

OPTA Review

THE NEWSLETTER OF THE ONCOLOGY PHARMACY TECHNICIAN ASSOCIATION | WINTER 2024



EMPATHY IN ACTION: PATIENT ASSISTANCE WITH COMPASSION FOR CANCER PATIENTS

PAGE 2

JAYPRICA® OVERVIEW: TREATMENT FOR MANTLE CELL CARCINOMA AND CHRONIC LYMPHOCYTIC LEUKEMIA

PAGE 4



OPTA

dispensing positive outcomes

WELCOME

COMPASSIONATE CARE: THE HEARTFELT COMMITMENT TO PATIENT ASSISTANCE

BY SARA RENTZEL, BSHA, CPHT, RPHT
AMERICAN ONCOLOGY NETWORK

I'd like you all to take a minute to think of someone extremely special in your lives. I am truly blessed to have a lot of special people in my life. Now imagine that special person has been diagnosed with cancer and having to decide between receiving treatment and ensuring financial security for their family. My Uncle Richard "Rich" was a very special person. He was extremely kind, funny, and someone everyone wanted to be around. His wife Lucinda "Cindy" passed away on March 30, 2007, from breast cancer leaving him to raise two very young children himself. He was diagnosed with head and neck cancer in 2016. He was told his treatments would cost \$30,000 per month. Unfortunately, he was not provided with options to afford his treatment and he ultimately decided against his treatment option so that he could leave his children money for their future. He passed away on August 6, 2018. He will forever be a part of my story and the reason why I am so passionate about providing patient assistance to oncology patients.

Everyday, providers write costly oncology medications for their patients. These prescriptions are forwarded to either Medically Integrated Pharmacies or external pharmacies. Subsequently, these prescriptions undergo the prior authori-

zation process. Following the prior authorization process, the next stage often involves encountering a significant copay through insurance or alternatively, the denial of medication coverage by the insurance. Oftentimes, patients are informed about the high copayment or insurance denial and are left to navigate the system independently. In some instances, patients may ultimately opt to forgo the necessary medication for their diagnosis.

SCAN QR CODE FOR
MORE INFORMATION



Patient assistance plays a vital role in supporting oncology patients as it offers guidance and support in navigating the healthcare system. Every patient's circumstances are considered unique to ensure the most favorable financial outcome for them. Thanks to generous donors, grants are available for a multitude of diagnoses. However, if there is a lack of funding for grants, manufacturer assistance is needed. As we all know, these applications can be overwhelming to complete. We can help the patient with the completion of these applications to ease the burden on them during this difficult time. In conclusion, patient assistance programs enable patients to proceed with costly treatment options and do not have to choose between their treatment and time spent with their families.

What we do every day behind the scenes sometimes goes without recognition. I appreciate all that you do for your patients. Patient care is truly a work of love.

with them. She works closely with her patients on medication adherence and monitoring to help them stay on track with their treatment plans.

While Janine is originally from Fresno, California, she has practiced in Idaho and Oregon before returning to Fresno in 2015. Outside of work, Janine enjoys spending time with her children, family & friends. Her youngest son has Down Syndrome and keeps this single mom very busy. She is an active member of the local Down Syndrome Association of Central California (DSACC). She enjoys networking and mentoring other mothers about Down Syndrome.

WELCOME NEW OPTA LEADER

Janine Brodeur has been a Nationally Certified Pharmacy Technician since 2011 and became a Certified Oncology Pharmacy Technician through OPTA in October 2022. She has an active license to practice in both Oregon and California states.

