



INTEGRATION IN ACTION: A FOCUS ON UROLOGIC ONCOLOGY CARE THROUGH MEDICALLY INTEGRATED DISPENSING

*Developed in collaboration with the AUA, The National Community
Oncology Dispensing Association, and Pfizer Oncology*



American
Urological
Association



PASSION FOR PATIENTS
NCODA.ORG



TABLE OF CONTENTS

Introduction	3
Survey Results: Exploring the Role of MIDs in Urologic Oncology Care.	4
Integration in Action	7
Case Study 1.	8
Case Study 2.	12
Key Takeaways	16
Final Thoughts	20
References	21
Appendix	22

INTEGRATION IN ACTION: A FOCUS ON UROLOGIC ONCOLOGY CARE THROUGH MEDICALLY INTEGRATED DISPENSING

INTRODUCTION

With the rapid evolution in cancer treatment in recent years, patients now have many treatment options. One such example is oral chemotherapy (i.e., oral oncolytics), which is a broad class of pharmaceutical agents that may be used in the treatment of several urologic cancers, including prostate cancer.¹

Although initially provided via specialty or mail-order pharmacies, oral oncolytics can now be dispensed from within the physician's practice (i.e., via in-office dispensing).² In-office dispensing can facilitate care coordination and close monitoring of the patients taking these medications. Some in-office dispensaries have moved beyond simple dispensing, and now provide multi-disciplinary, integrated care to patients. The National Community Oncology Dispensing Association (NCODA) has labeled this delivery model a Medically Integrated Dispensing (MID) pharmacy, although it may be known by other names (e.g., medically integrated pharmacy). NCODA defines an MID as a dispensing pharmacy within an oncology center of excellence that promotes a patient-centered, multidisciplinary team approach, noting that MIDs aim to improve patient outcomes by incorporating a comprehensive model that involves oncology health care professionals and other members of the care team who focus on the continuity of coordinated quality care and therapies for patients with cancer.³ NCODA, in partnership with the American Society of Clinical Oncology (ASCO), has identified nine patient-centered, evidence-based standards to promote the quality and safety of dispensing within the MID model; these standards focus on patient relationships, education, adherence and persistence, safety, refilling of prescriptions, documentation, benefits investigation, medication disposal, and patient satisfaction.⁴

In addition to the potential for offering patients a number of medical benefits, data indicate that the MID approach may have a positive financial impact for both patients and the healthcare system. For example, results from 22 practices that voluntarily submitted data to the NCODA cost avoidance and waste tracker tool over 16 months from 2016-2018 showed that MIDs gave rise to more than \$3.1 million

in cost avoidance for oral oncolytics.⁵ Another potential benefit of MIDs is that they often have someone in the practice to assist the patient in identifying potential financial assistance options for their medications, such as manufacturers' patient assistance programs that help to cover the costs of prescribed oncolytics for eligible patients.

Recognizing the value of an integrated care approach to pharmacy services, the American Urological Association (AUA) collaborated with NCODA and Pfizer Oncology to assess current practice patterns around pharmacy integration and identify existing practices to optimize urological cancer patient care through the MID model. This was accomplished by developing and fielding a survey to assess a number of topics, including oral oncolytic prescribing practices, medication management, and activities and challenges of MIDs, and developing an infographic to display key results. Additionally, AUA and NCODA staff conducted in-depth qualitative interviews with representatives from two urologic practices that operate MIDs. From these interviews, several key takeaways for practices looking to establish or enhance MIDs emerged.

SURVEY RESULTS: EXPLORING THE ROLE OF MIDS IN UROLOGIC ONCOLOGY CARE

To explore the role of MIDs in urologic oncology care, the AUA fielded a survey to all active, domestic AUA members via Survey Monkey from February 22, 2021 through July 10, 2021. In an effort to obtain additional pharmacist perspectives, an abbreviated form of this survey was sent to the Hematology/Oncology Pharmacy Association (HOPA) membership. Survey items included respondent demographics, practice patterns related to oral oncolytics, activities of MIDs versus mail-order pharmacies, challenges associated with MIDs, tracking of cost avoidance and financial assistance, and educational resources.

A total of 416 individuals responded to the survey. Of these, 47% reported that their practice was affiliated with a practice/institutional-owned pharmacy, or MID, that dispenses urologic oncology products.

The results from this survey provide valuable insight into current pharmacy practices related to the prescription of oral oncolytics. As shown in the following infographic, a number of challenges and desired resources were identified among respondents with MIDs, and these may serve as important focal points for future practice improvement activities. Notably, however, results from this survey indicate that knowledge about patient-centric pharmacy practices is lacking. Given this gap in awareness, the two case studies presented herein provide understandable, real-world examples of how medically integrated pharmacies are being used to enhance patient care.

Survey Results: Infographic

Practice Patterns of Oral Oncolytics

47% of respondents are part of an practice/institution-owned pharmacy for oral urologic oncology products

Who Manages the Care of the Patients on Oral Oncology Medications?

Urology Only - 29%

Medical/Radiation Oncology Only - 15%

Both Urology and Medical/Radiation Oncology - 56%

N=416

283 Urologists

82 APPs

29 Practice Admins

20 Pharmacists

2 Other

Who Prescribes Oral Oncology Medications in Your Practice?

Urologists - 54%

Medical Oncologists - 44%

Radiation Oncologists - 2%

Medically Integrated Dispensaries

For those with an MID, 63% of oral oncology prescriptions are filled at their MID

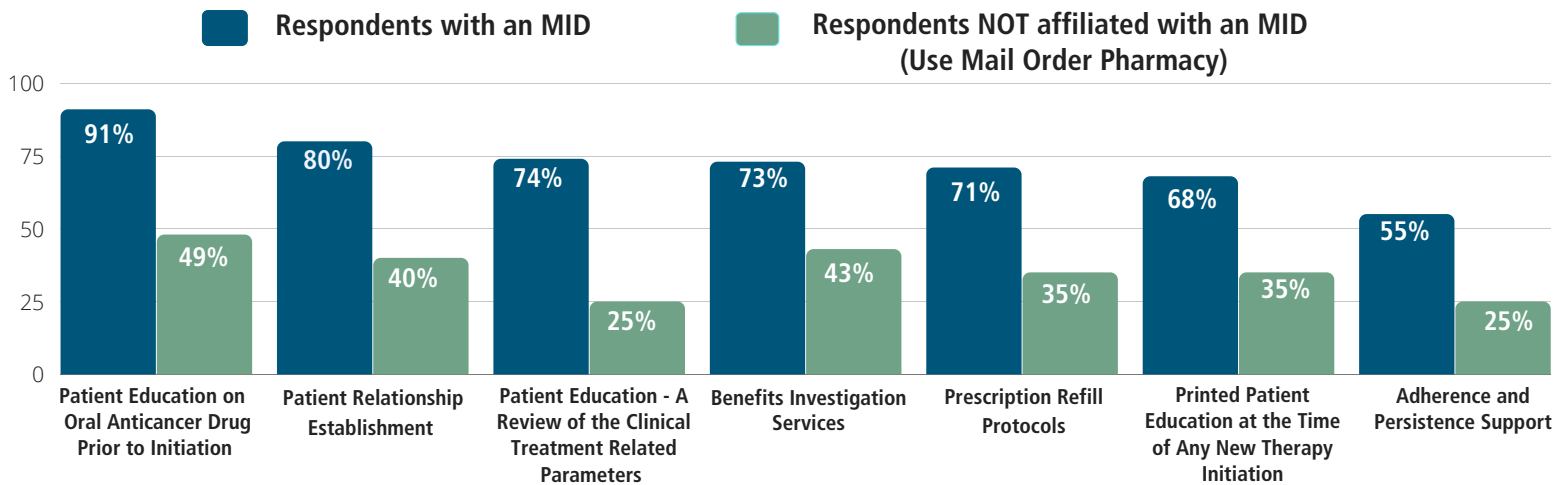
Knowledge of Patient-Centered Interventions

