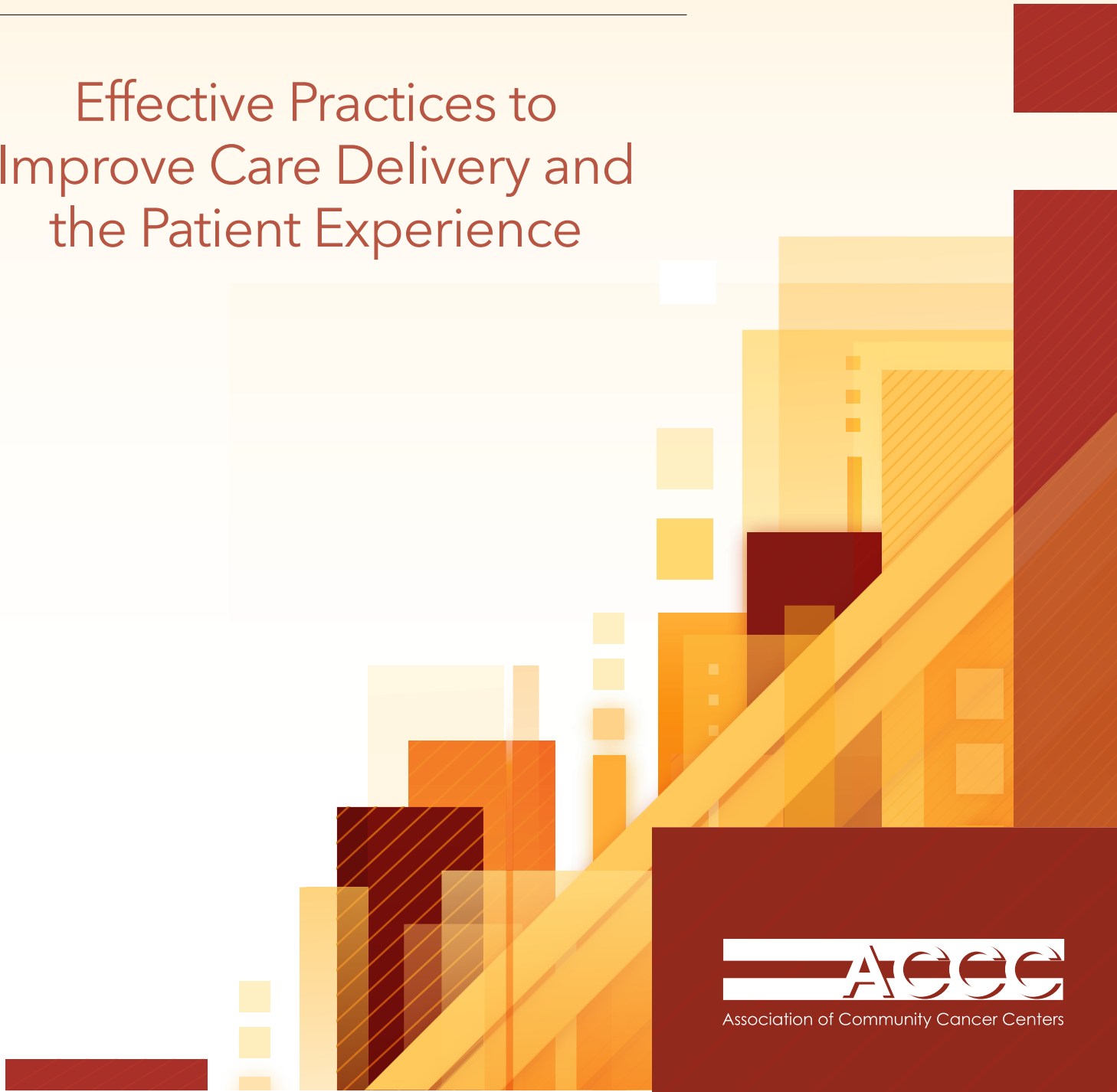
ASSOCIATION OF
COMMUNITY
CANCER CENTERS

Multiple Myeloma Dispensing Models

Effective Practices to Improve Care Delivery and the Patient Experience



Association of Community Cancer Centers

TABLE OF CONTENTS

OVERVIEW

Multiple myeloma, although a rare disease, is the second-most common hematologic malignancy worldwide. In the United States, the lifetime risk of being diagnosed with multiple myeloma is roughly 0.8 percent. The American Cancer Society estimates that 34,920 new cases of multiple myeloma will be detected in the U.S. in 2021, and 12,410 people will die of the disease.[1] With a median patient age at diagnosis of 70 years, multiple myeloma is predominantly a disease of the elderly. There are increasingly effective therapies for multiple myeloma, and although it is highly treatable, it is not yet curable.

Advancements in molecular medicine and targeted therapeutics have led to the identification of multiple myeloma subtypes, making classifying, risk stratifying, and treating the disease more complex—and effective. During the past 15 years, new drugs, combination therapies, and immunotherapies have expanded treatment approaches and increased patient options. However, once most patients begin active therapy, they will receive treatment for the rest of their lives.

Patients with multiple myeloma may be treated with immunomodulatory agents, proteasome inhibitors, monoclonal antibodies targeting SLMF7 and CD38, and/or other therapies being investigated in clinical trials. For some patients, stem cell transplantation may be part of the initial treatment plan. Additionally, patients may need treatment with bone-modifying agents such as bisphosphonates, a RANK ligand inhibitor, or erythropoietin-stimulating agents due to skeletal-related events and anemia, respectively.

Treatment regimens for multiple myeloma often require careful coordination of multiple therapeutics. These regimens are often a combination of intravenous and oral therapies that have different dosing schedules, making a multidisciplinary approach critical for optimizing outcomes and safety. Coordinated care, effective patient communication, and adequate patient financial planning require a team-based approach that includes providers, pharmacists, nurses, financial navigators, and other members of the healthcare team.