Janine currently works for the largest full-service, private Oncology/Hematology Radiation practice in California, in their Physician Dispensing Department as the Lead Pharmacy Technician. She works closely with her providers in processing, ordering, filling, and dispensing specialty medications. She likes getting to know her patients personally by building a relationship

OPTAReview

EDITORIAL BOARD



Janine Brodeur

CPHT, COPHT

Lead Rx Services Coordinator |
cCare, Fresno, California



Sara Rentzel

CPHT

AON | Gettysburg, Pennsylvania



Julie Melmoth

RPHT

Alberta Health Services |
Alberta, Canada

LEADERSHIP TEAM



Ginger Blackmon

PharmD

Associate Director of Clinical
Initiatives | NCODA



Taryn Newsome

CPHT

Associate Manager of OPTA |
NCODA



Sarder Sadid

PharmD

Associate Manager of Clinical
Initiatives | NCODA

OPTAReview is published by the National Community Oncology Dispensing Association, Inc., and is issued seasonally online.

This newsletter may not be reproduced, in whole or part, without written permission from the publisher. NCODA assumes no responsibility for errors or omissions in this publication. It is the responsibility of the treating physician/pharmacist or other health-care professional, relying on independent experience and knowledge of the patient, to determine dosages and best treatment options. Opinions expressed by authors in OPTAReview do not necessarily reflect those of

OPTALeaders

- Carol Hemersbach, CPhT
- Janine Brodeur, CPhT, COPhT
- Linda Grimsley, CPhT
- Emily Zimdars, CPhT
- Brandi Gudwien, CPhT
- Teri Roberts, CPhT
- Sara Rentzel, CPhT
- Vonda McClendon, CPhT
- Alicia Barnes, CPhT

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 Conference poster presentations
- NCODA Conferences/Meetings

FOR MORE INFORMATION

Contact:

- Taryn.Newsome@ncoda.org

OPTAResources

NCODA CONNECT DISCUSSION BOARD

<https://my.ncoda.org/network/members>

CONTINUING EDUCATION

<https://www.ncoda.org/ce/>

NCODA/OPTA WEBSITE

<https://www.ncoda.org/opta/>

NEXT OPTA MEETING:

3 p.m. EST, Wednesday,
March 13, 2024

Members will receive
a invitation through NCODA
Connect

TECHNICIAN IN FOCUS

JESSICA GOULD: CELEBRATING THE IMPACT OF PHARMACY TECHNICIANS

Name: Jessica Gould, CPhT

Practice: American Oncology Network Pharmacy

How can OPTA or NCODA help you and your practice?

NCODA and OPTA can help my practice by providing educational training and events to enhance our knowledge so that we can better serve our patients.

Explain your current role at your practice:

I help our patients obtain grants or free drugs for their oncology medications that they cannot afford.

What do you enjoy most about your current position? What I enjoy most is making a difference in patients' lives by providing affordable medication options that reduce their stress.

What do your day-to-day responsibilities include?

My day-to-day responsibilities include receiving patients who need financial assistance, performing patient assessments, confirming if they qualify for assistance, calling and helping them apply, taking incoming phone calls and communicating with our clinics.

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

I have my normal daily duties and occasionally will help with special projects that get assigned such as improving the renewal processes to help us be more efficient.



JESSICA GOULD

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

One thing that I think makes AON stand out is the amazing follow-up we have with our patients, SPPs and clinics. AON makes sure things are followed through to the very end, and we all have established a great relationship with each patient by communicating with them regularly.

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

My advice would be to possess a heart full of empathy. We witness patients conquering unimaginable challenges. We should always strive to reassure our patients through authentic care and unwavering support, standing by them through every stage of their journey, offering assistance tailored to their needs.



NCODA | OPTA
dispensing positive outcomes

CERTIFICATION PROGRAM

Have your questions answered with
Certification FAQs

Connect with

on LinkedIn

JAYPIRCA®: TREATMENT OPTION FOR MANTLE CELL LYMPHOMA & CHRONIC LYMPHOCYTIC LEUKEMIA

BY PAIGE PITLICK

UNIVERSITY OF MINNESOTA

JAYPIRCA® (pirtobrutinib) is an oral anti-cancer medication indicated for both relapsed/refractory mantle cell lymphoma or chronic lymphocytic leukemia, after at least two prior lines of therapy, including a bruton tyrosine kinase (BTK) inhibitor.¹ Pirtobrutinib is a non-covalent BTK inhibitor, where BTK is a signaling protein of B-cell antigen receptor (BCR) and cytokine receptor pathways that activate routes of B-cell proliferation, trafficking, chemotaxis, and adhesion.² This inhibition blocks cancer cells from surviving and multiplying, slowing the spread of cancer cells.³