23% of respondents affiliated with an MID indicate they do not know the activities of the MID that fills their oral oncolytic prescriptions



58% of respondents who use a mail-order pharmacy indicate they do not know the activities of the mail-order pharmacy that fills their oral oncolytic prescriptions

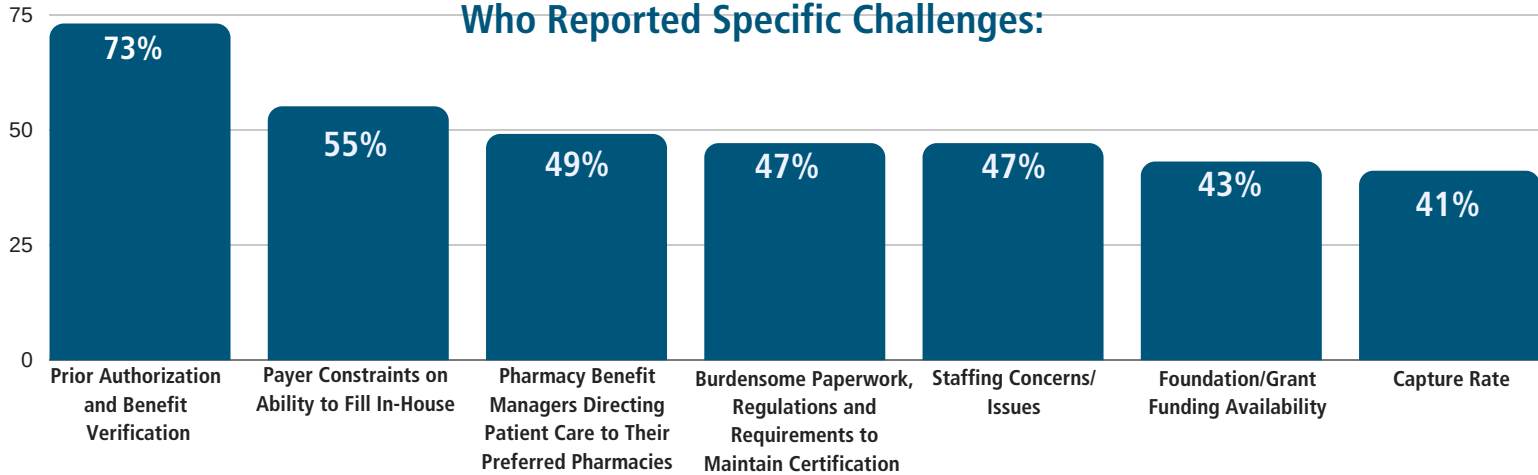
Percentage of Respondents Who Reported Specific Patient-Centered Interventions, According to MID Affiliation:



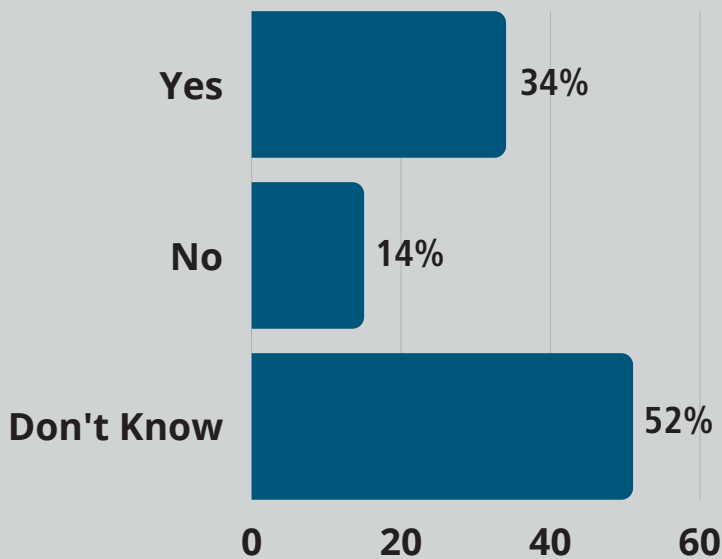
Reported Challenges for MIDs

Percentage of Respondents Associated with MIDs

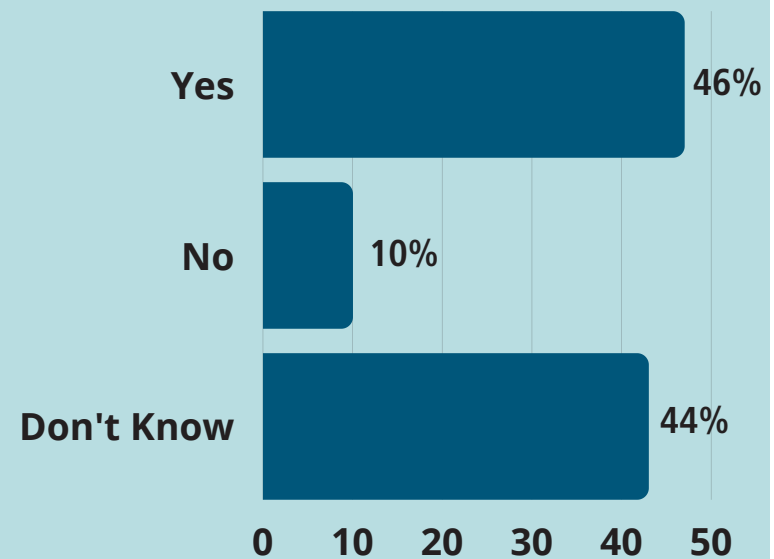
Who Reported Specific Challenges:



Tracking of Cost Avoidance* with Oral Oncology Rx in MIDs



Tracking of Financial Assistance with Oral Oncology Rx in MIDs



*Cost avoidance interventions made before the drug is dispensed to the patient that precludes an unnecessary prescription from being filled and dispensed to the patient.

Educational Resources Reported as Most Desired for Patient Care in MIDs

- Best practices for managing patients on oral therapies 55%
- Following AUA/NCCN Guidelines for prescribing oral oncology medications 50%
- Patient safety considerations for oral therapies 48%
- Methods to improve efficiency and effectiveness of benefits investigation 47%
- Identifying appropriate patients for oral therapies 44%
- Ways to optimize ongoing communication with patients 38%
- Don't know 11%
- Nothing (no education needed) 6%



INTEGRATION IN ACTION

Following analysis of survey results, one-on-one interviews with two practice sites were conducted. Information gathered through this further qualitative research was used to develop in-depth case studies that showcase common elements of MIDs that were put in place by these practices.

The Urology Group, Cincinnati, OH: The Urology Group (TUG) is one of the largest single specialty groups of urologists in the United States. TUG has over 35 board-certified urologists and 9 practices throughout Ohio, as well as additional practices in Kentucky and in Indiana.⁶

United Urology Group: United Urology Group (UUG) is the nation's largest network of urology affiliates. UUG is a management services organization with urology practices located throughout Maryland, Tennessee, Arizona, and Colorado.⁷

KEY TAKEAWAYS

While both sites participating in this case study series have unique aspects to their programs, they also share common elements that allowed them to make significant and meaningful changes using the MID model. Based on the experiences of the highlighted programs, several themes emerged:

1. Use available resources
2. Establish the MID team
3. Cultivate meaningful relationships
4. Actively respond to patient feedback
5. Work proactively

While there is no one-size-fits-all model for every program, these examples may aid practices considering establishment of a new MID or provide valuable insights for those looking to expand or improve upon an existing MID in the interest of patient care.

