring, medication adherence, and the need to report all new medications or supplements.

Teams described education as a layered, multidisciplinary process reinforced across physicians, APPs, pharmacists, nurses, and specialty pharmacy staff. At Ohio State, patients receive formal education from both the physician and pharmacist prior to starting therapy. Dr. Jain explained, "I always talk to my patients about side effects and then we have a second formal education session with our pharmacists as well. patients should get education at least twice."

Education focuses heavily on helping patients recognize symptoms of differentiation syndrome, including fever, swelling, rapid weight gain, and shortness of breath, while also reinforcing when urgent evaluation is needed. Simmons shared "we really focus on recognizing the signs and symptoms of differentiation syndrome. We are making patients aware that it can be serious and when to seek medical attention."

Teams also emphasized medication adherence, refill coordination, and practical administration counseling. Patients are instructed to take revumenib twice daily, ideally fasting or with a low-fat meal, and to notify the care team before starting or stopping any medications, supplements, or over-the-counter products. "We do a lot of teach-back," said Rice. "Tell me how you take this medication. How do you store this medication at home?"

Care teams noted that many patients



## Patient-Centered Education and Follow-Up - continued

are overwhelmed at the time of relapse and may struggle to process large amounts of information all at once. According to Lee, "Patients are so overwhelmed with the cancer diagnosis alone. It is crucial for the team to remind patients about refills and ongoing follow-up because these are specialty medications that can take time to coordinate."

Soriano highlighted the value of using standardized education resources to help reinforce key counseling points and improve accessibility for patients and caregivers. She uses the NCODA-led Patient Education Sheets resource. The Revumenib Patient Education Sheet was created specifically for patients and caregivers and designed for a 5th- to 8th-grade reading level in order to explain how the therapy is given, how it works, the treatment schedule, and important precautions.

To support continuity of care, teams also described using follow-up phone calls, reassessment programs, written calendars, telehealth visits, and local laboratory coordination when needed. "We always offer to reinforce any teaching points that may have already been discussed in clinic," said Simmons. "Patients are getting a lot of information all at once."

## PATIENT TREATMENT CALENDARS AND ADHERENCE SUPPORT

Participants noted that treatment calendars can help reinforce adherence, follow-up schedules, and medication understanding for patients receiving oral oncology therapies."The calendars are very helpful," Soriano shared. "Especially for multi-drug regimens, but oral therapies as well."

While revumenib is administered continuously, calendars may still support patients and caregivers with dosing schedules, laboratory monitoring, appointments, and supportive care instructions. To support these efforts, NCODA recently launched customizable Patient Treatment Calendars designed to help oncology teams create and share personalized treatment schedules for patients and caregivers.

## OPERATIONAL WORKFLOWS, ACCESS, AND FINANCIAL NAVIGATION

Revumenib management extends far beyond prescribing the medication. Teams described operational coordination, specialty pharmacy workflows, insurance approvals, and financial assistance support as critical to timely treatment access and continuity of care. Across both institutions, standardized workflows and medically integrated pharmacy models helped streamline prescribing, verification, patient education, dispensing, and refill management.

"We work out of EMR treatment plans," said Freeman. "It standardizes the process and helps keep everything streamlined." Teams described integrated EMR workflows, embedded pharmacist review, electronic prescribing, refill tracking, and automated interaction alerts as important operational safeguards.

Insurance approvals and medication cost were consistently identified as major challenges. Simmons explained "One of the biggest barriers is access. Insurance hurdles and overall cost can be problematic for patients." Revuforj is an Oncology Optimized Limited Distribution (OOLD) medication, a model designed to prioritize the MIP and in-practice care coordination. By

## Operational Workflows, Access, and Financial Navigation – continued

supporting dispensing through the MIP when available, the OOLD approach helps improve communication, streamline access, and optimize the patient experience throughout treatment.

Pharmacy technicians and financial assistance teams play a central role in helping patients navigate these barriers. Chanel Robinson, CPhT, described a highly coordinated workflow involving benefits investigation, prior authorization submission, copay support, and communication with both patients and clinic teams. "Nine times out of ten, oncology medications require prior authorization," she shared.

Robinson explained that teams often gather additional chart notes, laboratory data, and clinical documentation to support approvals while also screening patients for manufacturer copay programs, grants, and financial assistance resources when needed."We try to make the patients the last source of contact for their insurance." Teams also described proactively communicating timelines and approval updates to patients through MyChart and phone outreach.

# CONCLUSION

As revumenib and other targeted therapies continue to reshape leukemia care, participants emphasized that successful implementation requires more than understanding the clinical data alone. Safe and effective treatment depends on strong care coordination, standardized workflows, proactive monitoring, patient education, and multidisciplinary collaboration across the continuum of care.

