CELEBRATING HISPANIC-HERITAGE MONTH: JANNETTE CRUZ-VALLELLANOS SHARES HER JOURNEY FROM PUERTO RICO TO TREATING CANCER PATIENTS
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My name is Jannette Cruz-Vallellanes and I am from Puerto Rico. We are a multicultural race with a blend of Africa, Spain, and our native Indians, the Tainos. I was raised in New Jersey for part of my childhood, where I learned English. At home, my mom never forgot Spanish and it is still my first language. I started studying in Puerto Rico at 47 years old and I completed my associate degree in pharmacy technology at NUC University. I eventually decided to start my undergraduate studies in Business Administration with a major in healthcare management, which I completed in July 2020. Becoming a pharmacy technician here in the United States was at the beginning of a big challenge. Moving from working in a retail pharmacy to a hospital setting was very different and I also faced a language barrier. Differences in processes, culture and lifestyle were all hard to manage. I work at Moffitt Cancer Center as an Oncology Pharmacy Technician Specialist in the Infusion Center. Our patients come here to get their treatment in an ambulatory setting. On a daily basis, I am part of the team that compounds all the IV chemotherapy treatments. Additionally, my tasks include supplying the needs of the pharmacy. I enjoy my job because I feel I play a part in the battle that every cancer patient fights daily. Hispanic patients struggle with language and understanding the process of treatment, and I think that we need more healthcare professionals that speak Spanish. We also need the creation of cancer classes in Spanish at each hospital. This will help patients and families to first understand but also would allow them ask questions and get answers in their own language.

As pharmacy technicians we need to compromise with changes, new drug developments and new technologies used and look to be always on a path that gives us the opportunity to learn new things. There is more outside for our profession, it is never too late to start a new career and become a healthcare professional with a wider range of knowledge.

For my future I will start a masters program in Pharmaceutical Nanomedicine at USF University in January 2024. The only thing that no one can steal from you is what you learn!
TECHNICIAN IN FOCUS

ANGELA NERUSCIAC “WE ALL HAVE THE CHANCE TO FULFILL OUR DREAMS”

Name: Angela Nerusciac
Practice: H. Lee Moffitt Cancer Center

How can OPTA or NCODA help you and your practice? My manager introduced me to OPTA and NCODA.

Explain your current role at your practice: I am the pharmacy buyer and inventory management coordinator.

What do you enjoy most about your current position? I love tackling challenges with all the many drug shortages and being able to continue supporting our patients. I also like supporting my department with cost-savings initiatives. I enjoy sharing in my organization’s mission: “To contribute to the prevention and cure of cancer.”

What do your day-to-day responsibilities include? I make sure our patients have their medication available at their time of treatment.

Do you assume any specialized duties/responsibilities from time-to-time? I train new technicians and team members on compounding newly approved medications. I also ensure that we have a successful semi-annual certification of our clean rooms. My other duties include ensuring documentation of all regulatory requirements for USP797 and USP800.

Do you have any “best-practices” that you use at your practice that you would like to share with OPTA members?
- CSTDs (BD PhaSeal)
- BD Logistics Inventory Management Software
- IV Workflow Solution
- Expanding quality care across the community via opening Moffitt Ambulatory Centers (MACs)

What advice do you have for technicians who are new to oncology/hematology field? My advice would be to take your time and learn as much as you can, one step at the time. Do not rush yourself, your field/specialty is very important and saves lives.

Angela Nerusciac

NEXT OPTA MEETING:
3 p.m. EST, Wednesday, November 9th, 2022
Members will receive a calendar invitation
OLAPARIB CLINICAL REVIEW: SHOWING PROMISE IN IMPROVING OUTCOMES IN CANCER PATIENTS

BY NATALIA KUNZE
DOCTOR OF PHARMACY CANDIDATE, CLASS OF 2024 CREIGHTON UNIVERSITY

LYNPARZA® (olaparib) is an oral, non-chemotherapy medication used to target several forms of cancer. Olaparib is a poly (ADP-ribose) polymerase (PARP) inhibitor indicated for breast, ovarian, prostate, and pancreatic cancer. Olaparib acts as a selective and potent inhibitor of PARP1 and PARP2, preventing DNA repair and inducing apoptosis in cancer cells.1

Olaparib exhibits an initial bioavailability of 80%, but exhibits a bioavailability of only 25 to 50% after first-pass metabolism. Maximum plasma concentrations are reached at 0.5 to 2 hours after dosing. Olaparib is primarily distributed in the plasma and tumor tissue, with a small percent of distribution in the brain and bone marrow tissue. Olaparib undergoes extensive hepatic metabolism, primarily by the cytochrome P450 3A4/3A5 isozyme. The elimination of olaparib and its metabolites occurs via both the hepatic and renal routes, with approximately 42% of the dose eliminated in feces and 44% eliminated in urine.1,2