INTEGRATION IN ACTION: CASE STUDY #1 - THE UROLOGY GROUP, CINCINNATI, OH

The Urology Group (TUG) was created in 1996 as a practice of 23 physicians with the goal of enhancing the delivery of urologic care to the Cincinnati community.⁸ Today, TUG is one of the largest single specialty groups of urologists in the United States and is recognized as one of the leading urology specialty groups in the country with 11 locations and over 35 board-certified urologists.⁶ The TUG pharmacy is staffed by a pharmacist at all times in addition to a part-time technician. TUG has focused on three factors in defining the practice both operationally and clinically:⁸

1. Specialization—Due in part to their large size and treatment scope, TUG is able to provide customized care via its network of experts for the most complex urologic conditions.
2. Independence—As an independent healthcare provider with state-of-the-art treatment capabilities, TUG is able to offer integrated care entirely in-house.
3. People—TUG employees include a large pool of physicians, nurses, technicians, and supportive staff recognized for their knowledge and experience in providing urologic care.

In 2014, TUG established its Advanced Prostate Cancer (APC) Clinic.⁸ Three years later, TUG's in-office dispensary (IOD) was converted to a retail pharmacy. This transition allows patients to obtain necessary medications on-site for a number of common urologic conditions, including benign prostatic hyperplasia, overactive bladder, and erectile dysfunction. The pharmacy is also able to provide post-operative medication fills and has a specialty component capable of dispensing oral oncolytics for prostate cancer patients. The pharmacy team is integrated within the medical practice to allow pharmacists to collaborate with other members of the care team to provide personal care for each patient. In May 2020, TUG achieved URAC Accreditation as a Specialty Pharmacy, signaling their commitment to quality care, improved processes, and better patient outcomes.⁹

EVOLUTION OF PHARMACY SERVICES AT THE UROLOGY GROUP

The impetus for TUG to expand pharmacy services stemmed from a desire to provide comprehensive support to patients as they seek medical treatment

through their practice. Early on in the integration of pharmacy services, TUG recognized the importance of a nurse navigator to serve as a bridge between the clinical treatment team and the pharmacy staff completing prescription fills. Prior to creation of the IOD, TUG's navigation services were primarily logistical in nature; however, it became clear that more formal navigation was required to aid in the monitoring of the clinical well-being of patients obtaining prescriptions from the pharmacy. As such, the establishment of the IOD went hand-in-hand with the strengthening of navigation services. Today, a TUG nurse navigator is able to provide detailed counseling services on a number of topics of interest to patients, including treatment plans, finances, and miscellaneous clinical concerns.

The final transition from the IOD to the TUG retail pharmacy began with a detailed business plan, which included staffing, technology, and space requirements as well as goals for future accreditation and growth. Early on in the execution of the business plan, TUG found contracting with the individual Pharmacy Benefit Managers (PBMs) as one of the more time-consuming parts of the process. This was somewhat alleviated when they enlisted the help of a Pharmacy Services Administrative Organization (PSAO). PSAOs are able to interact with insurers and PBMs on behalf of independent pharmacies, allowing pharmacy staff to dedicate more time to direct patient interaction.¹⁰ In looking to provide comprehensive post-operative care, TUG also chose to pursue Drug Enforcement Administration (DEA) licensing to allow them to dispense controlled substances. Throughout the process of establishing the retail pharmacy, TUG found the State of Ohio Board of Pharmacy to be an excellent resource as it further navigated licensure and regulatory compliance. In total, TUG required approximately six months to become fully licensed and contracted. While the final evolution to the TUG pharmacy as it looks today was time-consuming and labor-intensive, TUG staff ultimately see the hard work as worthwhile in allowing the practice to provide broad support for patients seeking urologic care.

THE UROLOGY GROUP INTEGRATED APPROACH TO ADVANCED PROSTATE CANCER

TUG provides care to patients in various stages of prostate cancer, including via a specialized APC Clinic for patients with more advanced disease.¹¹ Once a patient develops metastatic prostate cancer, their care is transferred to one of the seven APC physicians who specialize in the treatment of such patients. These physicians, along with a nurse navigator and the pharmacy staff, meet regularly and work collaboratively to ensure that each APC patient receives comprehensive care.

TUG hosts monthly tumor boards in addition to quarterly APC-specific meetings. Attendees include the prostate cancer physicians, radiation oncologists, the nurse navigator, and the pharmacist, in addition to senior leadership, including the Chief Medical Officer (CMO) and President. Such meetings involve case presentations as well as an educational component, including discussions of trends in care and any potential new treatment warnings. In recognizing the importance of pharmacologic care in a patient's treatment journey, TUG invites the pharmacist to regularly present to the staff on issues such as patient need for supportive care and mitigation of common treatment side effects. The collaborative nature of the APC care team is strongly encouraged by senior leadership and has continued, thanks, in large part, to support from the APC physicians who recognize the benefits that pharmacy integration can bring to overall patient care.

Patient-Centered Focus to Pharmacy Services

While an estimated 75% of APC patients have their oncologic prescriptions filled through the TUG pharmacy, TUG pharmacy staff notably provide the same level of customer support and counseling to those patients who have their prescriptions filled externally. For TUG, the integrated pharmacy services continue even if patients obtain their medications from a third party provider.

When a physician from the APC Clinic orders a medication, it is first sent to the nurse navigator, who will complete a benefits check and consult with TUG pharmacy staff to determine whether or not the medication can be filled internally. Having the prescriptions run through the nurse navigator allows the practice to complete many administrative steps, including prior authorization, early in the process to ensure that the prescription is not held up at the pharmacy at the time of fill.

Once it is determined where a prescription will be filled, both the nurse navigator and pharmacy staff reach out to patients for an introductory call, during which time the TUG pharmacy staff complete medication reconciliation, discuss potential drug interactions, and ask the patient about drug allergies or other medical conditions that may necessitate a drug change. If the patient is having the prescription filled internally, they will also schedule drug delivery. For any patient filling a prescription externally, TUG staff will send the order to the appropriate pharmacy (typically a mail-order pharmacy) and advise the patient to expect a call from the external pharmacy to schedule delivery. It is common for patients to ignore unfamiliar phone numbers, so by notifying patients to expect calls from the pharmacy filling their prescription, TUG may reduce treatment delays caused by missed or ignored confirmation phone calls. Patients are also once again reminded that they may reach out to the TUG pharmacy at any time should they have any issues related to their prescriptions, even if they are not being filled by TUG.

TUG pharmacy staff follow up with both the external pharmacy and patient at multiple time points to ensure completion of the prescription fill:

1. Contact the pharmacy to confirm that the prescription was received and will be filled
2. Contact the patient to confirm contact with the pharmacy to schedule delivery
3. Contact the pharmacy again if contact has not been made with the patient
4. Contact the patient to ensure that the prescription was received

TUG makes every effort to intervene early and often to support timely delivery of patient medication whether it is being filled by TUG or an external pharmacy. It is the goal of TUG to deliver medications filled internally within 24 hours of prescription. Patients also automatically receive calls to schedule refill delivery following that first fill. Similarly, any necessary changes (e.g., drug or dosing adjustments) may be made directly with the TUG pharmacy and executed within that 24-hour timeframe. TUG works to promote continued follow-up communication regarding use and potential side effects following an initial prescription fill and prior to completion of refills. TUG hopes to address any patient issues, so patients are encouraged to bring any such concerns to their attention promptly. Such continued follow-up once patients have initiated therapy allows TUG to stay involved in the patient's treatment journey and encourage adherence.

