

OPTAReview

THE MONTHLY NEWSLETTER OF THE ONCOLOGY PHARMACY TECHNICIAN ASSOCIATION | DECEMBER 2021

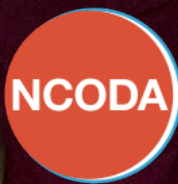
OPTA LEADER IN FOCUS: LINDA GRIMSLEY, CPht REFLECTS ON HER JOURNEY AS AN ONCOLOGY PHARMACY TECHNICIAN

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COMBINATION THERAPY OVERVIEW: NCODA APPE STUDENTS PROVIDE A VENETOCLAX REVIEW INCLUDING 2 COMBINATION THERAPIES

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A Pharmacist and Pharmacy Technician from Astera Cancer Care work together in the mixing room.



WELCOME

NCODA CENTER OF EXCELLENCE: WHAT SETS THIS PROGRAM APART?

BY TARYN NEWSOME, CPhT

NCODA | OPTA COORDINATOR

Kara Sammons, MS Pharm, Florida Cancer Specialists and Accreditation Working Group Co-Chair, presented on NCODA's Center of Excellence Medically Integrated Dispensing Pharmacy Accreditation Program (NCODA COE MIP). Sammons stated that the accreditation is based on compliance with ASCO/NCODA Patient-Centered Standards for Medically Integrated Dispensing and focuses on enhanced patient care and quality services. NCODA's COE MIP is unique in that it is the only certification program designed specifically for medically integrated pharmacies dispensing oral oncolytics. The accreditation meets four goals of the Quadruple Aim: 1) Improved Patient Experience 2) Better Outcomes 3) Improved Clinician Experience 4) Lower Cost

Program Tenets

- Patient-Centered
- Always Collaborative
- Quality and Value

- Robust
- Independent
- Innovative
- Budget Neutral

The Accreditation process consists of a 5-step process beginning with Accreditation contract and payment. The program is cost friendly, coming in between 15-25% lower than current pharmacy accreditations in this space. The next step is Self-Study followed by an On-Site Survey. Step 4 consists of a complete review by the Accreditation Committee and final step is the Accreditation decision.

The Accreditation Program Roadmap was shared next by Sammons to conclude. NCODA COE is in the last few stages before the full program launch in January 2022. To read the Accreditation Process in full detail please visit the NCODA website at ncoda.org.

For questions regarding the NCDOA COE Accreditation please contact Elizabeth.Bell@ncoda.org



OPTAReview

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OPTAOpportunities

MEETING PRESENTATIONS

OPTA members are invited to participate in monthly meetings by providing:

- Drug Updates
- Hot Topic Roundtable Discussions
- Technician in Focus

OTHER OPPORTUNITIES

- NCODA International Monthly Webinar
- NCODA Conferences/Meetings

FOR MORE INFORMATION

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OPTAResources

NCODA DISCUSSION BOARD

<https://www.ncoda.org/discussion/pharm-tech/>

BASECAMP DOCUMENT STORAGE

<https://3.basecamp.com/3780922/reports/progress>

NCODA/OPTA WEBSITE

<https://www.ncoda.org/oncology-pharmacy-technician-association-opta/>

OPTACE

IF YOU PARTICIPATED IN THE 2021 FALL SUMMIT, PLEASE USE LINK BELOW TO OBTAIN CE CREDITS

<https://www.pharmacytimes.org/pages/ncoda2021> or see QR Code on page 5

OPTA LEADER IN FOCUS

LINDA GRIMSLEY SHARES HER PASSION FOR HER CAREER, NCODA AND OPTA

BY LINDA GRIMSLEY, CPhT
VIRGINIA CANCER SPECIALISTS, VA

Greetings, my name is Linda Grimsley. I have a bachelor's degree in business administration, and I am a Certified Pharmacy Technician. I started this journey 18 years ago in a retail environment before transitioning into a medically integrated dispensary. For the past 7 years I have been working at Virginia Cancer Specialists in a supportive role dispensing inside the retail pharmacy. I complete oral chemotherapy authorization and obtain financial assistance. I have worked with NCODA for many years and have learned the value of collaborating with fellow technicians in all aspects of pharmacy operations. I have worked with OPTA in many roles that include OPTA Co-Chair, OPTA Leader, and panelist for Fall Summit and Spring Forum. I have also assisted on multiple initiatives. My work with NCODA and OPTA have led me to be nominated twice for the Living the Mission Award. I am extremely thankful for the nominations.



Linda Grimsley

It reassures me that my efforts, ideas, and dedication are being recognized.

