

# OPTA Review

THE MONTHLY NEWSLETTER OF THE ONCOLOGY PHARMACY TECHNICIAN ASSOCIATION | SPRING/SUMMER 2023

**IMJUDO® OVERVIEW:** FOR ADULT  
PATIENTS WITH UNRESECTABLE  
LIVER CANCER

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FOCUS:** ELISA CERON INSPIRES  
OTHERS TO MAKE A DIFFERENCE  
IN PATIENTS TREATMENT JOURNEY

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Vonda McClendon, CPhT from Texas Oncology presents on Step Therapy at the 2023 NCODA Spring Forum



# TRULY ADVOCACY? SOME PAP'S ARE NOT WHAT THEY SEEM

BY CAROL HEMERSBACH, CPhT  
ARIZONA BLOOD & CANCER SPECIALISTS

There is help and there is help that costs money. Oral oncolytics are pricey and navigating through the highways of assistance can be daunting, especially for patients. Oncology practices should be assisting patients in obtaining their medications, but there are instances where cases may fall through the cracks or pharmacies not familiar with the patient assistance program and unfortunately there are companies ready to swoop in and take advantage of unsuspecting patients.

These companies portray themselves as patient advocates. They claim to help patients obtain their medication for free or small copays and to ease the burden of the confusing enrollment processes. While this may sound too good to be true, it is. Here's the catch—they find patients free drug or foundation assistance but for a MONTHLY fee. I called a few of these organizations and asked what their monthly fees are. I was told it depended on the drug but averages \$50-60 per month. This fee is unaffordable for many, and it is disturbing that these

companies are operating under the guise of “helping” ease financial burdens.

Patient advocacy should not cost the patient money. This practice is the opposite of patient advocacy, and this is what sets OPTA pharmacy technicians apart from so many others. Practices that have medically integrated pharmacies will work diligently to obtain medications for their patients, but they will never turn around and charge the patient money for a service that they deserve. Sadly, there are numerous agencies that provide this “service”, and they can be sneaky in the search engines. Please be aware when looking for help and always go to the manufacturers website to help avoid patients paying an unnecessary fee.

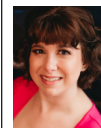
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## OPTAOpportunities

### 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

#### Contact:

- Ginger.Blackmon@ncoda.org
- Taryn.Newsme@ncoda.org

## 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,  
August 9th, 2023

Members will receive  
a calendar invitation

## TECHNICIAN IN FOCUS

# SYDNIE BIEBER: PASSIONATE ABOUT HELPING PATIENTS ALONG THEIR JOURNEY

**Name:** Sydnie Bieber

**Practice:** Billings Clinic Specialty Pharmacy

**How can OPTA or NCODA help you and your practice?** OPTA and NCODA can help provide useful information about updates in oncology. There are many webinar opportunities throughout the month that go over many subjects. NCODA has tons of resources on their website and is a good tool for anyone in the oncology field. My practice utilizes the Oral Chemotherapy Education Sheets for any patients starting on a new therapy. We also use the Cost Avoidance and Waste Tracker.

**Explain your current role at your practice:** I am a level II pharmacy technician at my practice. As we learn and grow our knowledge in our practice we can level up and are essentially the best resource for our other technicians to help answer any questions they may have. I help with script data, prior authorizations, and copay assistance for our patients. I help with all the background items to get those completed before we send our patients to outside pharmacies.

**What do you enjoy most about your current position?** I like being able to help my patients with their oral medications. I like to help them know we are available for anything they may need such as copay assistance or help communicating with outside pharmacies. I like that they are comforted knowing that they are well taken care of, and we are there to make their journey a little easier for them.

### What do your day-to-day responsibilities include?

My duties include data entry, refill and lab calls, prior authorizations, shipping medications, and helping obtain copay assistance.

**Do you assume any specialized duties/responsibilities from time-to-time?** I am a technician level II, so I help train other technicians at our



SYDNIE BIEBER

pharmacy as well as help provide any assistance in different areas of our pharmacy if need be. I am our department safety liaison and am on our Quality Management Committee.

**Do you have any "best-practices" that you use at your practice that you would like to share with OPTA members?** We are structured with technicians in a call center format that works on patients from start to finish. Once they are prescribed a medication we work with the patient and the

insurance company to get the medication approved then we help coordinate medication delivery. If the patient is required to use an outside pharmacy, we make sure everything is set up with that pharmacy and then we can let the patient know the only thing they need to do is call to set up the shipment. We help schedule education appointments with our pharmacists in clinic and ensure the patient's medication is delivered and determine when they start therapy so we can update the provider.

