

OPTA Review

THE MONTHLY NEWSLETTER OF THE ONCOLOGY PHARMACY TECHNICIAN ASSOCIATION | MARCH 2023

**WELCOME NEW OPTA LEADER: CAROL
HEMERSBACH FROM ARIZONA BLOOD &
CANCER SPECIALISTS JOINS OPTA LEADER
TEAM** **PAGE 1**

**XOFIGO® OVERVIEW: FOR THE TREATMENT
OF METASTATIC CASTRATION-RESISTANT
PROSTATE CANCER WITH METASTASES
ONLY TO THE BONE** **PAGE 4**



WELCOME

NEW OPTA LEADER: CAROL BRINGS HER PASSION AND DRIVE TO HELP SUPPORT OPTA

BY CAROL HEMERSBACH, CPhT
ARIZONA BLOOD AND CANCER SPECIALISTS

Hi, my name is Carol Hemersbach and I have been a pharmacy tech since the typewriter days, yes, that gives away my age. I started as a volunteer with the Red Cross when I was 13 years old at the local base hospital pharmacy. We had an assembly line, starting with the typing of the label, then would pass over to the fillers, and then to someone handing out the prescriptions. On a busy day, we filled over 1,000 prescriptions. I then worked in a couple of retail pharmacies, where I was fortunate enough to have met Paul McCartney, that was so amazing, he was such a nice guy. My next venture was into the hospital pharmacy where I started as a clerk then worked up to technician (certification was not a requirement at that time) and then moved to Admix.

I then moved from Arizona to South Carolina where I was recruited to a Home Infusion company to mix and run the company. We also contracted with a local oncology office to make their chemotherapy admixtures, which is where I realized my love of Oncology. I moved back to Arizona and was hired by a large oncology office to mix chemo and was given the extra duty of taking care of all the prior authorization and financial assistance for all oral onco-



Carol Hemersbach

lytics. We then opened our own MID and I was excited to be chosen to take care of our patients in a new way. I also obtained my bachelor's in health care administration in 2018. I then moved to a new company where I was asked to initiate the MID program from the ground up and opened our first store in September 2020, since then opening two other sites. I am currently the Supervisor for our MID.

I have also taken up a love of powerlifting and currently hold the state record for my age/weight class in deadlifts. I will be competing nationally in July in Vegas.

NCODA has been a huge part of my career and I am so grateful to be part of such an amazing organization that truly cares about patients. I have learned so much from others and NCODA has helped shape me and provide me with the knowledge needed to run the MID successfully, but more importantly, take care of cancer patients with compassion and empathy. OPTA is an amazing opportunity for growth as a technician within the oncology field. With so many members, there is just so much knowledge for us to learn from each other and bounce off one another so that we, as oncology pharmacy techs, can further provide the highest quality of care to our patients.

OPTAReview

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SESSION
What Pharmacy Technicians Need to Know About Step Therapy

 **Vonda McClendon, RCPH**
Texas Oncology

 **Lindsey Scott, CPhT**
Texas Oncology

Transforming Patient Care in a Diverse Oncology Landscape
Indianapolis, IN | March 15-17, 2023 | JW Marriott Indianapolis
REGISTRATION NOW OPEN!

THANK YOU
for your support

OPTALeaders

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OPTAOpportunities

MEETING PRESENTATIONS

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

- Drug Updates/New Indication and Combination Therapy Overview
- Peer Presentations
- 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/>

NEXT OPTA MEETING:

3 p.m. EST, Wednesday,
March 8th

Members will receive
a calendar invitation

TECHNICIAN IN FOCUS

ANDREA NELSON: IMPROVING PATIENT CARE AT NEBRASKA CANCER SPECIALISTS

Name: Andrea Nelson, CPhT

Practice: Nebraska Cancer Specialists

How can OPTA or NCODA help you and your practice? Networking

is a huge help for me. Being able to ask questions to peers in "our same boat" is great. The NCODA website is full of information for everyone. If you can't find something there is always a resource available for help! **Explain your current role at your practice:** Jack of all trades! I handle any and all technician tasks. I am the only technician in our pharmacy. I can be filling prescriptions, signing patients up for free drug, assisting the pharmacists, ordering and counting inventory, to being our company's expert on our courier and shipping sites. I like to be organized! If I have my bearings, I can help everyone else and keep our pharmacy running well.