BARRIERS TO CARE

Although survival rates for patients with multiple myeloma have continued to improve, in the current healthcare landscape, operational and process requirements can create barriers to high-quality patient-centered care.[2] These barriers indicate the need to take into account the real-world experiences of patients and the financial implications of their care. Multiple myeloma is currently one of the most expensive cancers to treat. Patients with multiple myeloma are often prescribed three or four drug combination regimens comprised of an immunomodulatory drug, a steroid, a proteasome inhibitor, and/or an anti-CD38 monoclonal antibody. Patients also require supportive care medications for disease-related and drug-related adverse events, and they are likely to remain on therapy for the remainder of their lives.

For newly diagnosed patients, total monthly drug costs for first-line therapies can total more than $15,000. Other treatment options may include transplantation or a clinical trial of CAR T-cell therapies, which can drive drug costs beyond $500,000 per year.[3] Thus, insurance coverage and benefit design have a large impact on a patient's out-of-pocket costs. To optimize the coverage a patient has, cancer care team members must work together to proactively identify potential reimbursement issues and collect any required authorizations and documentation in time to avoid potential treatment delays. Immunomodulatory agents such as lenalidomide, pomalidomide, and thalidomide require patient enrollment in a Risk Evaluation and Mitigation Strategies (REMS) program, a drug safety program that the U.S. Food and Drug Administration requires for certain medications with serious safety concerns to help ensure that the benefits of a medication outweigh its risks. Specialty pharmacies may have limited access to these drugs, or they may be restricted by payer mandates.

