

The image features the NCODA logo, which consists of the letters "NCODA" in a bold, dark blue, sans-serif font. The letters are centered within a circular graphic composed of two overlapping arcs: a red arc on the left and a blue arc on the right. The background is white with a pattern of light blue hexagons of varying sizes. Large, thick, curved bands in orange and light blue sweep across the top and bottom of the image. A solid blue horizontal bar runs along the bottom edge, with a red section on the right side containing the text "Medically Integrated. Patient-Centered." in white.

NCODA

Medically Integrated. Patient-Centered.

Oncology Optimized Limited Distribution:

The NCODA-Preferred Model for Patient-Centered Medically Integrated Oncology Care

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Distribution Models

NCODA defines four primary models within the oncology distribution landscape:

- Open Distribution
- Closed Distribution
- PBM Influenced Limited Distribution
- NCODA Optimized Limited Distribution (OOLD)



What is OOLD?

Represents the NCODA preferred distribution model, where PBM-affiliated mail order pharmacies are excluded, and MLPs and non-PBM affiliated pharmacies can dispense. This model enables coordinated, in-practice care and supports timely, patient-centered treatment.



Importance of OOLD to Practice/Members



The ability for a Medically Integrated Practice to dispense oncology medications to patients cannot be understated.

Having direct access to the EHR, the oncologist and the patient allows the pharmacy/dispensing team to:

- Perform complete clinical reviews
- Align fills to minimize multiple trips to the clinic
- Make interventions where appropriate
- Monitor labs/notes/pathologies to ensure fills are appropriate with respect to timing/dose/etc.

Importance of OOLD to Practice/Members



All of this translates to:

- Higher level of oncology care to the patient
- Comprehensive care from the patient's oncology team
- Faster Turnaround time to providing meds to patients.
- Increased adherence and compliance
- Increased monitoring/management of ADEs to potentially reduce hospitalizations
- Increased patient satisfaction
- Reduced waste
- Higher capture rates at the practice => Increased revenue for the practice

IntrinsiQ Data on LDD Capture Rates

Table 1. Limited Distribution Models: Percent Capture Rate
This table describes the total dispenses captured and % capture rate organized by drug, network description and fill type.

Group/Drug	Network Description	Internal Fills	External Fills	% Internal Capture
Network 1	2 non-PBM SPs + Physician/Hospital MIDs	8385	1028	89.08%
Zanubrutinib		3994	413	90.63%
Acalabrutinib		4391	615	87.71%
Network 2	2 non-PBM SPs + 1 PBM SP + Physician/Hospital MIDs	9008	1986	81.94%
Venetoclax		3738	592	86.33%
Ibrutinib		5270	1394	79.08%
Network 3	Open non-PBM SPs + 3 PBM SPs + Physician/Hospital MIDs	9089	5952	60.43%
Enzalutamide		6048	2648	69.55%
Abemaciclib		3041	3304	47.93%



The 3 4 Considerations of Drug Selection

1. Efficacy
2. Safety
3. Cost/Practice Economics
- 4. DISTRIBUTION!**

OOLD Supports the Medically Integrated Practice Model!



SUMMARY



- Oncology Optimized LDDs promote coordinated, in-practice care and ensures timely, patient-centered treatment
- Work with your pharma partners and GPO to ensure you have access to OOLDs
- When talking to pharma, stress the importance of limiting the access of their medications to OOLD
- If you receive a rejection for an OOLD, call the PBM and attempt to obtain an override to dispense

QUESTION & ANSWER



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