I love what I do and find it rewarding to help patients. I love being able to assist in removing barriers to help grant access of cancer treatment to patients and assisting with supportive care needs. I thoroughly enjoy the patient interaction and constant changes of the pharmacy environment. I am currently working on a cost-effective medication management program

where I am creating and implementing work processes to ensure patients can expeditiously start treatment with a minimal out-of-pocket medication expense. I believe that oncology pharmacy technicians are not here just to treat a patient's cancer, but to help assist with the entire cancer care spectrum which often includes financial support.

I encourage everyone to find your passion within your field of work, hone the skills necessary and be the patient's light in their darker hours.

TECH IN FOCUS

Name: Demetria Streeter, CPhT

Practice: Rush University Medical Center, Chicago, Illinois

How can OPTA or NCODA help you and your practice?

OPTA helps keep me abreast of current changes and updates for Pharmacy Technicians. NCODA helps me with new drugs updates for oncology and also provides networking opportunities.

Explain your current role at your practice:

I am a Certified Ambulatory Oncology Pharmacy Techni-



Demetria Streeter

Do you assume any specialized duties/responsibilities from time-to-time?

Yes. I take the role of investigational drugs by storing and compounding per case.

Do you have any "best-practices" that you use at your practice that you would like to share with OPTA members?

I am very thorough! Check, check and check again!

What type of pharmacy does your practice contain?

Hospital Outpatient Oncology Treatment Center

What do you enjoy most about your current position?

I enjoy learning something new every week because there are always new lessons to learn. I also enjoy learning the changing role of the pharmacy technician and ways to improve patient care.

Are there any areas where you/your pharmacy can improve?

I think that workflow processes and emergency strategies can always be improved.

What advice do you have for any technicians who are new to the oncology/hematology field?

Have more compassion. Take the extra care that is deserved and needed for patients.

COMBINATION THERAPIES: APPE STUDENTS PROVIDE OVERVIEW FOR VENETOCLAX ALONG WITH AZA & CYTARABINE

VENETOCLAX

BY ERIK ROHNER
UNIVERSITY OF ARIZONA

VENCLEXTA® (venetoclax) is indicated for the treatment of acute myeloid leukemia (AML), chronic lymphocytic leukemia (CLL), and small lymphocytic leukemia. It is also used off label for mantle cell lymphoma and relapsed multiple myeloma. Venetoclax was approved in April 2016 for the treatment of CLL with 17p deletion and in November 2018 for treatment of newly diagnosed AML in combination with azacytidine, decitabine, or low dose cytarabine. Venetoclax is a BCL2 inhibitor that displaces pro-apoptotic ligands that can in turn activate apoptosis in tumor cells.^{1,2}

In the treatment of AML, venetoclax follows a 3-day ramp up from 100mg to 400mg and is continued at 400mg for subsequent 28-day cycles until disease

progression or unacceptable toxicity. Medications used in combination with venetoclax are started on day 1 of cycle 1. In treatment of CLL the dose of venetoclax is ramped up from 20mg to 400mg over 5 weeks and continued at 400mg for 12 28-day cycles. More information can be found in the prescribing information.³ Precautions include tumor lysis syndrome, neutropenia, infections, and fetal toxicity. Hydration and antihyperuricemics are recommended to reduce the risk of tumor lysis syndrome. Live vaccines and concomitant P-gp and strong CYP3A inhibitors are contraindicated while using venetoclax. Venetoclax can increase mortality if it is used with bortezomib and dexamethasone in multiple myeloma.³

Genentech offers financial assistance through their Access Solutions program, and through their Oncology Co-pay Assistance program, which can lower the

co-pay to \$5 per prescription and refill.^{1,2}

REFERENCES:

- 1.AML first line ineligible for intensive chemo treatment. venclexta. (2021). Retrieved November 13, 2021, from <https://www.venclextahcp.com/aml.html>.
- 2.CLL & SLL Cancer Treatment: Venclexta® (Venetoclax Tablets) HCP. venclexta. (2021). Retrieved November 13, 2021, from <https://www.venclextahcp.com/cll.html>.
- 3.Highlights of prescribing information employ more ... Full Prescribing Information. (2018). Retrieved November 13, 2021, from https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/208573s009lbl.pdf.

VENETOCLAX +AZACITADINE

BY ANUOLUWAPO ADEDEJI
BINGHAMPTON UNIVERSITY

Venetoclax plus azacitidine is indicated for the treatment of newly diagnosed acute myeloid leukemia (AML).¹ It is specifically for adults aged 75 years and older or adults who have comorbidities that preclude use of intensive induction chemotherapy. Azacitidine and venetoclax synergistically activate BAX and mitochondrial apoptosis in AML cells.¹

Venetoclax is dosed at 100mg on Day 1, 200mg on Day 2, and 400 mg on Days 3-28. The dose for azacitidine is maintained from Days 1-7 at 75mg/m².