What do you enjoy most about your current position? I love anything with patient care. If there is something I can do to make someone's day just a little easier I want to help.

What do your day-to-day responsibilities include?

- I start each day by checking our delivery calendar and getting prescriptions ready for the morning courier
- Process any refills that need done
- Receive our daily order and update inventory to our processing system
- Answer emails and calls
- Check the status of all our free drug applications and check for open grant funding.
- Prepare any prescriptions for shipment, whether it be via our courier to the patients home or USPS/FedEx.
- Assist the pharmacists with any tasks
- Filing and spreadsheet updating
- Make sure everything is ready for the next day
- Place the order for the day
- Keep the pharmacy organized and running smoothly.

Do you assume any specialized duties/responsibilities from time-to-time? We really work as a team in our pharmacy. Usually, anything one person is working on, we have all helped or played a role in completing the task in some way.



Andrea Nelson

Do you have any "best-practices" that you use at your practice that you would like to share with OPTA members? We try to make all processes as painless as possible for each patient. If our pharmacy staff is on the same page and has great communication that is easily attainable. Make a daily list of priorities. It's easier to get things done. Lastly, treat yourself well. This job can be exhausting. I found, if I feel good personally and professionally, I can provide exceptional care to my patients. We use this data to keep track of our turnaround times and

fill volumes, which are needed for accreditation and promoting our services.

Are there any areas where you/your pharmacy can improve (i.e. patient education, improved process workflow, etc.)?

Our outpatient pharmacy has grown considerably in the last two years. We used to be one pharmacist and one technician. We are currently at three pharmacists and one technician. As we grow our workflow changes constantly. I am all about learning from other practices' workflow to help make everything easier for everyone involved.

What advice to you have for technicians who are new to oncology/hematology field? Take the leap! I only had one year of oncology experience before transferring to the oncology technician field and it was a game changer. I never knew I could be incredibly passionate about a career as I am today. I cannot wait to learn and grow.



RADIUM RA 223 DICHLORIDE: TARGETS AREAS OF HIGH BONE CELL TURNOVER

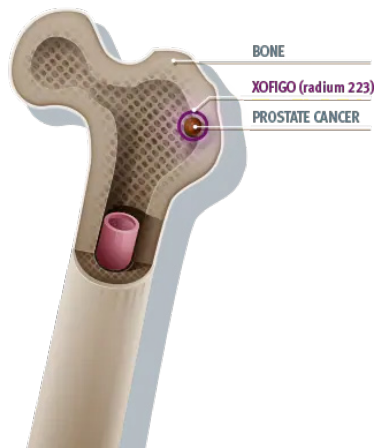
BY MELISSA JOHNSON

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM) | CLASS OF 2023

XOFIGO® (Radium Ra 223 dichloride) is used for advanced metastatic castration-resistant prostate cancer with metastases only to the bone. Generally speaking, Radium, as a radioactive drug, tends to settle into osteoblastic or bone forming tumor cells. XOFIGO® also successfully targets bone metastases because it is able to imitate calcium to form a complex with existing hydroxyapatite in the bones. Once it has formed this complex, it emits alpha particles to disrupt DNA of neighboring cells in a very localized manner. As a result, damage beyond the targeted tumor cells is limited, and it has a half-life of 11.4 days. XOFIGO® therapy can be used before or after a chemotherapy regimen, and before Pluvicto (another radiopharmaceutical treatment for advanced prostate cancer).¹

The XOFIGO® treatment regimen consists of six injections every four weeks. This radiopharmaceutical is dosed at 55 kBq/kg or 1.49 µCi/kg per injection. The necessary calculation and Decay Factor from the Reference Date table required to accurately dose XOFIGO® are included in the package insert.² XOFIGO® therapy should be held if a patient's ANC falls below 1,000/

mm³ or their platelet count falls below 50,000/mm³. If hematologic recovery is not achieved within 6 to 8 weeks after a dose, treatment should then be discontinued altogether.² There is no known dose adjustment for renal or hepatic dysfunction, however caution should be used in advanced renal impairment due to a lack of sufficient evidence.^{1,3}