Although oral anti-cancer agents have considerably expanded effective treatment options for patients with cancer, they also come with a high price tag. In an effort to rein in rising drug costs and related healthcare expenditures, payers and manufacturers have looked to specialty pharmacies as a cost-containment solution. This has given rise to a dispensing model in which prescriptions for certain medications can only be filled through designated specialty pharmacies. The rise of specialty pharmacies has been swift. According to Express Scripts' 2019 Drug Trends Report, the specialty drug share of all spending on prescription drugs rose from 44.7 percent in 2018 to 47.7 percent in 2019, even though these drugs are used by only two percent of the population.[4]

With the Multiple Myeloma Dispensing Models education project, the Association of Community Cancer Centers (ACCC) aims to support cancer programs and practices with the multiple challenges posed when delivering care to patients with multiple myeloma. Key to this is creating efficient dispensing models for multiple medications; integrating these models into pharmacy and practice operations; creating effective strategies for improving the patient experience; improving care coordination and communication among specialty pharmacists, patients, and providers; reducing the financial impact of treatment on patients; and promoting patient adherence.

ACCC conducted focus groups with in-house specialty pharmacy staff at three cancer programs to better understand how different cancer centers are integrating effective dispensing models into their practices to optimally manage patients with multiple myeloma. The primary goals of this project are to:

- Evaluate timely access to care for patients
- Establish effective practices for ideal care coordination
- Optimize provider-to-patient communication and shared decision-making
- Analyze efficiencies related to oral anti-cancer agent dispensing, adherence, and patient education

THE NATIONAL ASSOCIATION OF SPECIALTY PHARMACY DEFINES A SPECIALTY PHARMACY AS:

"A state-licensed pharmacy that solely or largely provides only medications for people with serious health conditions requiring complex therapies. These include conditions such as cancer, hepatitis C, rheumatoid arthritis, HIV/AIDS, multiple sclerosis, cystic fibrosis, organ transplantation, human growth hormone deficiencies, and hemophilia and other bleeding disorders. … Specialty pharmacies connect patients who are severely ill with the medications that are prescribed for their conditions, provide the patient care services that are required for these medications, and support patients who are facing reimbursement challenges for these highly needed but also frequently costly medications."

WHAT IS A SPECIALTY PHARMACY?

Specialty pharmacies are state-licensed pharmacies that solely or largely dispense medications to people with serious health conditions requiring complex therapies. Specialty pharmacies may be independent; owned by a large payer or by a payer's wholly owned pharmacy benefits management company; owned by a drug wholesaler; or owned by a large retail pharmacy chain. Health systems can also own and operate a specialty pharmacy, as can large oncology practices. In the case of a closed specialty pharmacy network, there is a single preferred specialty pharmacy that may be outside of a health system or cancer center. Some cancer medications that require Risk Evaluation & Management Strategies (REMS) are available only through a limited distribution network.

Specialty pharmacies may hinder access to medications for some patients with cancer. Even when health systems or cancer programs operate their own specialty pharmacies, patients may be required by their insurers to fill their prescriptions elsewhere.[5,6] The dispensing model espoused by specialty pharmacies can be problematic for patients with cancers such as multiple myeloma, who require close monitoring and may have frequent dosing adjustments.

If these dispensing models are not well coordinated at the individual practice level, multiple barriers to care can arise, such as:

- Delays in treatment initiation and refills
- Inefficient monitoring practices due to lack of EMR access
- Care delays due to changes in insurance
- Miscommunication among patients, pharmacies, and physicians
- Decreased patient satisfaction
- Delayed recognition and management of adverse events
- Increased incidence and underreporting of adverse events
- Inability to assess adherence and compliance
- Increased waste[7,8]

Patients being treated with oral oncolytics require frequent lab assessments and provider visits. To ensure patient safety, most providers limit the number of refills of oral chemotherapies and restrict dispensing to one cycle at a time.

However, when a prescription must be filled by an external specialty pharmacy, providers and clinics often must send in prescriptions prior to the patient's scheduled office visit to

avoid a delay in the patient's next treatment. Patients who are seen for follow-up too early after treatment may not have had adequate hematologic recovery, which could result in them being given a new prescription that may have to be adjusted down the road.

This can ultimately result in drug waste and higher out-of-pocket costs for patients. Similarly, if a prescription is not written until after a patient's office visit, there may be a treatment delay as the patient waits to receive the new prescription. Due to the nuanced practice of oral oncology, patients who require frequent dose changes in their prescriptions may encounter barriers to care when they are required to use specialty pharmacies.