Patients' blood chemistries should be monitored for Tumor Lysis Syndrome (TLS) at pre-dose, 6 to 8 hours after each new dose during ramp-up and 24 hours after reaching final dose. The venetoclax

dose should be reduced when used with P-gp inhibitors or strong or moderate CYP3A inhibitors. Patients should avoid concomitant use of strong or moderate CYP3A inducers. If concomitant use is unavoidable, separate dosing of the P-gp substrate at least 6 hours before venetoclax.

The safety profile of this regimen is consistent with the known side effect profile of both medications. Nursing women should not breastfeed during treatment with venetoclax and for 1 week after the last dose. Females of reproductive potential should use effective contraception during treatment with venetoclax and for at least 30 days after the last dose. Do not administer live attenuated vaccines prior to, during, or after treatment with venetoclax until B-cell recovery occurs.

Genentech Patient Foundation provides free venetoclax to people who don't

have insurance coverage or who have financial concerns.

REFERENCES:

- 1.<https://www.frontiersin.org/articles/10.3389/fonc.2020.562558/full>
- 2.<https://www.venclextahcp.com/aml/dosing/drug-interactions.html>
- 3.<https://www.venclexta.com/previously-untreated-cll/resources-and-support/financial-and-treatment-support>
- 4.<https://www.genentech-access.com/hcp/brands/venclexta/find-patient-assistance.html>



SCAN THE QR CODE TO ACCESS
THE VENETOCLAX QI

DRUG UPDATE (CONT.)

VENETOCLAX + LOW-DOSE CYTARABINE

BY MEHNAZ ALAM
BINGHAMPTON UNIVERSITY

Venetoclax plus low dose cytarabine (LDAC) is indicated for acute myeloid leukemia in patients who were untreated or were ineligible for intensive chemotherapy. In clinical studies, it has shown improvements in remission and overall survival in patients with acute myeloid leukemia (AML) as well as better response rate, transfusion independence, and event-free survival.¹


Treatment with venetoclax and LDAC occurs in two cycles. During the first cycle, on days 1, 2, and 3, venetoclax is administered orally 100mg, 200mg, 400mg respectively followed by 600mg venetoclax on days 4 through 28. Cytarabine, on cycle 1 is administered subcuta-

neously 20 mg/m² once a day from days 1 through 10. During cycle 2, venetoclax is administered 600mg orally from days 1 through 28 followed by 20 mg/m² once a day subcutaneously on days 1 through 10. The frequency of this regimen is 28 days, and the cycle is continuous unless the patient encounters toxicity from the medication or if it is deemed more appropriate to stop the regimen.

Notable side effects are tumor lysis syndrome (TLS) experienced by venetoclax or cytarabine syndrome (flu-like symptoms, skin rash, and chest pain) and both side effects should be appropriately monitored. Venetoclax tablets should be swallowed whole with food and a glass of water. Cytarabine is administered via subcutaneous injection, therefore injection site reactions may occur; it is recommended to rotate injection sites and use a warm compress if needed.²

REFERENCES:

- 1.Wei, Andrew H et al. "Venetoclax Combined With Low-Dose Cytarabine for Previously Untreated Patients With Acute Myeloid Leukemia: Results From a Phase Ib/II Study." *Journal of clinical oncology : official journal of the American Society of Clinical Oncology* vol. 37,15 (2019): 1277-1284. doi:10.1200/JCO.18.01600
- 2."Acute Myeloid Leukaemia Low Dose Cytarabine and Venetoclax." *EviQ*, <https://www.eviq.org.au/haematology-and-bmt/leukaemias/acute-myeloid-leukaemia/3893-low-dose-cytarabine-and-venetoclax#evidence>.



NCODA's Career Share Network

Through the Career Share resource, NCODA connects oncology healthcare professionals of all backgrounds (oncologists, oncology pharmacists, technicians, administrators, etc.) with relevant position postings.

To access all current listings, log into [NCODA.org](https://www.ncoda.org)

CURRENT LISTINGS

- AON Patient Assistance
- Cancer Specialists of North Florida

NCODA PASSION FOR PATIENTS NCODA.ORG



You can still access the
6 CE SESSIONS
PTCE presented at the
NCODA Fall Summit in
October 2021!

Earn 6.0 credits with these on-demand sessions accredited for pharmacists, pharmacy technicians, physicians, and nurses.



Scan this QR code
to access the on-demand
CE sessions

NEXT OPTA MEETING:

**3 p.m. EST, Wednesday,
January 12, 2022**

Members will receive
a calendar invitation

SCAN QR CODE FOR
MORE INFORMATION