Teams across both institutions described medically integrated pharmacy models, embedded clinical pharmacy support, standardized treatment plans, and collaborative care pathways as important drivers of consistent, patient-centered care delivery. Soriano elaborated "We have to make sure we do it in the safest way possible. Drug interactions, dose adjustments, all of that information is needed."

Participants also highlighted the value of NCODA's PQI resources in helping translate emerging clinical data into practical operational guidance for oncology teams. "I really think that PQI helps highlight some of the most important considerations pertaining to a medication," said Simmons. "It serves as a guide for dosing, monitoring, and patient education."

As treatment options continue to expand within acute leukemia, participants emphasized that multidisciplinary collaboration, operational readiness, and patient-centered care will remain essential to safely managing patients receiving revumenib.

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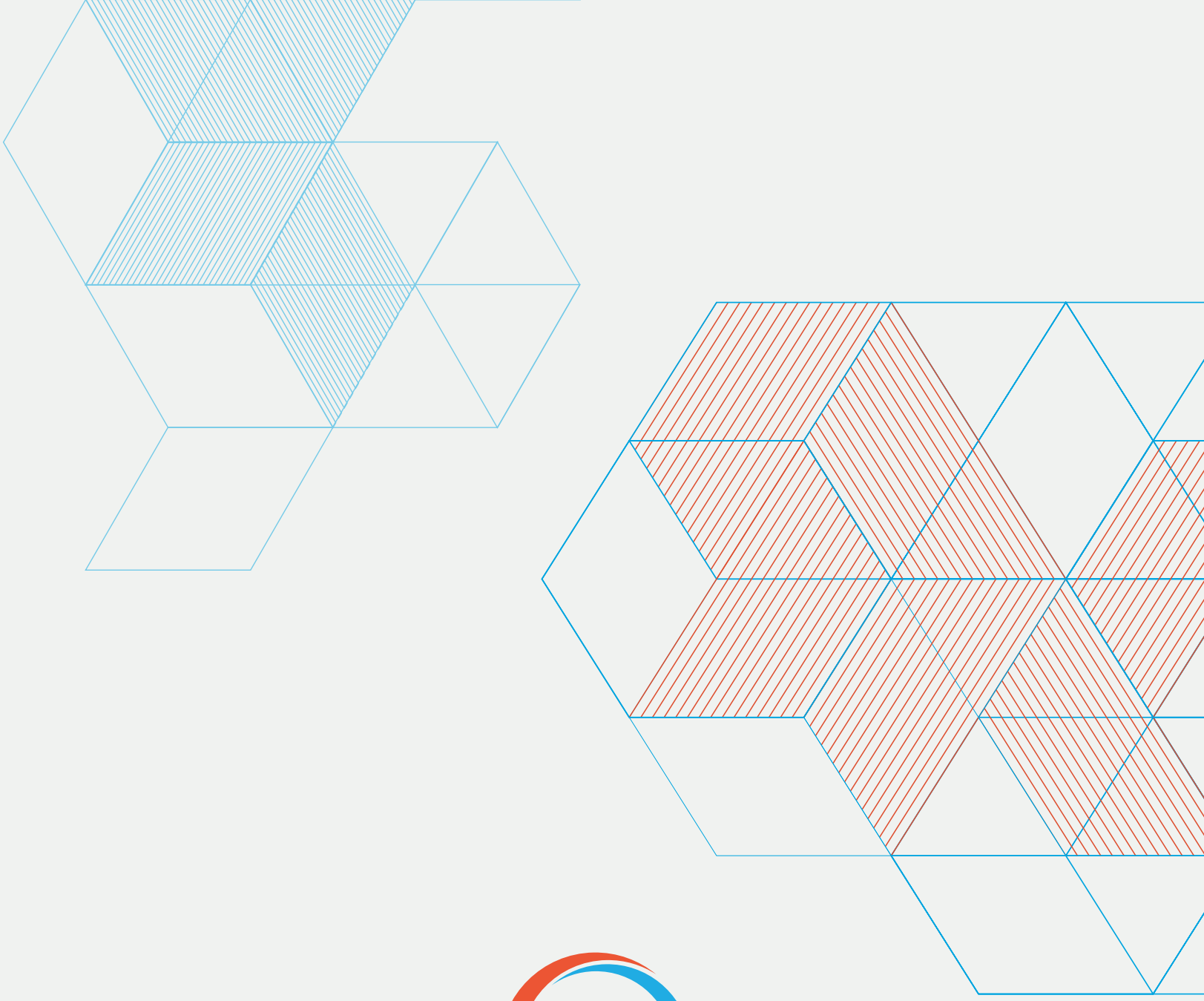

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***Practice panelist's comments reflect their experiences and opinions and should not be used as a substitute for medical judgment.***