The recommended dosage of olaparib is 300 mg taken orally twice daily, with or without food. For adjuvant treatment BRCA-mutated HER2-negative high risk early breast cancer, patients should continue treatment for a total of one year, or until disease recurrence or unacceptable toxicity. For germline BRCA-mutated HER2-negative metastatic breast cancer, patients should continue treatment until disease progression or unacceptable toxicity.1

The most common laboratory abnormalities (≥25%) occurring with olaparib were a decrease in hemoglobin, increase in mean corpuscular volume, decrease in lymphocytes, decrease in leucocytes, decrease in absolute neutrophil count, increase in serum creatinine and decrease in platelets. The most common adverse reactions (≥20%) in clinical trials were anemia, nausea, fatigue, vomiting, neutropenia, leukopenia, nasopharyngitis/upper respiratory tract infection/infuenza, respiratory tract infection, diarrhea, arthralgia/myalgia, dysgeusia, headache, dyspepsia, decreased appetite, constipation and stomatitis.1

LYNPARZA® has a co-pay savings program available that provides patients with assistance for out-of-pocket costs. As part of the co-pay savings program, commercially insured patients pay $0.00 for each 30-day supply, and program pays the remaining out-of-pocket costs, up to a maximum of $26,000 per year. There are no income requirements to participate in the program. Additionally, the AstraZeneca Prescription Savings Program assists with prescription costs for patients without health insurance, Medicare Part D and/or B recipients, and individuals experiencing financial crisis.3

REFERENCES:

Thank you for your support.

FALL/WINTER 2023
The Medicare provisions of the Inflation Reduction Act (IRA) are expected to cause significant impact for all stakeholders involved. Other than medication pricing, the IRA mandates that there will be no out of pockets costs for vaccines for Part D beneficiaries. In January 2023, out of pocket costs of insulin were capped at $35 for a one month supply.

Recently, the Centers for Medicare and Medicaid Services (CMS) announced the first 10 drugs selected for price negotiations. A “Maximum Fair Price” will be set for these drugs by CMS. Drugs among the highest gross spending by Medicare Part D plans were selected. Drug manufacturers will participate in price negotiations to avoid costly penalties, which includes having to pull all of their drugs from the Medicare formulary. Final negotiated prices plan to take effect in 2026.

Some drug manufacturers impacted by negotiations have filed lawsuits, arguing that IRA provisions violate their first and fifth amendment rights. There is also concern for disparity in market exclusivity for small versus large molecules - nine years versus thirteen years, respectively. This may lead to a decline in research and development for small molecule drugs.

**340B PROGRAMS**

The 340B program allows hospitals to purchase outpatient prescription drugs at a heavily discounted price. These hospitals are called covered entities, and are eligible to participate if they primarily serve low income or uninsured populations.

**INDUSTRY PERSPECTIVE:** The view from drug manufacturers is that patients should benefit from the 340B program at the expense of entities and thus, the program warrants reform. As the program expanded over the last 10 years, drug manufacturers argue that they lose revenue at the expense of hospitals.

**HOSPITAL PERSPECTIVE:** The 340B program offers up to 25-50% savings for covered entities, enabling them to allocate funds towards additional hospital resources, staff, and other necessities. Funds may also be allocated for implementation of community health programs or covering costs of the uninsured population.
I first unearthed my passion for exercise and personal training while I was working in oncology. I couldn’t decide between the two careers, so I did both. During the day, I would mix chemotherapy and, right after work, I’d rush to the gym to train clients until bedtime. Sometime in between, I’d squeeze in a workout of my own. I did this for over a year until I was eight months pregnant and couldn’t tie my own shoes, much less show someone an exercise.

Fast forward to today, five years later. I’m a full-time mom, full-time Lead Pharmacy Tech, and full-time exercise lover. I’ve learned over the years from experience as a personal trainer, working closely with physical therapists, and training everyone from athletes to new moms to high-risk clients, that exercise IS for everyone.

You might be wondering, “Inna, I work in oncology; I’m busy all day and don’t have time for this. How is this relevant to me?” Let me explain. How many of you suffer from bad posture or tight hips? If you sit in front of your computer all day (or sit mixing chemo all day!), start small. Stand more often. Set a timer every hour and stand for a minute or two. Then, progress. The internet is a wonderful tool if you know how to use it. Google “office or desk exercises” and perform those during small breaks. Again, start small—pick one exercise you are comfortable with and do that for one minute (reverse lunges or chest openers are amazing). Each day, progress—pick another exercise and add it. Next, add more minutes to your “workout.” You’ll be surprised how effectively and quickly those minutes can add up!