TUG's model for integration was designed to reduce fragmentation of care and proactively address potentially preventable issues that may lead to delays in drug delivery:

- Lag time in pharmacy processing
- Coverage issues
- Delay in delivery scheduling
- Lack of follow up after delivery
- Absence of communication prior to refills
- Delay in dosing/drug changes

Establishing Relationships and Providing Ongoing Patient Support

Establishing relationships is a major part of TUG patient care—that includes each individual involved in the patient journey from the clinical care team through the administrative support staff who help with patient care logistically. All new APC patients receive welcome packets that include contact information for both nurse navigation and the pharmacy manager. It is important to TUG that patients understand that they have (and are familiar with) points of contact who are dedicated

to them and available to address any issues related to their care plan. It is a TUG belief that patients are much more likely to express concerns or ask questions if they know who they are calling and trust the individual on the other end of the line.

In discussing medications with patients, TUG utilizes educational sheets that provide information specific to a patient's chosen treatment and the potentially associated side effects.¹² Many such tools are available online for print and download and contain editable sections that can be customized to add additional counseling notes or specific contact information to aid in patient communication.

Unfortunately, cost is an all too common concern for many patients seeking APC care; as such, TUG takes great care to educate patients regarding the financial support options available to them and ways in which the practice will work to prevent a lapse in medication coverage. Early on in the treatment journey, patients are able to provide signatures for enrollment in patient support programs; this allows TUG to proactively obtain necessary materials to register patients for funding opportunities before they find themselves

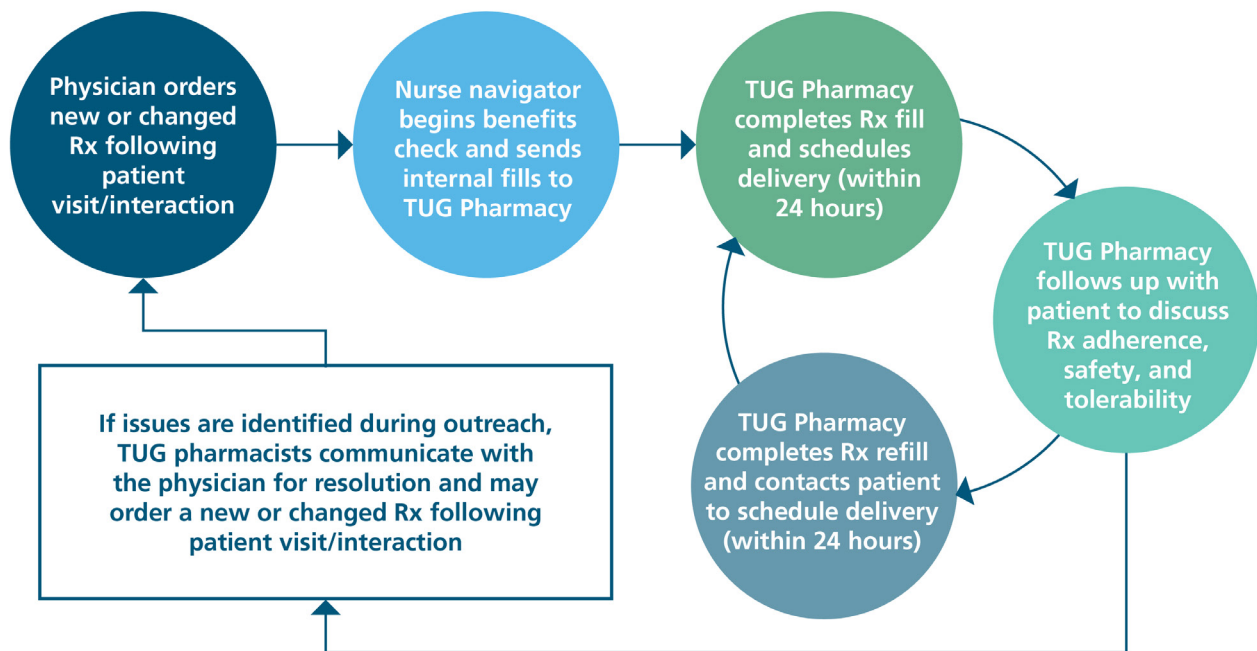


Figure 1: TUG Internal Prescription Fill Process

“ It’s impossible to become integrated without support and buy-in. You have to find your champions and start there.”

*Melissa Ruter, PharmD
Pharmacist
The Urology Group*

needing such financial support. While this may seem like a small task, it can save precious days when limited funding opportunities become available. When patient funding runs low, a patient can be assured that the TUG pharmacy is already working to seek additional potential opportunities for financial support to allow for continuation of treatment.

UTILIZING PATIENT FEEDBACK

While TUG tracks a number of metrics required to maintain their accreditation (e.g., phone statistics for accessibility, patient access to pharmacy staff, and errors or complaints related to pharmacy services), they also regularly survey patients directly. The 15-question, self-developed survey queries on quality of life, financial security, and overall satisfaction with TUG services, in addition to providing an opportunity for open-ended feedback. Currently, surveys are sent to patients once they begin treatment, 6 months after initiating treatment, 12 months after initiating treatment, and annually thereafter. Outside of the formal survey, TUG also recognizes the importance of informal feedback through day-to-day communication with the patients. Given the direct engagement of the TUG staff throughout the patient journey, patients who call in are able to speak directly with the team who is responsible for their care.

TUG feedback is regularly reviewed and used as a starting point for elevating patient care. As a direct result of their desire to provide continual access to pharmacy services, TUG expanded their pharmacy staff to ensure that an individual is readily available to either receive patient calls directly or respond to queries in a timely manner. Further, following informal feedback from a patient who shared that he sometimes found it difficult to make sure he was home to sign for his prescription when the mailman attempted delivery, TUG added a delivery driver to their staff. As a result, TUG is now able to deliver prescriptions to patients at pre-scheduled times to ensure that they are home and available to sign for the delivery. Unless a patient chooses to pick up their medication, all specialty medication is delivered by the TUG driver. That driver is now considered an integral part of TUG team and serves as another direct interaction between the practice and the patient.

ONGOING QUALITY IMPROVEMENT

In looking for ways to continually enhance their approach to patient care, TUG regularly undertakes quality improvement initiatives. A current quality initiative revolves around the ordering of lab work by each physician based on a patient's treatment plan. Current lab work is a valuable tool for the physician and pharmacist in the review of patient response to treatment. The once varied schedules used by each physician made monitoring of those labs more difficult for the pharmacy and navigation staff to provide counseling to patients on how to regularly follow up with their care. As a result, the CMO, pharmacist, and navigation manager collaboratively developed standard lab work schedules for each medication filled through the pharmacy. Ultimately, the physicians recognized the issue and saw the value in adopting a set process to reduce undue confusion for the patient and simplify the instructions for follow up. It is also the hope that this standardization may help catch potential disease progression at an earlier time point to allow for more rapid intervention. Such quality improvement efforts are ongoing and will be continually assessed to gauge progress.

FINAL THOUGHTS

Based on the TUG experience integrating their pharmacy, it is clear that support from practice champions is valuable at all levels. Leadership should recognize the value and expertise of each provider, including the pharmacist, in the optimization of patient care. It is with such support that TUG has created an environment that fosters close collaboration between specialties and promotes the integration of services. Looking forward, TUG would like to be able to expand the number of medications they are able to offer patients over a multitude of urologic disease states. They also plan to explore additional accreditation opportunities such as NCODA's Center of Excellence (COE) Accreditation. The practice will continue to monitor their processes and make changes as necessary to ensure that they can continue providing care to their patients as they progress in their varied treatment journeys.