The recommended dosage of pirtobrutinib is 200 mg by mouth once daily, with or without food. Clinicians can manage any observed toxicities through dosage reduction, treatment interruption, or discontinuation. It is recommended to reduce the dose for renally impaired patients. Pirtobrutinib is available as 50 mg and 100 mg tablets to aid in a correct dose reduction.¹

Pirtobrutinib has an oral bioavail-

ability of 85% and a median time range of 2 hours to reach peak plasma concentration. These concentrations can be delayed by an hour and decreased by up to 23% by food. Thus, it is important that

the patient takes the medication in a similar manner at about the same time every day. Pirtobrutinib is primarily metabolized by CYP3A4 and undergoes glucuronidation by UGT1A8 and UGT1A9. It is also important that the prescriber knows of all the medications that the patient is taking prior to initiation of pirtobrutinib, to prevent potential

drug-drug interactions. Elimination of pirtobrutinib occurs renally and fecally, with 57% and 37%, respectively.²

The most common adverse reactions (>20%) reported with pirtobrutinib include fatigue, musculoskeletal pain, diarrhea, COVID-19, bruising, and cough. Grade 3 or 4 laboratory anomalies observed (>10%) included neutrophil count decrease, lymphocyte count decrease, and platelet count decrease.¹

JAYPIRCA® has a savings card to help patient with any out-of-pocket costs. As part of this program, patients may pay as little as \$0 a month up to 12

months, and up to \$25,000 per year. This savings card from Lilly is only applicable for patients with commercial drug insurance, excluding any governmental programs that are eligible for reimbursements.³

REFERENCES:

1. Product information: JAYPIRCA (pirtobrutinib) tablets, for oral use. Lilly USA, LLC, Indianapolis, Indiana, 2023.
2. JAYPIRCA, IBM Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www-micromedexsolutions-com.ezp2.lib.umn.edu/micromedex2/librarian/CS/36AB8A/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/370269/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFAActionId/evidencexpert.DolntegratedSearch?SearchTerm=jaypirca&UserSearchTerm=jaypirca&SearchFilter=filterNone&navitem=searchALL# (accessed: November 1, 2023).
3. JAYPIRCA (pirtobrutinib) prescribing information. Lilly USA, LLC, 2023. Available at: https://www.jaypirca.com/about-jaypirca?gclid=C-jwKCAjw7oeqBhBwEiwALyHLM_aFbBJHji-wgplrrKQ7BxX86zRLGw-2Q85n-0Wf6R3mb-WV4sk0hXrRoCfQIQAvD_BwE#how-it-works (accessed: November 1, 2023).



PAIGE PITLICK



GLOBAL EXCELLENCE: SPOTLIGHT ON INTERNATIONAL PHARMACY TECHNICIANS

Name: Elizabeth Harland, MPharmT

Practice: HCA Healthcare UK

Where are from? I was born in Kuala Lumpur, the capital city of Malaysia but moved to London, England when I was 1 year of age! So, the UK is where I have been raised.

What is the name of your practice/pharmacy and what type of pharmacy does your practice contain? (i.e., Medically Integrated Pharmacy, Retail, etc.)? My pharmacy is called 'Leaders in Oncology Care' or 'LOC' and we are part of the HCA Healthcare organisation here in the UK. You will know of HCA Healthcare I am sure.

At LOC we run three dispensaries at three different LOC clinics in London. We dispense and supply: supportive take home medication to patients, oral Systemic Anti-Cancer Therapy (SACT), and supply stock medication to the nurses. We also have an Aseptic Compounding Unit on-site at the main LOC clinic pharmacy where we aseptically manufacture all the IV SACT (cytotoxic and mAb) medications for the three LOC clinics.