It helps the patient know that there is one person that they can always talk to about their medication.

**What advice do you have for technicians who are new to oncology/hematology field?** Ask questions and always be willing to learn. Oncology is an ever-changing field and there is always so much to learn and apply in other clinics.



# IMJUDO®: THE STRIDE REGIMEN FOR PATIENTS WITH UNRESECTABLE LIVER CANCER

BY SARAH GOVENDER  
UNIVERSITY OF CHARLESTON

IMJUDO® (tremelimumab-actl) is indicated for the treatment of adult patients with unresectable hepatocellular carcinoma (uHCC) in combination with Imfinzi® (durvalumab). IMJUDO® is also indicated for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) in combination with durvalumab and platinum-based chemotherapy. IMJUDO® is an antibody that attaches to CTLA-4 to prevent the binding to CD80 and CD86, thus enhancing the proliferation of T-cells to fight cancer cells.<sup>1</sup>



Dosage of IMJUDO® is based on the indication. For patients with uHCC that weigh less than 30 kg, IMJUDO® and durvalumab are weight-based dosed. Patients should receive IMJUDO® 4 mg/kg over a 60-minute infusion. One hour after the end of the IMJUDO® infusion, patients should receive durvalumab 20 mg/kg over a 60-minute infusion. Patients will continue to receive durvalumab every 4 weeks. For those with uHCC that weigh 30 kg or more,

patients should receive IMJUDO 300 mg followed by durvalumab 1,500 mg on day 1, then durvalumab as a single agent every 4 weeks. For those with NSCLC and weight less than 30 kg should receive IMJUDO® 1 mg/kg every 3 weeks followed by durvalumab 20 mg/kg and then platinum-based chemotherapy for 4 cycles. Durvalumab (20 mg/kg) will continue with pemetrexed therapy every 4 weeks. An additional dose of IMJUDO® (1 mg/kg) should be given at week 16 with dose 6 of durvalumab. Patients with NSCLC that weigh 30 kg or greater should receive IMJUDO® 75 mg every 3 weeks followed by durvalumab 1500 mg and then platinum-based chemotherapy for 4 cycles. Durvalumab (20 mg/kg) will continue with pemetrexed therapy every 4 weeks. An additional dose of IMJUDO® (75 mg) will be given at week 16 with dose 6 of durvalumab.<sup>1</sup>

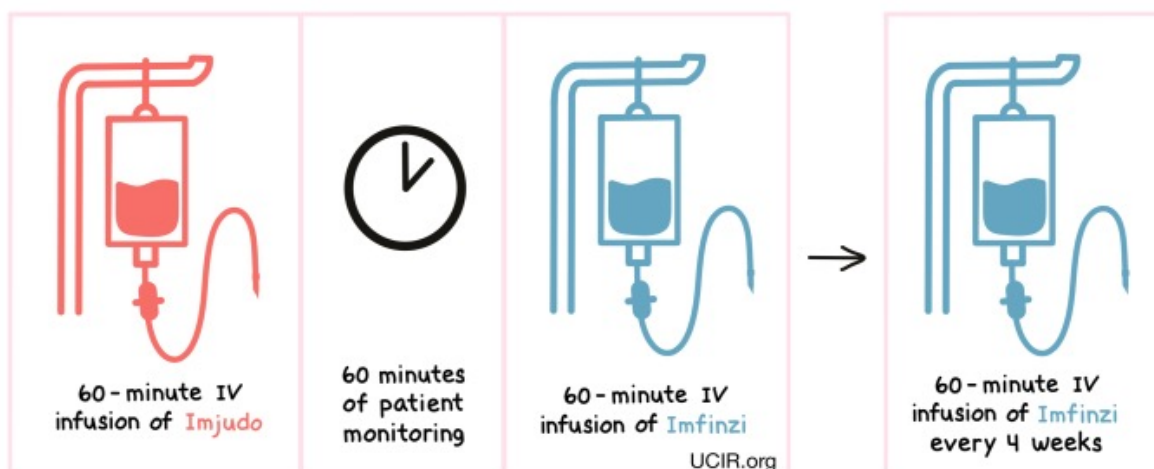
IMJUDO® is an immunotherapy and thus a warning for this medication is immune-mediated reactions. Other common side effects are a rash, diarrhea, nausea, musculoskeletal pain, and/or decreased appetite. IMJUDO® should not be used in women that are pregnant or breastfeeding. Women with reproduc-

tive potential should be advised to use effective contraception during treatment and for 3 months following the last dose of Imjudo.<sup>1</sup>