INTEGRATION IN ACTION: CASE STUDY #2 - UNITED UROLOGY GROUP

United Urology Group (UUG) was established in 2016 with the goal to create a national network of market-leading urology practices.¹³ While many independent programs may be limited in their ability for expansion due to financial and administrative difficulties, UUG works to support affiliates as they overcome such burdens and dedicate valuable resources directly towards patient care.¹⁴ Since 2016, UUG has affiliated with 10 practices and currently supports more than 220 clinicians in five states throughout the US:¹³

- Arizona Institute of Urology
- Arizona Urology Specialists
- Chesapeake Urology
- Colorado Urology
- Tennessee Urology
- Urologic Associates of Southern Arizona

Chesapeake Urology, based in the Mid-Atlantic region, is the inaugural UUG practice and is also the largest practice, with a staff of more than 900 individuals, including 90 physicians, 84 of whom are urologists.¹⁵ The practice features an extensive network of medical providers and offers a broad range of services to patients within the practice, including an MID. As such, Chesapeake Urology serves as a model for other UUG affiliate programs on the potential of medically integrated pharmacy services. Chesapeake Urology also has a dedicated APC clinic that operates with the goal to treat each patient as an individual with a care plan tailored to specific patient needs and diagnoses.¹⁶ Pharmacy services are an important part of this care model.

THE UUG UNIFIED APPROACH TO PHARMACY SERVICES

Despite having multiple practices spread across the US, pharmacy services are very much unified throughout all UUG affiliates. While all of the UUG practices have pharmacy services in place at the time of acquisition, each practice is reviewed and modeled after Chesapeake Urology. Once a decision is made to bring a new practice under the UUG umbrella, the Dispensary Administrative Supervisor is able to review all current practices, identify needed resources, and implement a plan to enable the practice to operate within UUG policies and procedures. Many of the standards in place were developed based on a combination of compliance requirements through

Accreditation Commission for Health Care (ACHC) and decades of experience of the UUG staff.

Affiliate Resources

As a member of UUG, all affiliate practices have a number of resources available to support patient care:

Condition-Specific Pathways: UUG practices maintain standard pathways for many of the conditions encountered by UUG physicians. The pathways utilized by UUG outline standard approaches for evaluation and management of disease based on currently accepted best practices.

Patient Assistance Center (PAC): UUG affiliate practices are served by a centralized PAC that acts as a single point of contact for all patients seen through a UUG affiliate practice. The PAC has access to patient records and is able to view all notes left by UUG staff members, which allows the team to direct questions to the appropriate individual.

Group Purchasing Organization (GPO): Private practices face a number of challenges providing high-quality clinical care while also ensuring the economic viability of the practice from a business perspective. UUG utilizes a GPO that offers several tools to identify operational inefficiencies and provides specific solutions related to in-office dispensing of pharmaceuticals.

Analytics Team: With a dedicated analytics team centralized in Maryland, affiliate providers have access to real-time data to aid in patient identification and monitor treatment adherence. Utilizing medically-focused analytics software, the analytics team offers care providers insights that may aid in earlier diagnostic and therapeutic intervention.

Many of the resources available to UUG affiliates are aimed at improving the overall patient experience by removing some of the time and labor-intensive administrative burdens from those individuals who participate in direct patient care. While the care team works hard to react as quickly as possible to address patient concerns, such resources also allow the team to work proactively to anticipate future patient needs. These tools also further promote collaboration between physicians, the pharmacy team, nurse navigation, and additional support staff.

THE UUG MODEL FOR A SUCCESSFULLY INTEGRATED PHARMACY

For UUG, the primary reason for such an integrated approach to pharmacy services is patient-driven. UUG strives to provide quality patient care and promote increased patient satisfaction throughout the treatment journey. With an estimated 60-70% of all patients electing to have their prescriptions filled in-house, the UUG pharmacy staff plays an active role in patient care. While some patients may choose to have prescriptions filled by a third-party pharmacy, UUG's primary concern is that patients are receiving their needed medications, either from UUG or elsewhere, and that they are taking them properly. When patients obtain prescriptions through the UUG pharmacy system, they receive monthly calls from the pharmacy team, providing them with direct and regular access to the care team should any question arise. This also allows UUG to discuss the additional services they offer to promote patient well-being.

Establishing the Care Team

While all affiliate practices possessed some level of dispensing capabilities prior to joining UUG, each took steps to embrace the fully-integrated model promoted by UUG and modeled after that of Chesapeake Urology. Such a transition does require certain resources as well as support from each level of the practice. From a staffing perspective, the nurse navigators bridge the gap between the pharmacy and the physicians. UUG sees navigation services as a valuable component of a fully medically integrated dispensing model. In addition, the pharmacy staff is encouraged to build a rapport with the physician staff. UUG emphasizes the importance of physician/pharmacy engagement and the idea that both are members of a single team that is working towards the goal of providing quality patient care. UUG relies on practice champions to promote the patient benefits associated with fully integrated care and foster the use of the integrated pharmacy by the clinical staff. UUG recognizes that in treating complex diseases such as APC, it is difficult for a single person to carry the entire weight of patient care. As such, UUG encourages the clinical care team to work in conjunction with the pharmacy and support staff to provide comprehensive service that utilizes the expertise of the entire team. The UUG model strives to promote a culture of care among staff members with consideration for the patient central to all treatment discussions.

Promoting Communication

Communication is a central component of UUG's medically integrated model. In addition to the continual

communication based on monthly patient compliance calls, the navigation team meets multiple times per week with the pharmacy staff to discuss not only current patients, but also those who may be seen through the APC Clinic for the first time. Such prior discussion of new patients allows the UUG team to proactively prepare educational materials and address potential concerns (e.g., funding, coverage issues) so that patients may receive treatment as soon as possible.

That level of communication also extends to patients, who UUG believes may be more likely to continue with treatment if they understand their diagnosis and recognize that they have options to treat their disease. Patients share a great deal of sensitive information with their providers, so it is important to UUG for patients to trust the individuals who have access to that information. UUG works to promote open communication with patients in their healthcare and make sure that they are informed every step of the way. It is a goal for UUG that every patient understand the level of thought and planning that goes into patient care and recognize that the UUG team is working hard to promote a positive patient experience.

Building Relationships

Relationship building is such an important part of the UUG way of caring for patients that all pharmacy staff members are specifically trained on how to engage with patients. Once a prescription is filled, UUG performs monthly compliance checks to discuss patient adherence to treatment plans. During these calls, pharmacy staff members are able to speak directly to patients and engage in discussions around important medication-related issues, such as compliance, side effects, and overall well-being. When asked about ongoing treatment, patients often respond that everything is great and they have no concerns. It is UUG's experience that many patients come to believe that side effects are a normal part of treatment and should simply be tolerated. As such, staff members are trained to not immediately take patient responses to open-ended questions at face value and to ask additional specific questions in order to gain greater insight into patient health. Inquiring further about appetite or bowel issues may reveal that a patient who initially said he is fine is actually experiencing some readily treatable side effects.

While the primary focus of such compliance calls is clinical in nature, staff are also encouraged to further engage with patients—ask how their family is doing, talk about something unrelated to a patient's treatment. UUG views this as a valuable way to provide a bit of normalcy for the patient in a time

of uncertainty. All of these small details are then documented in patient charts and reviewed prior to the patient's next clinic visit or compliance call. This allows the next staff member who interacts with that patient to follow up and reiterate that UUG cares about more than just treating a patient's cancer; UUG is also invested in the overall well-being of each patient.

Figure 2: Components of the UUG Medically Integrated Dispensary Model



THE PATIENT JOURNEY

A patient may be identified as a candidate for APC oral oncolytics in a number of ways, commonly through a referral from a primary care physician, a general urologist in the practice, or recognition through analytics. The navigation team obtains the charts of all such referrals and flags them for further review by an APC Clinic provider. Working in conjunction with the physician, the navigation staff reaches out to the patient directly to schedule a visit with the clinic. In preparation for that visit, the physician may request updated lab work or imaging, which can also be coordinated by the navigation team so that it is available and may be reviewed before the patient even enters the clinic for a first visit. Such preparatory steps are important to UUG—by proactively obtaining initial diagnostic information, UUG hopes to promote an informed

discussion of treatment options during that initial visit and reduce lag time prior to treatment initiation following what may be a very traumatic diagnosis.