How many of my fellow oncology professionals suffer from chronic tight shoulders and headaches? Do me a favor. When you have a moment, lay down on the floor. Place your left hand on your chest and your right hand on your abdomen. Now take a deep breath and slowly let it all out. If you do this correctly, only your RIGHT hand should be moving—your left hand will be still. This breathing exercise teaches you to breathe using your diaphragm, which has many health benefits, including improving muscle function and helping you relax. When a person becomes stressed, they tend to breathe faster, and their shoulders rise more often when not using the proper breathing technique. This leads to those tight neck and shoulder muscles which leads to headaches. Practice this breathing technique several times a day, five minutes each time, and you will likely see a decrease in shoulder and neck tension.

Being a mom and a healthcare professional has taught me that you need to take care of yourself if you want to take care of others. I have listed just a few small ways to care for yourself and your body that will be beneficial to your career in oncology. Take a few moments a day to thank your body for the things that it CAN do and train it to be better. After all, an active body is a healthy body.
Introduction:
Multiple myeloma, a cancer of the plasma cells, disrupts the body's ability to produce healthy plasma cells, fight infection, and transport oxygen. When patients experience a reoccurrence of cancer or do not respond to other treatments, it is referred to as refractory or relapsed cancer, which can limit treatment options. Emerging therapies like TECVAYLIff(teclistamab) show promise in addressing these challenges.

Mechanism of Action:
Teclistamab operates through two distinct mechanisms within the body. Firstly, it acts as a B cell maturation antigen, protecting and promoting B cells' growth and proper functioning, which are critical for fighting infections. Secondly, it functions as a T cell engager, facilitating the collaboration of other T cells to recognize and eliminate cancer cells.

Administration and Monitoring:
To initiate teclistamab treatment, patients undergo two step-up doses. However, it is important to note that this medication carries the risk of life-threatening side effects, necessitating immediate medical intervention. Therefore, patients must stay in the hospital for 48 hours during the step-up and first full doses to enable close monitoring for potential adverse reactions. Subsequent treatments can often be managed in the outpatient setting.

The Role of Pharmacy Technicians:
Pharmacy technicians play a crucial role in supporting patients undergoing teclistamab treatment. They should be knowledgeable about the financial burdens associated with the medication and assist in navigating available support programs. The manufacturer of TECVAYLIff offers a financial support program, Janssen CarePath, enabling patients to pay as little as five dollars per dose. An online screening process can determine a patient's eligibility, providing insights into insurance coverage and additional programs to assist with medication costs.

In addition, patients may require other medications alongside teclistamab. Due to multiple myeloma's impact on the immune system, providers may prescribe medications to prevent infections. Older patients with multiple myeloma may receive antivirals to avoid shingles resurgence, and antibiotics may be necessary to treat other infections. Given the heightened concern for COVID-19, patients may also seek vaccination. Intravenous immunoglobulin (IVIg) might be administered to manage infections in hospitalized patients.

Pharmacy technicians can aid patients and pharmacists in managing the side effects of teclistamab. Common side effects include fatigue, nausea, diarrhea, rash, and infusion reactions. Technicians can guide patients to over-the-counter antinausea medication, laxatives, and stool softeners, often found in the pharmacy's over-the-counter section. Technicians facilitate more effective counseling sessions by proactively informing the pharmacist about the patient's needs.

Conclusion:
TECVAYLIff(teclistamab) holds promise as an emerging therapy for patients with refractory or relapsed multiple myeloma. Pharmacy technicians are vital in assisting patients with refractory or relapsed multiple myeloma. Pharmacy technicians are vital in assisting patients by addressing financial burdens and supporting them through managing side effects. Collaborating with healthcare providers and technicians ensures comprehensive care for patients undergoing cancer treatment.
TECHNICIAN IN FOCUS

CHRIS HELTON: “CARING FOR CANCER PATIENTS IS A PRIVILEGE”

Name: Chris Helton, CPhT
Practice: Tennessee Oncology- Park Pharmacy
How can OPTA or NCODA help you and your practice? I am amazed at all the resources and support that NCODA and OPTA provide to members of Medically Integrated Oncology practices.

Explain your current role at your practice: My role as Integrated CPhT Lead, Pharmacy Services is diverse. I support our Clinical PharmD team with clinical education and training to promote best practices within all Tennessee Oncology clinics. This training and education are on employee safety, medication storage, reconstitution, dilution, best practices for admixture compounding and administration as well as any questions regarding stability and compatibility. I also support our OncoEMR Drug Regimen team which builds regimens for newly FDA-approved medications along with new indications for existing. This includes sequencing of regimen medications and biosimilar substitutions per insurance formulary protocols.