For patients with multiple myeloma, these barriers are in addition to the specific considerations required by the treatment of their disease. Patients with multiple myeloma may require several lines and combinations of therapies, be older than patients with other cancers, have extensive treatment histories, and need supportive medications to manage side effects such as skeletal-related events and bone pain.

THE NATIONAL COMMUNITY ONCOLOGY DISPENSING ASSOCIATION (NCODA) DEFINES MEDICALLY INTEGRATED DISPENSING (MID) AS:

"A dispensing pharmacy within an oncology center of excellence that promotes a patient-centered, multidisciplinary team approach. The MID is an outcome-based collaborative and comprehensive model that involves oncology health care professionals and other stakeholders who focus on the continuity of coordinated quality care and therapies for cancer patients."

EFFECTIVE PRACTICES IN DISPENSING MODELS

For this project, ACCC conducted site visits to the following three member programs accredited by the Commission on Cancer:

- University of Illinois Hospital and Health Sciences System
- Miami Cancer Institute at Baptist Health South Florida
- John Theurer Cancer Center at Hackensack University Medical Center

The University of Illinois Hospital and Health Sciences System was selected to better understand how community clinicians are working with their cancer care teams to manage patients with multiple myeloma in coordination with larger cancer centers.

Also participating in the project is Miami Cancer Institute at Baptist Health South Florida—an academic medical center with resources that enable it to assess more than 500 patients newly diagnosed with cancer each year and to actively participate in clinical trials.

Finally, the participation of John Theurer Cancer Center at Hackensack University Medical Center—an NCI-Designated Comprehensive Cancer Center—provided insight into multiple myeloma treatment within a hub of interdisciplinary research and scientific leadership.

While these three cancer programs are in different geographical areas and serve different patient populations, they all provide optimal, coordinated care to their patients by using a multidisciplinary approach to diagnosing and treating patients with multiple myeloma.

UNIVERSITY OF ILLINOIS HOSPITAL AND HEALTH SCIENCES SYSTEM

CHICAGO, IL

The University of Illinois Hospital and Health Sciences System (UIH) provides comprehensive care for patients with multiple myeloma through its in-house specialty pharmacy staffed by dedicated pharmacists, technicians, and financial navigators who focus solely on the care of patients with cancer. The pharmacist in UIH's multiple myeloma clinic plays an integral role in the cancer care team, providing patient education, REMS enrollment, and monitoring patients on therapy. The clinic pharmacist serves as a bridge between the cancer care team and the dispensing specialty pharmacy, ensuring smooth communication and robust collaboration between the two. This model is particularly suited to the dispensing of oral oncolytics to patients with multiple myeloma.

UIH's pharmacy serves approximately 50 patients with multiple myeloma each month. When a patient is diagnosed with multiple myeloma and is prescribed medication, UIH's multiple myeloma care team enters treatment orders into UIH's EMR and calls the UIH specialty pharmacy the day the orders are received. Order sets are aimed at streamlining the prescribing of multiple myeloma therapies, and they include information on any actions required to initiate such therapy, including REMS enrollment and lab monitoring. To further improve patient convenience, the UIH specialty pharmacy provides a medication synchronization service that coordinates the dispensing of multiple myeloma medications and relevant non-specialty oral medications.[9] This service ensures that oral and IV therapies stay on the same cycle, since these regimens are often very complex.

Embedded in the UIH specialty pharmacy are financial navigators who evaluate the cost of therapies for patients and locate financial support when necessary. After reviewing a patient's prescription and insurance coverage, the financial navigators tell the care team if the prescription can be dispensed in-house or if it must be filled by an external specialty pharmacy. The UIH specialty pharmacy resolves all insurer requirements for a prescription, such as prior authorizations, regardless of where the prescription will be filled.