If a patient decides to pursue oral oncolytics, the physician often brings in both a nurse navigator and a pharmacy technician during the visit to provide introductions and explain the role each individual will play in the patient's ongoing healthcare plan. During that visit, the pharmacy technician is likely to provide pre-selected educational materials to the patient, which may include discussions of everything from the diagnosis itself and potential treatment side effects, to potential financial options to help support coverage for treatment.

Patient Education

Both the physician and nurse navigator are an initial source of information for the patient regarding diagnosis, disease state, and how certain medications may be used to treat the disease. The pharmacy team provides additional information on how to handle that medication—how should the medication be stored, how should that medication be handled, how will refills be obtained. As the last patient interaction prior to dispensing of medications, pharmacy staff place great emphasis on engaging in a thorough discussion with the patient regarding treatment compliance, potential side effects, and the importance of discussing concerns as soon as possible. While such discussions also take place at the physician level, UUG views this as a conversation worth repeating.

Patient education may come in a variety of forms, including Oral Chemotherapy Education (OCE) sheets,¹² pamphlets provided by the drug manufacturers, and monographs provided with the prescription. Pharmacy staff value tools that provide relevant information related to the drugs in a simple and easily understandable format. While much of the education is provided during the APC Clinic visit, the navigator and pharmacy team serve as sources of ongoing support should a patient or caregiver require additional information as the patient progresses through the treatment journey. Patients may experience side effects that necessitate a discussion of a potential change in therapy. In such instances the navigator and pharmacy team is available to discuss how such things may affect a patient's future treatment plan.

TRACKING PERFORMANCE

One concern for practices looking into medically integrated pharmacy services may be the cost

associated with doing so. As such, the UUG pharmacies do track ongoing revenue as well as quantity of each drug filled, understanding that many manufacturers offer rebates that pharmacies may use to offset cost when possible. That said, UUG leadership stresses that patient care should be at the forefront of consideration; financial information such as profit margins for each drug are not shared with physicians, so as not to influence drug choice. UUG physicians are taught that you prescribe based on the patient.

As part of their ACHC accreditation, UUG regularly sends patient satisfaction surveys to all new patients. To date, a formal complaint has never been received by UUG. Further tracking also includes review of all billing and coding errors as well as patient record checks to ensure that all records are complete and current, including details of completed compliance calls. UUG has also recently initiated internal audits to review record keeping as it applies to prescription fills and patient charts.

FINAL THOUGHTS

The UUG team emphasizes the importance of staff members in operating within the medically integrated model and working towards practice goals. It is important to UUG leadership that each member of the practice understand the goal for medical integration

and possesses a genuine concern for overall patient care. UUG strives to promote a culture of collaboration and belief in patient-centered care. There are a number of moving parts within an integrated model, and each is important to the functioning of the program. As such, communication is encouraged, and collaboration is openly promoted through the practice leadership.

When a new affiliate practice is brought into UUG, a discussion takes place regarding goals for the future. Planning ahead provides the practice with a target. It is important to UUG leadership that the practice is continually moving forward, and goal setting propels that progress. For UUG, structure is key in achieving such goals. UUG believes that having standardized practices in place not only helps with the workflow, but also helps to identify areas of inefficiency that may be addressed in future quality improvement efforts.

Having worked towards pharmacy integration within the APC Clinic, UUG would like to expand this model to other existing practice pathways, including those for bladder cancer and overactive bladder. While Chesapeake Urology is currently the largest UUG practice with the most extensive pharmacy services, UUG would like to see each of the affiliate practices achieve similar growth and expand so as to serve a greater patient population.

“ Implementing a higher level for standard of practice will always be fruitful.

When [an integrated model] works like it’s supposed to, it is a beautiful thing. You don’t realize there are so many moving parts because they all work together so seamlessly.

Have a goal, otherwise [the practice] is going to stay stagnant.”

**Natasha Brewer, CPhT
Dispensary Administrative Supervisor
United Urology Group**

“ Don’t be intimidated by the process, you are removing a burden from your patients.

This is a service you are providing. The long term benefits to the practice are secondary. When we are able to retain the flow of information and control, we are able to better care for patients.”

**Benjamin H. Lowentritt, MD, FACS
Director, Prostate Cancer Care Program
Chesapeake Urology**

INTEGRATION IN ACTION: KEY TAKEAWAYS

While a number of themes were recognized, five key takeaways were identified that helped the case study participants utilize the MID model in patient care. While each practice may be at a different starting point, it is important to identify and prioritize areas of needed development. The concepts below may help practices in this endeavor and promote ongoing review and continual improvement in the delivery of quality patient care using an integrated approach.

1. UTILIZE AVAILABLE RESOURCES

Transitioning to an MID model may be a large undertaking for practices looking to establish themselves in the space. However, many practices may find that they already have a number of resources at their disposal to ease the transition.

Internal Staff

A fully integrated program will likely require the acceptance and support of those within the practice itself. Part of the MID model is the emphasis on patient access to the entire team of experts involved in care. As such, the program may benefit from support at every level—medical, pharmacy, and administrative. To this end, practice champions may be identified to promote principles of integrated care and encourage fellow practice members to embrace the MID model and its focus on patient centricity:

- Promote a practice-wide commitment to patient satisfaction and adhering to currently accepted standards of care
- Support the integration of pharmacy services into healthcare plans and promote engagement with the pharmacy team in setting treatment goals
- Recognize the value that each individual brings to the healthcare team and promote opportunities for each team member to share his or her expertise

Professional Societies

Having recognized the numerous patient benefits of MIDs, many organizations provide free resources that practices can utilize in aligning with such a model. One such example is the ASCO/NCODA Standards of Medically Integrated Dispensing⁵ that were developed to answer the question, “What patient-centered interventions improve the quality and safety of MID of oral or other oncology drugs?” This useful resource outlines nine key areas of focus for practices working in the MID space:

1. Patient Relationships
2. Education
3. Adherence and Persistence
4. Safety
5. Refilling of Prescriptions
6. Documentation
7. Benefits Investigation
8. Medication Disposal
9. Patient Satisfaction

A majority of respondents to the survey described earlier selected AUA/NCCN Guidelines as the most valuable educational resource for prescribing oral oncology medications. Such Guidelines, partnered with the ASCO/NCODA Standards and other valuable resources such as NCODA's Positive Quality Intervention documents,²⁰ may serve as quality reference tools to enable practices to address common issues encountered in day-to-day patient care.

Professional societies also promote valuable peer-to-peer interaction and networking. TUG noted that peer advice was a tremendous benefit in establishing their MID. Practices should recognize the value in learning from those who have successfully navigated the process of establishing an MID and apply those lessons learned to their own journey. Peers may also be able to share contacts for organizations such as PSAOs that may aid in the contracting aspect of establishing an MID.

Table 1: Tools and Resources for Oral Anticancer Drug Dispensing⁴

Name of Organization/Study	Tool or Resource
National Community Oncology Dispensing Association (ncoda.org)	<ul style="list-style-type: none"> • Oral/IV chemotherapy education • Cost avoidance and waste tracker • Patient satisfaction survey • Positive quality interventions • Center of Excellence accreditation • Treatment support kits
Chemocare.com	<ul style="list-style-type: none"> • Web resources for: <ul style="list-style-type: none"> - Drug and side effect information - Wellness information
OncoLink Rx	<ul style="list-style-type: none"> • Information about anticancer and supportive care medications that can be used as handouts for patients (https://www.oncolink.org/cancer-treatment/oncolink-rx)

Table 1: Tools and Resources for Oral Anticancer Drug Dispensing⁴ cont.

