**Special Considerations for Special Conditions: The Community Pharmacist’s Guide to Specialty Medications**

**EDUCATIONAL OBJECTIVES:**

**After participating in this activity, pharmacy technicians will be able to:**

1. Discuss the basic facts about specialty pharmacy and specialty-at-retail
2. Acquire reputable sources of information for patients who engage in specialty-at-retail programs
3. Distinguish between specialty products for oncology/neutropenia, rheumatologic conditions, and dermatology
4. Infer when to refer patients who use specialty-at-retail programs to the pharmacist for recommendations or referral

**1. Approximately how much money was spent in the United States on specialty medications in 2016?**

a. $98 billion

b. $115 billion

c. $225 billion

**2. Which is among the drugs most commonly dispensed via specialty-at-retail programs?**

a. Drugs to treat cystic fibrosis and multiple sclerosis

b. Drugs to treat hypercholesterolemia (high cholesterol)

c. Drugs to treat rheumatologic and dermatologic conditions

**3. Which of these is an advantage to specialty-at-retail programs?**

a. Patients can pick up specialty prescriptions at their local community pharmacy

b. Medications are always mailed to the patient’s home, providing prompt delivery

c. Prescriptions are less expensive, providing cost savings to the patient

**4. Jan is a patient who was just started on pomalidomide for multiple myeloma. Upon picking up the first fill, she says she met someone in the oncologist’s office who told her about a “Boxed Warning” for pomalidomide but she’s not sure what that means. Where can you find more information for Jan?**

a. Search the drug on WebMD

b. Package insert from the manufacturer

c. She should call her doctor

**5. It’s Wednesday at 8:59 PM and you are getting ready to close the pharmacy. Your patient, Phyllis, calls and tells you that she left her colony stimulating factor on the kitchen counter since Monday at 6PM. She was hospitalized all day Tuesday and was just released. What is the best way to help this patient?**

a. Advise Phyllis that the medication is still safe and effective and continue to use it

b. Tell her to call the specialty pharmacy tomorrow to have a replacement shipped

c. Provide Phyllis the phone number to the 24-hour specialty pharmacy hotline

**6. Your patient, Dwight, calls the pharmacy explaining that he was just switched from oral methotrexate to a subcutaneous methotrexate auto-injector. He has never been on self-injected medication before, but he knows that used needles should not be disposed in the regular garbage. What should you instruct him to do?**

a. Hold off on his first dose and call the pharmaceutical manufacturer for advice

b. Store used injectors in the original box and dispose of them at the local police station

c. Use an empty laundry detergent bottle until he can get a sharps container

**7. Michael, a specialty-at-retail patient, comes to the pharmacy counter to pick up his prescription for osimertinib. He is also purchasing acetaminophen, omeprazole, and a bag of potato chips. Which of these products would prompt you to refer the patient to speak with the pharmacist?**

a. Acetaminophen

b. Omeprazole

c. Potato chips

**8. Angela is picking up injectable chemotherapy via specialty-at-retail and expresses that she is not going straight home. It is a cold day, so she does not expect it to heat up in her car, but she asks to review the storage requirements before she leaves, just in case. Which of the following is the best source of information?**

a. The Food and Drug Administration web site

b. Package insert from the manufacturer

c. All injectable chemotherapy should be stored in the refrigerator

**9. The wife of a cancer patient is requesting information about oral chemotherapy agents, as she is afraid of accidentally coming into contact with her husband’s imatinib. Which is the best source to refer her to for more information?**

a. Dana Farber Cancer Institute web site

b. American Academy of Dermatology web site

c. National Psoriasis Foundation web site

**10. Holly is at your pharmacy to pick up a specialty-at-retail prescription for baricitinib. She is also purchasing topical antiseptic ointment, adhesive bandages, St. John’s wort, and grapefruit juice. Which of these other products would prompt a referral to speak with the pharmacist?**

a. Grapefruit juice

b. St. John’s wort

c. Antiseptic ointment & bandages

**11. Pam is a patient with severe psoriasis who occasionally brings brownies to treat you and your pharmacy team. Her husband, Jim, arrives to the pharmacy to pick up Pam’s specialty-at-retail prescription. You ask Jim where Pam is today and to tell her you said “Hello!” He responds that Pam is at home “not feeling up to leaving the house” and “hopefully she cheers up soon.” If Pam is receiving one of the following drugs, which would be the greatest cause for concern?**

a. Adalimumab

b. Brodalumab

c. Certolizumab pegol

**12. Gabe is a psoriasis patient picking up his first fill of adalimumab at your pharmacy. He was previously using certolizumab-pegol and it was delivered to his house once a month, but he had trouble making sure he was home to sign for the packages. He is also buying witch hazel, which he indicates he uses to swab his skin before he injects. (He says he heard this was a “natural alternative” to rubbing alcohol.” What should you tell him?**

a. He is correct. Witch hazel is a natural alternative to rubbing alcohol.

b. Witch hazel is OK to use if he applies antiseptic cream afterward and rubs hard.

c. He should use alcohol swabs because they will kill bacteria and viruses.

**13. Ryan is a patient with multiple myeloma. He arrives at the pharmacy to pick up his specialty-at-retail prescription and asks for a recommendation for OTC cold remedies for a dry cough. He has no other symptoms, so you suspect that it may be a side effect of his chemotherapy. Which of the following drugs is Dwight taking?**

a. Lenalidomide

b. Pomalidomide

c. Thalidomide