If the prescription must be dispensed through an external specialty pharmacy, the UIH team will transfer the prescription, ensure it has been received, and maintain contact with the pharmacy until the prescription is either mailed to the patient or is received by the clinic for patient pick up. UIH's pharmacy also tracks refills and informs the multiple myeloma care team when they are needed. The UIH specialty pharmacy says that these policies shorten the time from diagnosis to therapy initiation.

One measure that can help in-house pharmacies better communicate with external pharmacies is to build capabilities into the EMR that can enable the electronic collection of necessary permissions before a prescription is sent out. Since UIH's current ordering process is done through pre-made order sets that reside within the health system as paper orders, they must go through several clinical checks and obtain a physician signature before being sent to a specialty pharmacy. UIH's specialty pharmacy reports that this can add two to three days to the current ordering process. The UIH specialty pharmacy team anticipates implementing a new EMR soon, which will help further streamline the specialty dispensing process.

MIAMI CANCER INSTITUTE AT BAPTIST HEALTH SOUTH FLORIDA

MIAMI, FL

Part of the Baptist Health System, the Miami Cancer Institute (MCI) and its in-house specialty pharmacy opened in 2017 to meet a growing volume of local patients. In 2019, MCI saw approximately 140 new diagnoses of multiple myeloma. MCI treats approximately 400-500 patients with multiple myeloma annually.

MCI employs a shared decision-making approach to cancer treatment that incorporates input from physicians, mid-level providers, nursing staff, financial navigators, and pharmacists. Staff at MCI's in-house specialty pharmacy conduct clinical reviews of multiple myeloma therapies prior to dispensing prescribed treatments to patients. The pharmacy is notified through its EMR when physicians prescribe new oral therapies to patients, which enables pharmacists to evaluate therapies and document patient follow-up in real time. This allows the pharmacy to expedite dispensing so patients can begin multiple myeloma therapies in a timely manner.

Two weeks after patients begin therapy, MCI pharmacists contact them to inquire about their progress and to assess them for treatment adherence. Follow-up calls are placed monthly thereafter, and pharmacists document their assessments in MCI's EMR. If a patient reports an adverse event, the pharmacist contacts the patient's care team through EMR messaging to make intervention recommendations. Once a plan of action is agreed upon, the pharmacist communicates with the patient and documents further follow-up. If patients require assistance after hours, an oral chemotherapy pharmacist is on call.

Financial coordinators are also essential members of the care team. They work to ensure that patients with multiple myeloma can afford the oral therapies they have been prescribed, and they help to minimize the risk of financial toxicity often associated with the high cost of these medications. MCI's financial coordinators assist patients with obtaining their prescribed therapies regardless of where they are required to fill their prescriptions. This helps minimize any treatment delays that may arise when insurers require patients to use an external specialty pharmacy. Queues and tasks built into the EMR help guide the financial coordinators' workflow and enable them to track the status of patients' financial assistance and when financial aid must be renewed.

MCI has plans to add to its specialty pharmacy staff a clinical pharmacist with specific experience in caring for patients with multiple myeloma. The pharmacist will help educate patients about their therapies, monitor their treatment, and enroll them into REMS programs, providing an additional resource to the multiple myeloma team.

JOHN THEURER CANCER CENTER AT HACKENSACK UNIVERSITY MEDICAL CENTER

HACKENSACK, NJ

At the John Theurer Cancer Center, a robust multidisciplinary team of physicians, mid-level providers, and pharmacists manages approximately 3,000 patients with multiple myeloma annually. The cancer center is home to a specialty pharmacy that provides in-house dispensing of oral chemotherapy for patients.

The cancer center's dedicated multiple myeloma clinic is staffed by a team of three nurse navigators who work to streamline patient access to care. This team conducts REMS enrollment, educates and follows up with patients as their care progresses, and facilitates communication between the specialty pharmacy and patients. If any issues arise with dispensing a patient's oral therapies, pharmacy staff contact a nurse navigator, who then helps troubleshoot any problems. These processes enable patients with multiple myeloma to receive their medications within one week of being diagnosed, on average.