What do you enjoy most about your current position? I enjoy the interaction, educational, and training opportunities with the admixture staff. I supply the “why” to policy and procedural changes, this helps staff better understand the reasoning behind changes as it pertains to them.

What do your day-to-day responsibilities include? There again, my day-to-day responsibilities are diverse. My co-worker and I triage questions from email and instant messaging that our team receives from CPhTs, RNs, APPs, and physicians daily along with our visits to each clinic every quarter to ensure best practice continuity.

Do you assume any specialized duties/responsibilities from time-to-time? I am a member of our safety committee and special project initiatives throughout the year.

Do you have any “best-practices” that you use at your practice that you would like to share with OPTA members? Tennessee Oncology has best practices in place to ensure our patients receive the best possible care. Our number one “best practice” would be patient care is our priority number one! “Caring for cancer patients is a privilege.”
We all know how vital the Medically Integrated Pharmacy are for patients and practices, but it becomes much more evident when a family member brings in excess leftover medication. I’ve seen it numerous times over the years, but not to the extent I did today.

A patient had been on an oral oncolytic receiving her medication from a mail order Specialty Pharmacy as part of the manufacturer’s Patient Assistance Program (free drug). Sadly, this patient expired, and the husband brought in a grocery bag of medication. Much to my dismay, they were all packets of the medication. In total there were 13 packages of the oral oncolytic, over three months’ worth of pills.

I contacted the specialty pharmacy to ask them about the extensive supply of medication that the patient had received. I was advised that the patient had “agreed” to an auto-fill so they just auto shipped the pills monthly without contacting the patient.

Of course, now my brain is swimming with thoughts on how to prevent this from happening in the future. I entered the information on NCODA’s Cost Avoidance Waste Tracker tool to add to the already high amount of waste. This waste is created by mail order specialty pharmacies shipping expensive oral medications without confirmation of usage. This tool represents so many things. It represents the exorbitant amount of waste that exists because of PBMs forcing patients to utilize mail order specialty pharmacies. It represents the need for the Medically Integrated Pharmacy to be the pharmacy of choice for oral oncolytics.

**COST AVOIDANCE & WASTE TRACKER: EASY-TO-USE TOOL TO TRACK MEDICATION WASTE EFFECTIVELY**

**How it works:**
Cost Avoidance: Whenever you perform an intervention for a patient that helps prevent an unnecessary Rx from being given to a patient, record the savings.
Waste: Whenever a patient brings in medication that was not used at all, record the information.

**How to use the data:**
Share the information with your administration, payers, employers, etc., to showcase the benefits of your practice over mail-order services.

**HELP US CREATE CHANGE AND ACCOUNTABILITY FOR HEALTHCARE SPENDING NATIONWIDE!**

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<th>Cost Avoidance &amp; Waste Reported To Date by NCODA Members</th>
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<td>Waste: $13,837,001</td>
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**TECHNICIAN IN FOCUS**

_name: Jayme Runyon, CPhT_
**Practice:** Home infusion, hospital inpatient and insurance prior authorization

**How can OPTA or NCODA help you and your practice?** OPTA and NCODA has given me the opportunity to seek advice and information from others around the country.

**Explain your current role at your practice:**
In home infusion my role is to mix IV medications for patients who are receiving therapy in the home setting or in an Ambulatory Infusion Suite (AIS). In regards to my role within insurance, my job is to oversee the pharmacy technicians processing prior authorizations for patients who are receiving IV medication outside of the inpatient setting.

**What do you enjoy most about your current position?** I enjoy ensuring excellent patient care and continuously learning about all aspects of my role.

**What do your day-to-day responsibilities include?** In home infusion I mix IV medication to send to patients in their homes. Within the insurance scope, I oversee and help ensure that the pharmacy technicians understand the clinical documentation and drug medication for proper prior authorization review.

**Do you assume any specialized duties/responsibilities from time-to-time?** Yes, I help with environmental sampling and testing as well as take part in other projects.

**Do you have any “best-practices” that you use at your practice that you would like to share with OPTA members?** The High Reliability Organization (HRO) tools helps streamline communication and process development. This has helped everyone feel a little bit more comfortable sharing ideas, concerns and problems that arise.

**What advice do you have for technicians who are new to oncology/hematology field?** There are always new things coming your way. Take a little time and ask questions and don’t let anyone make you feel bad for needing clarification. Always admit mistakes, it could mean the safety of a patient or caregiver. Produce work that you would want to receive.