The AWP/per unit of IMJUDO® is \$3120.00.<sup>2</sup> With a significant financial burden, AstraZeneca has a support program called Access 360™. This program connects patients to affordability programs, including independent assistance foundations such as the Good Days Fund and the HealthWell Foundation, as well as its own patient assistance program. Through Access 360™, patients can also get support filing claims, referrals to their prescription savings program, and assistance in understanding their insurance coverage.<sup>3</sup>

## REFERENCES:

1. IMJUDO® (tremelimumab-actl). [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2022. Accessed January 27, 2023.
2. Imjudo. Red Book. Micromedex. Available at <https://micromedexsolutions.com>. Accessed January 27, 2023.
3. Ordering and resources | IMFINZI® (durvalumab) & IMJUDO™ (tremelimumab actl). <https://www.imfinzihcp.com/imfinzi-durvalumab-resources.html>. Accessed January 30, 2023.





# ELISA CERON: “WHEN THERE IS NO CAR- ING HAND TO BE FOUND, BECOME ONE!”

**Name:** Elisa Ceron

**Practice:** Larivière et Massicotte, Pharmaciennes, Inc

**How can OPTA or NCODA help you and your practice?** OPTA and NCODA keeps me updated with different practice methods applied in various oncology settings. Togetherness is becoming the perfect tool that can teach us handling a patient's specific situation.

**Explain your current role at your practice:** I communicate with the patient prior to starting a therapy, I collect all the information required to initiate a drug treatment and assure a short delay of medication approval/coverage.

This position has given me the title  
\*\*Coordinator Access to Drug\*\*

Also, I get to share all my knowledge with my team in form of training to ensure quality service to any patient in need.

**What do you enjoy most about your current position?** My greatest satisfaction is to having the possibility to be part of helping and making a difference in a patient's therapy. When a patient receives a diagnosis, the road to cure or recovery may be bumpy therefore I have the privilege of accompanying them throughout the process of therapy initiation. I take away their stress of having to deal with various paperwork and phone calls. Overall, the aspect of being there for the patient in any way that I can help is what keeps me going and enjoying my work.

**What do your day-to-day responsibilities include?** I spend most of my days on the phone with patients, insurance companies, nurses and pharmacists. I request prescription renewals, drug or patient exception forms for drug approval, gather insurance in-

formation from patients, collect any information that may be pertinent to the therapy and alert a health practitioner etc.

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

Our law in Canada does not permit a pharmacy technician to take any health practitioners duties. My role would be to gather information and share it with a pharmacist, nurse, or doctor.

**Do you have any “best-practices” that you use at your practice that you would like to share with**

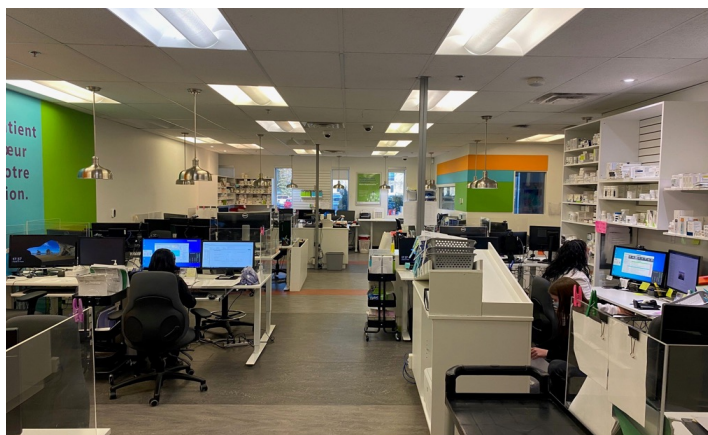
**OPTA members?** OPTA provides a platform for oncology pharmacy technicians to collaborate and learn more about providing better patient care that brings our practice to a higher level.

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

Welcome to the world of reality! Learn along with the patient what your role should be in this field and shine as bright as you can because you are the guiding light in someone's dark passing situation.