By having an in-house specialty pharmacy, staff at the John Theurer Cancer Center are better able to track individual patient's treatment regimens and ensure they are compliant. Since patients with multiple myeloma frequently visit the cancer center for the infusions that make up part of their treatment regimen, nurse navigators and pharmacists can keep better tabs on them and document their progress throughout treatment.

The specialty pharmacy staff at the cancer center also provides patients with specific resources to help them understand their multiple myeloma therapy and remain adherent. For example, the cancer center has designed regimen-specific pharmacy calendars that that they give to patients at the start of each cycle of their therapy. Pharmacy staff pre-populate the calendars with customized instructions for following a prescribed treatment regimen, including when to take each medication at which dosage, and when to schedule follow-up appointments.

SUMMARY

After visiting the specialty pharmacies at each of these three cancer programs, ACCC has identified a series of effective dispensing practices that can help cancer care teams better manage complex treatments for patients with multiple myeloma:

- Health systems, hospitals, and cancer programs with in-house specialty pharmacies are better able to manage their patients' care by promoting streamlined, coordinated, consistent communication among patients, specialty pharmacy staff, and the cancer care team.
- When financial navigation services are embedded within an in-house specialty pharmacy, financial navigators can better address any barriers to accessing treatment up front and can keep patients and their care teams informed and up to date. Because there may be changes in patients' treatment regimens over time, and because changes in health insurance coverage are common, this communication is vital to avoid treatment disruptions.
- By being able to access a patient's electronic health record in a timely fashion, pharmacists can leverage a cancer center's technology assets to promote better care coordination, communication, medication reconciliation, and reporting of adverse events all in one location.
- When a clinical pharmacist is a member of a program's multiple myeloma clinic, they can help with tasks such as REMS enrollment, patient education, therapy monitoring, and more.
- Staff at on-site specialty pharmacies can serve as the point of contact when prescriptions are filled at external specialty pharmacies.
- Developing a relationship with a point of contact at an external specialty pharmacy can help in-house pharmacists enhance communication with them, particularly when challenges arise.
- To help educate patients about why an external specialty pharmacy is filling a prescription and how to address issues should they arise, pharmacists can create tools such as one-page information sheets and identify who patients should contact on their care team if they have questions.

Taken together, these best practices represent an approach that can help pharmacists and other cancer center staff proactively manage patients who require a heightened level of monitoring to ensure positive outcomes.

ADDITIONAL RESOURCES

In addition to these effective practices, the ACCC Multiple Myeloma Dispensing Models project has produced a **six-part webinar series** featuring multidisciplinary experts who discuss various dispensing models and strategies for providing high-quality care for patients with multiple myeloma. Webinar topics include:

- Emerging Therapies in the Management of Multiple Myeloma and Best Practices for Implementing Care
- Telehealth Strategies for Multiple Myeloma Medication Dispensing During COVID
- Risk Factors for Multiple Myeloma
- Addressing Disparities and Access to Clinical Trials Among Patients with Multiple Myeloma
- Communication Strategies for Discussing Multiple Myeloma with Patients
- Making the Most of Financial Resources to Improve the Reimbursement Process in Your Cancer Program

On the ACCC website, you can access a digital toolkit with the latest resources and articles to support the multidisciplinary cancer team in providing care for patients with multiple myeloma.

Read, Watch, and Learn by scanning this QR code or visit ACCC-CANCER.ORG/MM-DISPENSING

REFERENCES

1. American Cancer Society. Key Statistics About Multiple Myeloma. Available online at: https://www.cancer.org/cancer/multiple-myeloma/about/key-statistics.html. Last accessed March 9, 2021.

2. Nandakumar B, Binder M, Dispenzieri A, et al. Continued improvement in survival in multiple myeloma (MM) including high-risk patients. *J Clin Oncol*. 2019;37:15 (suppl. 8039-8039).

3. Rajkumar, SV. Value and cost of myeloma therapy. *American Society of Clinical Oncology Educational Book*. 2018;38:662-666.