Hematology Oncology Pharmacy Association Oral Chemotherapy Resources (hoparx.org)	<ul style="list-style-type: none"> • Tools and resources for: <ul style="list-style-type: none"> - Best practices - Therapy initiation - Financial resources - Education - Monitoring - Symptoms - Adherence
Cancer Care Ontario	<ul style="list-style-type: none"> • Drug safety and administration: <ul style="list-style-type: none"> - Recommended criteria of a preprinted order: oral chemotherapy take-home prescriptions - Clinical verification of cancer drug prescriptions checklists: cancer centers and specialty pharmacies. This checklist was developed as a tool to assist with the clinical verification of take-home cancer drug prescriptions at cancer centers and pharmacies where patient information is easily accessible
Michigan Oncology Quality Consortium	<ul style="list-style-type: none"> • Oral oncolytics resource guide: <ul style="list-style-type: none"> - Therapy initiation resources - Oral oncolytic checklist - Medication reconciliation process summary - Oral oncolytic initiation template - Initial dose mailer - Calendar - Education and monitoring resources
Oncology Nursing Society	<ul style="list-style-type: none"> • Checklist for a new start oral chemotherapy
<p><i>Table adapted from Patient-Centered Standards for Medically Integrated Dispensing: ASCO/NCODA Standards.</i></p>	

Accreditation and Licensing Bodies

While both case study participants noted the long road towards accreditation and licensing, both also noted the value of the accreditation and licensing bodies as ongoing resources in developing and managing an MID. Maintenance of accreditation, for example, often requires MIDs to implement processes to promote ongoing assessment, such as standard practices for obtaining feedback. While TUG and UUG specifically noted URAC and ACHC accreditation, there are a number of additional accreditation programs available as practices integrate pharmacy services into their care programs, such as NCODA's Center of Excellence Medically-Integrated Pharmacy Accreditation Program.

While many practices may view licensing bodies as purely regulatory in nature, the case study participants noted the wealth of information available through state pharmacy boards. While licensing professionals are available to help practices navigate the licensing

process, state board websites also provide information related to ongoing education and current regulatory policies governing pharmacy practice. The National Association of Boards of Pharmacy serves as a centralized location for practices looking to identify information specific to their state.¹⁸

2. ESTABLISH THE MID TEAM

As practices look towards following an MID model, an important step could include setting practice goals and seeing if those align with the MID approach:

- Reduce care fragmentation and promote continuity in treatment with providers located within a single practice
- Promote patient access to a multidisciplinary team of healthcare providers with specific expertise to address patient concerns
- Address patient care needs that may arise during a course of treatment in a timely fashion

Participants from both TUG and UUG noted that an MID has many moving parts; however, directly identifying the role of each member when establishing the healthcare team may help to simplify the process. This step also emphasizes the value in hiring individuals who understand and appreciate the patient focus of the MID model and providing the necessary training to those individuals to ensure that they are able to provide care in keeping with MID standards. While there may be overlap, each care provider should have a clear understanding of his or her responsibilities so as to prevent lack of key patient care. TUG noted that they strive to define responsibilities in such a manner that allows each individual to perform to the highest level of his or her profession/certification. As such, supportive staff is available to direct patient inquiries to the appropriate parties and remove much of the administrative burden that may fall on providers, thereby allowing them to focus their efforts on direct patient care. Similarly, UUG centralized their support team for things like benefits investigations and help line inquiries.

An integrated care team may look different for each practice, but it will generally include the physician, a pharmacist and/or pharmacy technician, and a nurse navigator. While practice resources may limit the size of the team, supportive staff to bridge the gap between the physician and pharmacy staff was deemed valuable by both case study participants. Expanding further, the MID team may also include additional APPs and nurses in addition to other ancillary staff including drivers, reception, and analytics professionals.

3. CULTIVATE MEANINGFUL RELATIONSHIPS

The MID approach emphasizes open communication both between members of the care team as well as with the patient. As such, relationship building is an important part of the MID model.

Practice Communication

UUG specifically noted that pharmacy staff members are encouraged to introduce themselves to the physicians and to actively engage in open communication regarding patient care. The pharmacy staff is specially trained to provide direct care to patients regarding their medication needs; as such, it is important to UUG that the physicians understand the value that knowledge may bring to overall patient care.

An important aspect of establishing open practice communication is implementing activities that promote such engagement, which may come in multiple forms, both formal and informal:

- EHR note exchange
- Tumor boards
- Staff meetings
- Informal discussion

Both TUG and UUG staff are trained to document all patient interactions and actively review patient charts. By documenting each patient encounter, it is the hope of these programs that the entire care team remains informed regarding all treatment discussions. Allowing for the exchange of information through a practice's EHR system can be a benefit in promoting continuous communication. Both case study participants commented on the value of allowing the pharmacy team access to EHR information; however, it was also noted that a system to promote more seamless communication was needed. Many practices have separate systems for the pharmacy and medical teams, and these systems are not always able to interact with each other.

Further, TUG staff noted regularly scheduled tumor boards and APC-specific meetings that include dedicated time for pharmacy discussion and education. While such formal means to promote communication may be important, one also cannot underestimate the value of informal interaction in general day-to-day practice. Staff members should have a level of comfort with each other and recognize the value in open communication regarding patient care.

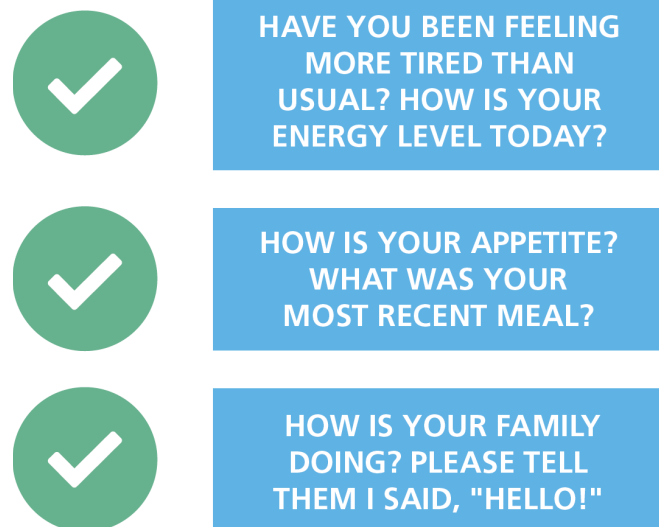
Patient Engagement

Throughout the treatment journey, patients will be speaking with practice staff on a number of sensitive topics. As such, the goal is that they feel a certain level

of comfort with the entire healthcare team. To this end, it is important that the pharmacy team is introduced to the patient early in the treatment journey. Both TUG and UUG noted that the pharmacy team is regularly brought in to meet the patient during an initial visit. Introductions like these may go a long way in establishing an ongoing relationship and providing the patient with a familiar face to associate with their pharmacy needs. Once patients initiate therapy, most are in regular contact with the pharmacy staff to further that relationship.

UUG places such an emphasis on building relationships with patients that they have incorporated specific training for all members of the pharmacy team to promote engagement with patients and establish an open system of communication. Pharmacy staff members are taught to engage with patients on a personal level and to also to ask targeted questions regarding their well-being. In the UUG experience, patients may be so grateful for the care that they are receiving that they ignore many common side effects that can be addressed by the pharmacy team. In the grand scheme of cancer care, appetite loss may seem like a minor inconvenience not worth mentioning. However, the pharmacy team is specially trained to explore solutions for such treatment side effects—no matter how insignificant they may seem to the patient.

Figure 3: Patient Engagement Questions



4. ACTIVELY RESPOND TO PATIENT FEEDBACK

Creating opportunities to allow patients to provide feedback is not a new concept. In fact, a number of accreditation programs require a feedback mechanism of some form be available for patients as a part of ongoing accreditation. Practices looking to obtain patient feedback may choose to utilize pre-made

surveys such as those available through NCODA at www.ncoda.org/patient-surveys/,¹⁹ or they may choose to design their own survey based on specific practice quality initiatives or patient concerns.