Can you briefly describe your role and responsibilities as a pharmacy technician in your current practice setting or country? I am involved in the training of the Pre-registration Trainee Pharmacy Technicians (PTPTs) and ensuring that they have access to different sectors/specialties within a pharmacy rotation to support their education and training. I am also involved with the development of registered Pharmacy Technicians to access training and education in advanced practice. I am also an MMPT – which stands for Medicines Management Pharmacy Technician. This is a clinical patient-facing role in which an MMPT will take a medication history, check for allergies and interactions, and complete medication counseling. I also participate in audits and ensure compliance of the pharmacy dispensaries in terms of controlled drug (CD) and premises licenses.

What do your day-to-day responsibilities include? The Pharmacy Team starts the day with a 'huddle'. This is a brief 5-minute meeting where we review any operational issues e.g. unexpected absence of staff and how this will be covered, stock shortages, and any notifications that may be useful to share. I am not 'on the ground' every day, therefore I work on a variety of duties or projects, for example:

- As an MMPT: Counselling oral SACT patients who are booked in for treatment as well as counselling patient about their supportive medications
- Aseptic compounding of IV SACT
- As an Accuracy Checking Pharmacy Technician (ACPT) – accuracy checking dispensed items
- Workplace Supervisor for a Pre-registration Trainee Pharmacy Technician (PTPT)
- Working on various projects aligned with the professional development and advancing the scope of practice of Pharmacy Technicians within the HCA organisation
- Quarterly audit on controlled drugs (CD)
- Quarterly audit on the safe and secure storage of medication

- Application submission for CD license or premises license

I also have an additional role with the Association of Pharmacy Technicians (APTUK) which is the Professional Leadership body for Pharmacy Technicians in the UK. I am the education advisor for APTUK. This is a new role for myself and the organisation. I am working on a variety of tasks for them

What qualifications and training are required to become a pharmacy technician in your country? The term 'Pharmacy Technician' is a protected title and can only be used as your title if you are registered with the pharmacy regulatory body which is the General Pharmaceutical Council (GPhC). In order to register with the GPhC as a Pharmacy Technician you have to meet the registration criteria; which, in terms of qualifications and training you must hold a recognised Level 3 qualification in one of the approved knowledge and competency training programmes plus a minimum of two years relevant work-based experience in the UK under the supervision, direction or guidance of a pharmacist or pharmacy technician to whom the applicant was directly accountable for no less than 14 hours per week.

Once you are a qualified and registered Pharmacy Technician you then have the opportunity to consider extending your scope of practice with additional clinical skills and practice.

How do pharmacy technicians stay updated on new medications, treatments, and industry developments? It is essential that Pharmacy Technicians complete their Continuing Professional Development (CPD) to keep up to date with developments within their profession and within their scope of practice. This can be achieved through the following opportunities:

- Networking with colleagues (just like we are doing here)
- BOPA (British Oncology Pharmacy Association) forums
- Webinars
- Conferences and congress
- Educational sessions by: pharma companies, physicians
- Updates from the protocol team
- Communication from APTUK (Association of Pharmacy Technicians UK)

How can pharmacy technicians contribute to medication adherence and patient education in your practice setting? Pharmacy Technicians play a vital role in patients medication adherence/compliance. The majority of medication counselling is completed by Pharmacy Technicians / MMPTs. We supply the patient with extra information in the form of Medication Information Sheets (MIS). These are similar to the NCODA!

This information is useful to the patient because they can refer back to the MIS at home to help reinforce the verbal counselling.

MMPTs also complete first course oral SACT counselling with patients. This is when the patient will be informed of the potential side effects of the treatment, and how and when to use the supportive medication to help manage the side effects. The patient will also be educated about their course of treatment and counselled about the dose and frequency.



ELIZABETH HARLAND

2023 NCODA INTERNATIONAL FALL SUMMIT