4. Express Scripts. 2019 Drug Trend Report. Available at: https://www.express-scripts.com/corporate/drug-trend-report#2019-by-the-numbers. Last accessed February 3, 2021.

5. National Comprehensive Cancer Network. Multiple Myeloma. (version 2.2020) Available at: https://www.nccn.org/professionals/physician_gls/pdf/myeloma.pdf. Last accessed October 23, 2020.

6. Roy A, Kish JK, Bloudek L, et al. Estimating the costs of therapy in patients with relapsed and/or refractory multiple myeloma: a model framework. *Am Health Drug Benefits.* 2015;8(4):204-215.

7. Howard A, Kerr J, Mclain M, Modlin J. Financial impact from in-office dispensing of oral chemotherapy. *J Oncol Pharm Pract*. 2019;25(7):1570-1575.

8. Egerton, NJ. In-office dispensing of oral oncolytics: a continuity of care and cost mitigation model for cancer patients. *Am J Manag Care*. 2016;22(suppl 4):S99-S103.

9. Sweiss K, Wirth SM, Sharp L, et al. Collaborative physician-pharmacist-managed multiple myeloma clinic improves guideline adherence and prevents treatment delays. *J Oncol Pract*. 2018;14(11):e674-e682.

ACKNOWLEDGEMENTS

ACCC is grateful to the Advisory Committee members and Partner Organizations that have graciously contributed to this educational program.

Jenny Ahlstrom
Founder and President
Myeloma Crowd
Draper, UT

Jennifer Bires, LICSW, OSW-C
Executive Director, Life with Cancer and Patient Experience
Inova Schar Cancer Institute
Fairfax,VA

Craig Cole, MD
Assistant Professor
Michigan State University
Hematologist/Oncologist
Breslin Cancer Center
Lansing, MI

Eric Dallara, RPh
NECS Dispensing Pharmacy
New England Cancer Specialists
Kennebunkport, ME

Kirollos S. Hanna, PharmD, BCPS, BCOP
Oncology Pharmacy Manager
M Health Fairview – Maple Grove
Assistant Professor of Pharmacy
Mayo Clinic College of Medicine
Rochester, MN

Susan Kumka, RN, MSN, APN-C
Advanced Practice Nurse
John Theurer Cancer Center
Hackensack University Medical Center Myeloma Division
Hackensack, NJ

Kathryn Maples, PharmD, BCOP
Oncology Pharmacy Clinical Specialist, Multiple Myeloma
Emory Healthcare, Winship Cancer Institute, Hematology Oncology Pharmacy Association (HOPA)

Jessica Noble, RPh, PharmD
Retail Pharmacist Lead
The Ohio State University Outpatient Pharmacy
Columbus, OH

Christopher S. Schumpp, PharmD
Clinical Pharmacist, Specialty Pharmacy Oncology
UI Health Specialty Pharmacy Services
Clinical Assistant Professor, Pharmacy Practice
University of Illinois at Chicago College of Pharmacy
Chicago, IL

JoAnn Stubbings, BSPharm, MHCA
Clinical Associate Professor Emerita, Pharmacy Practice
University of Illinois at Chicago College of Pharmacy
Chicago, IL

Kelly Terrell, MBA, BSN, RN, BMTCN
Patient Care Manager, Operations
Division of Leukemia and Stem Cell Transplantation
Barnes-Jewish Hospital at Washington University School of Medicine
Saint Louis, MO

Jessica Unzaga, PharmD, BCPS, BCOP
Pharmacy Clinical Coordinator
Miami Cancer Institute, Baptist Health South Florida
Miami, FL

Nikki Yuill, LCSW
Director, Information Resource Center
The Leukemia & Lymphoma Society
Rye Brook, NY

Special Recognition

A special thank you to the three cancer programs that contributed to the development of this publication and to the following individuals who shared their personal experiences and dedication to improving the delivery of care to patients with multiple myeloma.