ELISA CERON



**Larivière +  
Massicotte**  
Pharmaciennes, inc.

PHARMACIE   
**CARBONEUTRE** <sup>MC</sup>  
Engagée 2023

Certifiée par  


# MEDICALLY INTEGRATED PHARMACY: BILLINGS CLINIC SHARES STEP-BY-STEP GUIDE

BY SYDNIE BIEBER

BILLINGS CLINIC SPECIALTY PHARMACY

Medically integrated dispensing (MID) is defined as “a dispensing pharmacy within an oncology center of excellence that promotes a patient-centered multidisciplinary team approach.”

Hello, my name is Sydnie Bieber, I’m an oncology pharmacy technician, and I work at the Billings Clinic Specialty Pharmacy.

Billings Clinic Specialty Pharmacy (BCSP) is the heart of MID for patients at Billings Clinic. BCSP not only provides medication to oncology patients, both pediatric and adults, but we are also able to use MID for a wide variety of specialty medications. Our specialty pharmacies and clinics share the same EMR system so, everyone involved in the patient’s care has access to the same information, so we can better assist our patients and provide the best quality of care possible.

Every time a provider prescribes a medication the pharmacy can evaluate if MID is appropriate for the patient. Medically integrated dispensing can be used for a plethora of things. It can be used for patients, whose labs aren’t in the correct levels to start their next cycles, day one of cycles that line up with IV chemotherapy, and the convenience to have medication at appointments rather than getting medication shipped. Medically Integrated Dispensing also helps pharmacies with waste and cost avoidance.

Billings Clinic Specialty Pharmacy can contact each patient about their oral oncolytic each time a refill is due, or each time the provider sends in a new prescription. It is then at this point the pharmacists located in the Specialty Pharmacy can cross check

with the patient’s most recent chart notes and labs, to help appropriately set up medication to be delivered to the appointments. Once the prescription is reviewed by the pharmacist, it is the oncology technician’s turn to call the patient, organize medication delivery, and ensure the patient will have enough medication on hand to get them to their next clinic visit. I mentioned earlier that BCSP coordinates MID for adult oncology patients, but it applies to our pediatric patients as well. By dispensing in the pediatric clinic, doses can be adjusted based on the kiddos weight from that appointment, also ensuring they are receiving the most accurate dose to continue treatment.

Let’s take palbociclib as an example. Patients need to have their labs cleared before they can start their next cycle of medication. The medically integrated pharmacies can send the most recent prescription to the patient’s appointment. At the appointment, providers review lab results, evaluate whether the patient is cleared to start, evaluate if there is a need for a possible dose change, or if the patient will need to hold their medication. If the patient is cleared to move forward with the medication, the medically integrated pharmacy can then dispense the medication to the patient. At Billings Clinic, the medications are delivered at the end of the appointment and after the patient has been counseled by appropriate staff who can give the clearance for them to start. If the patient is dose reduced, the medication is not dispensed to the patient, and it is returned to the pharmacy. This helps avoid medication wastage and provides cost avoidance for oral oncolytics, that we all know are unfortunately not cheap.

Medically integrated dispensing can help reduce both costs for patients and the pharmacies dispensing the medication. With the clinic and the specialty pharmacy having a close relationship, it helps reduce the extra resources needed to contact outside providers and pharmacies to receive updates for the patient and their care. By eliminating outside pharmacies and providers, it helps the patient get started on their first fill of therapy quicker.

Medication being dispensed in the clinic diminishes the delays that are caused by the outside entities either not providing or receiving the most up to date information they may need to process our patient’s medications. Dispensing the medication at the time of the patient’s appointment or IV treatment ensures the patient can continue with their therapy in the most efficient and convenient way possible.

## REFERENCES:

1. Meg Barbor, M. P. H. (2020, July 16). Medically integrated pharmacy care improves patient satisfaction and outcomes. *Oncology Practice Management*. Retrieved January 31, 2023, from [https://oncpracticemanagement.com/issues/2020/july-2020-vol-10-no-7/1665-medically-integrated-pharmacy-care-improves-patient-satisfaction-and-outcomes#:~:text=A%20medically%20integrated%20dispensing%20\(MID,%2Dcentered%2C%20multidisciplinary%20team%20approach.](https://oncpracticemanagement.com/issues/2020/july-2020-vol-10-no-7/1665-medically-integrated-pharmacy-care-improves-patient-satisfaction-and-outcomes#:~:text=A%20medically%20integrated%20dispensing%20(MID,%2Dcentered%2C%20multidisciplinary%20team%20approach.)



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