Obtaining feedback is only the first step; practices need to decide how to utilize feedback to create positive change within the practice. Both TUG and UUG utilized patient feedback to make small changes within their practices to address patient concerns. In the case of TUG, pharmacy staff listened when patients mentioned the difficulty in ensuring availability to receive medication deliveries. This concern was addressed by hiring a driver and setting standard times with patients in advance of medical deliveries. The TUG driver is considered a valuable member of the TUG team and provides yet another opportunity for patients to interact with TUG staff

5. WORK PROACTIVELY

One potential source of stress for patients undergoing cancer treatment may be related to the unknown—How will I tolerate treatment? Will I be able to afford my medication? What do I do if I have a bad reaction? Both TUG and UUG noted measures to proactively address potential future concerns before they come to affect patient care.

One way to work proactively may be to ensure that patients are very well-informed, not only about their disease state, but also about all of the options that are available to them in terms of treatment and the harms and benefits of each. A patient who understands the treatment plan may be more likely to continue on that plan.²⁰ As such, education is an important part of the MID model. Both TUG and UUG noted the value in redundant education in regards to treatment choices. The physician may have the initial discussion with the patient regarding treatment choice, but a nurse navigator is likely to provide patient-

appropriate information on topics like common side effects and management strategies for those side effects. Additionally, the pharmacy staff can provide information on medication handling and serve as a last source of information prior to dispensing of the medication. To this end, the Association of Community Cancer Centers (ACCC), HOPA, NCODA, and the Oncology Nursing Society (ONS) developed Oral Chemotherapy Education (OCE) sheets as a resource that practices may find helpful in patient education. These sheets may be downloaded from www.oralchemoedsheets.com.¹²

It is also important for practices to adequately prepare for each patient visit. As such, UUG noted that updated lab work and imaging (if required) is scheduled ahead of the patient visit to ensure the availability of current patient information to better inform treatment discussions. Further, the practice also works to handle all prior authorization requirements as early in the process as possible once a medication is selected in order to provide patients with treatment as quickly as possible.

Unfortunately, finances are a common concern for patients being treated for cancer. There are a number of options available for patients; however, navigating those options may be overwhelming for patients facing a new cancer diagnosis. As such, both TUG and UUG reported preparing patient information packets ahead of patient visits that include information related to common financial concerns. TUG also noted obtaining all necessary patient signatures before patients even require financial aid. Such a small task can make a difference when short-lived financial opportunities open for patient application. Oftentimes the practice has already obtained an alternative source of funding before patients even realize funding may be needed. The ultimate goal is always to ensure that patients have access to care.

FINAL THOUGHTS

A medically integrated approach to cancer care may offer benefits to patients as they navigate what may be a very stressful time in their lives. Integrated care promotes patient engagement and access to experts who possess both the knowledge and drive to provide

quality patient care. The patient-centered focus emphasized by this model promotes patient education and engagement in the shared decision-making process.

REFERENCES

1. Lowrance WT, Breau RH, Chou R et al: Advanced prostate cancer: AUA/ASTRO/SUO guideline part I. *J Urol* 2021; 205: 14.
2. 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: 4.
3. NCODA announces the definition of the medically integrated dispensing pharmacy. <https://www.ncoda.org/medically-integrated-dispensing-pharmacy/>
4. Dillmon MS, Kennedy EB, Anderson MK et al: Patient-centered standards for medically integrated dispensing: ASCO/NCODA standards. *J Clin Oncol* 2019; 38: 6.
5. Nubla J, Egerton NJ: Cost avoidance through the medically integrated dispensary for oral chemotherapy: utilizing the NCODA cost avoidance and waste tracker. *J Clin Oncol* 2018; 36: 15.
6. The Urology Group: Corporate Overview. <https://www.urologygroup.com/corporate-overview/>. Accessed November 19, 2021.
7. United Urology Group. <https://www.unitedurology.com/>. Accessed November 19, 2021.
8. TUG Anniversary Report. https://www.urologygroup.com/wpcontent/uploads/2019/06/TUG_Anniversary_Report_WEB_download.pdf. Accessed November 19, 2021.
9. The Urology Group earns URAC accreditation in specialty pharmacy. <https://www.urologygroup.com/press/the-urology-group-earns-urac-accreditation-in-specialty-pharmacy/> . Accessed November 19, 2021.
10. Pharmacy Services Administrative Organizations (PSAOs). <https://www.hda.org/issues/pharmacy-services-administrative-organizations>. Accessed November 19, 2021.
11. Advanced prostate cancer clinic. <https://www.urologygroup.com/condition/advanced-prostate-cancer-clinic/>. Accessed November 19, 2021.
12. Oral chemo education. <http://www.oralchemoedsheets.com/>. Accessed November 19, 2021.
13. United Urology: who we are. <https://www.unitedurology.com/about-us/who-we-are/> . Accessed November 19, 2021.
14. United Urology: what we offer your practice. <https://www.unitedurology.com/about-us/what-we-offer-your-practice/>. Accessed November 19, 2021.
15. United Urology: Chesapeake Urology. <https://www.unitedurology.com/affiliates/chesapeake-urology/>. Accessed November 19, 2021.
16. Chesapeake Urology: our mission. <https://prostatecancer.chesapeakeurology.com/care-program/our-mission/>. Accessed November 19, 2021.
17. NCODA: positive quality interventions. <https://www.ncoda.org/pqi/>. Accessed November 19, 2021.
18. National Association of Boards of Pharmacy. <https://nabp.pharmacy/about/boards-of-pharmacy/>. Accessed November 19, 2021.
19. NCODA patient surveys. www.ncoda.org/patient-surveys/. Accessed November 29, 2021.
20. Martin LR, Williams SL, Haskard KB et al: The challenge of patient adherence. *Ther Clin Risk Manag* 2005; 1: 189.
21. Medicare program; contract year 2019 policy and technical changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program. <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-25068.pdf>
22. NASP definition of specialty pharmacy and specialty medications. <https://naspnet.org/wp-content/uploads/2017/02/NASP-Defintions-final-2.16.pdf>

APPENDIX: TYPES OF PHARMACIES REFERENCED

In-office dispensing (IOD)	IOD allows for oncologists to dispense medications directly to their patients, which allows for close management of a patient's cancer therapy. Many states allow physician dispensing as an alternative to retail pharmacies. ²
Mail-order pharmacy	Sometimes used synonymously with specialty pharmacy, a mail-order pharmacy is a licensed pharmacy that dispenses and delivers a supply of drugs via common postal carrier. ²¹ Mail-order pharmacies often require the patient to have health insurance.
Medically integrated dispensing pharmacy (MID)	A dispensing pharmacy within an oncology center of excellence that promotes a patient-centered, multidisciplinary team approach. MIDs aim to improve patient outcomes by incorporating a comprehensive model that involves oncology health care professionals and other members of the care team who focus on the continuity of coordinated quality care and therapies for cancer patients. ³ Some states do not allow an MID to identify as a "pharmacy".
Retail pharmacy	Any licensed pharmacy where drugs are compounded, dispensed, stored or sold or where prescriptions are filled or dispensed to the general public without being required to receive medical services from a facility affiliated with the pharmacy. ²¹ Individual state regulations determine whether full retail pharmacies may be offered from within an oncologist's practice. ²
Specialty pharmacy	A state-licensed pharmacy that solely or largely provides only medications for people with serious health conditions requiring complex therapies. These pharmacies may be accredited by independent third parties. ²² True specialty pharmacies are medically integrated (e.g., those owned by a health system). Some mail-order pharmacies are considered specialty pharmacies.

*Developed in collaboration with the AUA, The National Community
Oncology Dispensing Association, and Pfizer Oncology*



American
Urological
Association



PASSION FOR PATIENTS
NCODA.ORG