University of Illinois Hospital and Health Sciences System

Pritesh Patel, MD
Associate Professor of Clinical Medicine

Karen Sweiss, PharmD
Clinical Assistant Professor

Alex Sandoval, CPhT
Certified Pharmacy Technician I

Megan Sta. Maria, RN, BSN
Staff Nurse I

Jessy Johnson, CPhT
Specialty Services
Float Pharmacy Technician III

Fiona Costello, PharmD
Clinical Assistant Professor

Christopher S. Schumpp, PharmD
Clinical Pharmacist
Specialty Pharmacy Oncology

Miami Cancer Institute at Baptist Health South Florida

Marco A. Ruiz Andia, MD, MPH,FACP, FIDSA, FRSPH
Chief of HIV Oncology, Bone Marrow Transplant Attending Physician, Associate Professor of Clinical Medicine, Florida International University Herbert Wertheim College of Medicine

Tiba Al Sagheer, PharmD, BCOP, BCACP
Clinical Pharmacy Specialist, Hematology and Bone Marrow Transplant

Elizabeth Jackson, PharmD, BCOP
Clinical Pharmacy Specialist
Hematology and Bone Marrow Transplant

Angelica Berni, PharmD, CPh, MS, BCPS
Specialty Pharmacy Director

Orlando Matas Sosa, PharmD, MBA
Specialty Pharmacy Manager

Jenelle Griffiths, PharmD, CPh, CSP
Specialty Pharmacy Clinical Coordinator

Suapna Pahalan, PharmD, CPh, CSP
Specialty Clinical Pharmacist II

Addie Planas, PharmD
Specialty Clinical Pharmacist II

Jacqueline Igwe, PharmD
Specialty Clinical Pharmacist II

Jessica Unzaga, PharmD, BCPS, BCOP
Pharmacy Clinical Coordinator

John Theurer Cancer Center at Hackensack University Medical Center

Noa Biran, MD
Multiple Myeloma Physician

Susan Kumka, MSN, RN, APN
Advanced Practice Nurse

Tina Henderson
Oral Chemotherapy Coordinator

Nanette Lopez
Oral Chemotherapy Coordinator

Pamela Osenenko, RN, BSN
Multiple Myeloma Nurse Navigator

Barbara Gruca, RN, BSN
Multiple Myeloma Nurse Navigator

Margaret Ottomanelli
Pharmacy Chemotherapy
Patient Assist Coordinator

Association of Community Cancer Centers

1801 Research Boulevard, Suite 400
Rockville, MD 20850
301.984.9496
accc-cancer.org

A publication from the ACCC education program, Multiple Myeloma Dispensing Models. Learn more at **accc-cancer.org/MM-Dispensing**.

The **Association of Community Cancer Centers** (**ACCC**) is the leading education and advocacy organization for the cancer care community. Founded in 1974, ACCC is powerful network of 28,000 multidisciplinary practitioners from 2,100 hospitals and practices nationwide. As advances in cancer screening and diagnosis, treatment options, and care delivery models continue to evolve—so has ACCC—adapting its resources to meet the changing needs of the entire oncology care team. For more information, visit accc-cancer.org or call 301.984.9496. Follow us on Facebook, Twitter, LinkedIn, and Instagram; read our blog, ACCCBuzz; and tune in to our podcast, CANCER BUZZ.

The **ACCC Oncology Pharmacy Education Network** advocates on behalf of hematology-oncology pharmacists as vital members of the cancer care team, and is committed to developing educational resources and multidisciplinary connections that advance the field and elevate oncology pharmacy professionals to top-of-license practice. Learn more at accc-cancer.org/OPEN.

This publication is a benefit of ACCC membership.

This program is part of the ACCC Oncology Pharmacy Education Network:

ASSOCIATION OF COMMUNITY CANCER CENTERS
ONCOLOGY PHARMACY EDUCATION NETWORK

In partnership with: HOPA | LEUKEMIA & LYMPHOMA SOCIETY

This project is supported by: Bristol Myers Squibb