Patients are warned to use barrier protection (e.g., a condom), and ensure female partners use another form of contraception to prevent pregnancy during sexual relations due to the teratogenic effects of

this drug and the unknown effect it might have on females. XOFIGO® should not be used with abiraterone acetate plus prednisone/prednisolone therapy as this has been linked to an increase in bone fractures. Adverse events include increased bleeding, bone marrow suppression, decreased renal functioning, and secondary malignancy due to radiation exposure. Common side effects include nausea, vomiting, diarrhea, and peripheral edema.¹⁻⁴

Household precautions to limit radiation exposure should be utilized for at least one week after each injection.¹⁻⁴ Bayer, the manufacturer of XOFIGO®, offers patient assistance through their access

services phone line (855-696-3446). Access services offers payment and copay assistance, help finding a treatment site, and travel assistance for patients.^{1,4}

References:

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2. Xofigo® (Radium Ra 223 Dichloride). [package insert]. Whippany, NJ: Bayer Healthcare Pharmaceuticals, Inc; December 2019
3. Xofigo®. Lexi-drugs. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Available at <https://online-lexi-com>. Accessed 1/6/23
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SCAN QR CODE FOR MORE INFORMATION



TECHNICIAN IN FOCUS

MEGAN WRIGHT: MEDICATION ACCESS TECHNICIAN SHARES HOW MEANINGFUL ONCOLOGY IS TO HER

Name: Megan Wright, CPhT-Adv

Practice: Grand Valley Oncology, Grand Junction Colorado

How can OPTA or NCODA help you and your practice?

Continuing with CE opportunities and webinars that would be beneficial to technicians in the oncology field. For a long time, there was not much support for technicians in the way of career advancement and I am happy to see that changing after 19 years in pharmacy. I work specifically with oral chemo currently and am always interested in learning about new drugs on the market or new approved treatments for diagnosis.

Explain your current role at your practice:

My primary role is to be the liaison between the patient and the specialty pharmacy. I see the script through from authorization to patient assistance, to pharmacy selection, then finally to the patient. Maintaining a current list of patients on oral chemo and tracking patient assistance that our organization has secured for patients. I also assist with infusion authorizations and patient assistance as needed. We have built a program for oral oncolytics that is mainly driven by the pharmacy for access and education so nursing staff can address clinical concerns and side effects.

What do you enjoy most about your current position?

After 17 years in community pharmacy, I was looking for a change of pace. While I loved the patient interaction, I feel like I have a bigger role in patient care. Oncology is meaningful work to me.

What do your day-to-day responsibilities include?

Daily I follow up with patients who are due for refills and ensure the specialty pharmacies have contacted them for shipment scheduling. I authorize new treatment plans and add them to our tracking spreadsheets. These new patients will get a phone call from me educating them on the process of getting the medications from the specialty pharmacy and how to order refills. I also do medication reconciliation and find out about any barriers they

may have to oral therapy; be it trouble swallowing tablets or having nausea and vomiting. If there are patients who need patient assistance, I will walk them through the application process and follow through with pending applications.



Megan Wright

For new starts I also prepare a packet for nursing of all of the information about the specific drug for nursing who then use that to teach the patient. Managing refill requests from specialty pharmacies and prior auth renewals is usually on my daily agenda as well.

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

From time to time, I help patients with patient assistance on other drugs such as Xarelto, Eliquis, and Creon. I also handle prior authorization for any medication written in the clinic. I am also the secretary for our Collaborative Care committee that is a collaboration of each department in our clinic to discuss improvements and procedure/safety issues. I am trained to compound our sterile products and will occasionally help in the clean room compounding. Working with 340B is also in my wheelhouse. I was able to help the organization get contracts with specialty pharmacies so that we can receive reimbursements from those pharmacies for the prescriptions we send them. We also have a travel/lodging program in the clinic that allows us to fund gas and hotel rooms to out of town patients. I am a part of this committee and work to raise funds. Most recently we did a Chipotle fundraiser and a yard sale. We have raised about \$3200 with just those two events.

Are there any areas where you/your pharmacy can improve (i.e. patient education, improved process workflow, etc.)?

We are continuously working on communication between nursing and pharmacy. It is critical that I am made aware of any treatment changes or holds to a medication so that I can notify the specialty pharmacies. We have learned that nursing brains and pharmacy brains think differently and work closely to ensure that there are no errors or delays in chemo treatment.

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

Accept any new responsibility you can get. There is a lot to learn, and your experience will help you land higher paying roles and advance your certifications. The field is ever evolving and allowing new opportunities for advancement. Also look into reimbursements your organization allows for training or new certifications.

