



HOW LIMITED DISTRIBUTION NETWORKS ARE SHAPING ONCOLOGY CARE:

Survey Results on the role of the Medically Integrated Pharmacy and Case Insights on ALUNBRIG[®] and FRUZAQLA[®]

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ENHANCING ONCOLOGY CARE THROUGH LIMITED DISTRIBUTION NETWORKS (LDN)

Over the past two decades, the approval of oral oncolytics has significantly increased, with many more oral anticancer medications (OAMs) in development. To meet the unique challenges that come with shifting the administration of chemotherapy from the infusion center into the patients' homes, there has been a rise in the number and importance of Medically Integrated Pharmacies (MIPs). These pharmacies have emerged as a transformative approach to empower patients to safely and effectively take their oral anticancer medications while providing the highest level of support and integration with the patients' multidisciplinary oncology care team.¹ The value of an MIP is the integration of the prescriber and the pharmacy in the same system which provides for a holistic view of a patient's care that leads to increased patient satisfaction, patient adherence, and care plan adherence³.

While MIPs are well-positioned to provide timely, coordinated care, their ability to dispense oral anticancer medications is often limited by how manufacturers choose to distribute their therapies. In some cases, manufacturers may include PBM (Pharmacy Benefit Manager)-affiliated specialty pharmacies (PBM-SPs) – those vertically integrated with large PBMs and payers – as part of their distribution network. This can prevent MIPs from filling prescriptions in-house, forcing patients to receive medications from external pharmacies that are disconnected from their care team. Despite strong patient and healthcare provider support for the MIP, manufacturers' distribution models often dictate whether MIPs can dispense OAM prescriptions or must pass the prescription on to an external mail-order specialty pharmacy for insurance to cover the prescription.

Limited Distribution Networks (LDNs) were originally intended to improve medication access and oversight, but when PBM-SPs dominate these networks, they can disrupt continuity of care and delay therapy initiation. As more oral therapies come to market, the structure of these distribution networks plays an increasingly important role in the quality and coordination of cancer care.

This paper includes survey insights from:



15

Physicians



15

Pharmacists



5

Pharmacy Technicians

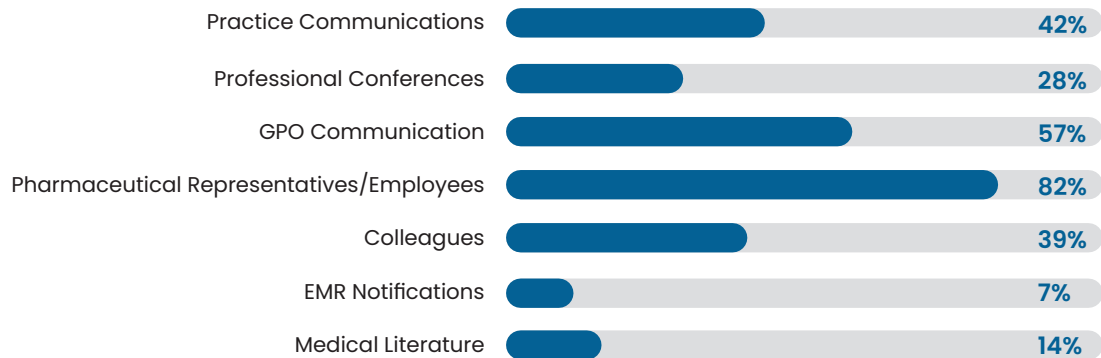
throughout the Athena Oncology network. They were asked about their role in an MIP and patient care, their perceptions on an LDN model, and the impact LDN had on the use and outcomes from two specific OAMs: ALUNBRIG® (brigatinib) and FRUZAQLA® (fruquintinib).

LDN AWARENESS AMONG ONCOLOGY PROFESSIONALS: KEY FINDINGS

The survey results indicate that 100% of respondents across all groups (physicians, pharmacists, pharmacy technicians) were aware of products that operate within an LDN network. Among the oncology team members, physicians and pharmacists displayed the highest levels of awareness of medications distributed through LDNs. Most respondents shared that they became aware of which OAMs utilize LDNs through practice communications and bulletins, notifications from electronic medical records (EMRs), and interactions with pharmaceutical representatives. When it comes to remembering which OAMs are distributed through LDNs, respondents noted they are often reminded through practice or GPO communications, pharmaceutical representatives, colleagues, or their own tracking systems.

This data indicates that there is no collective source that healthcare professionals rely on to learn about medications being classified as LDN. Similarly, there is no collective source to categorize a medication classified as LDN. This information highlights the importance for manufacturers and practices to communicate this important information.

How do you BECOME AWARE that a medication is classified as LDN?



How do you REMEMBER that a medication is LDN?



THE IMPACT OF LDN ON PHYSICIAN DECISION-MAKING AND MIP COORDINATION

One of the benefits of an MIP is the natural coordination of care between a physician and the pharmacist. Two core components of the physician role include patient assessment and creating a treatment plan. Physicians in this survey reported that a distribution model of a therapy is not a primary reason they prescribe a medication, however,

96% believe that an OAM dispensed through the MIP either significantly or somewhat improves patient care. Reported benefits of LDN include improved coordination of care through the EMR (**100%**), decreased prescription abandonment rates (**92%**), improved management of adverse events (**91%**), and an increase of doses delivered.

When asked how likely they would be to change a therapy if they were aware of another option with comparable efficacy and safety that could be filled through the MIP, 62% would be “very likely” and 38% would be “likely,” with most of them preferring to be notified by the MIP pharmacist or pharmacy technician.

MIP PHARMACISTS: KEY ROLES IN LDN MEDICATION MANAGEMENT

Pharmacists play a significant and pivotal role in the management of LDN medications based on the responses from all survey participants. As noted in the survey and supported by the ASCO/NCODA Standards for Medically Integrated Dispensing, pharmacists’ responsibilities include providing drug information to prescribers, assessing patient suitability for therapies (safety), thorough patient education, managing adverse events, monitoring patient adherence, and overall patient satisfaction.³

Pharmacists play a critical role in patient care by recommending alternative therapies to prescribing physicians when needed, advising on dose adjustments, treatment holds or discontinuations, and ensuring patients receive the most effective treatment for their condition. According to our survey, most respondents identified pharmacists as the key team members responsible for notifying prescribers when a medication in open distribution could be switched to a comparable LDN alternative with similar efficacy and safety.

Overall, pharmacists in our survey overwhelmingly prefer dispensing a medication with LDN through the MIP.

Medications with LDN help facilitate consistent, inclusive, and high quality care for our patients, and we empower our pharmacists to prefer these products whenever possible.



Kyle Kitchen, PharmD, MBA

MIP PHARMACY TECHNICIANS: STRENGTHENING PATIENT SUPPORT AND ACCESS

Pharmacy technicians also show a favorable view of the LDN model, with 80% indicating that medications dispensed in the MIP improve or significantly improve adverse event management, reduce time to initiation, and support provider collaboration. Across respondents, pharmacy technicians are crucial with patient communication/ touchpoints throughout their oral oncolytic journey. Again, it was indicated that access to the EMR helps decrease the time to fill, improve communication across the team, and increase patient management/satisfaction.

In the complex landscape of providing oncology services, maintaining the care of patients within our practice optimizes their treatments through a high degree of collaboration between the many clinicians involved in their care.

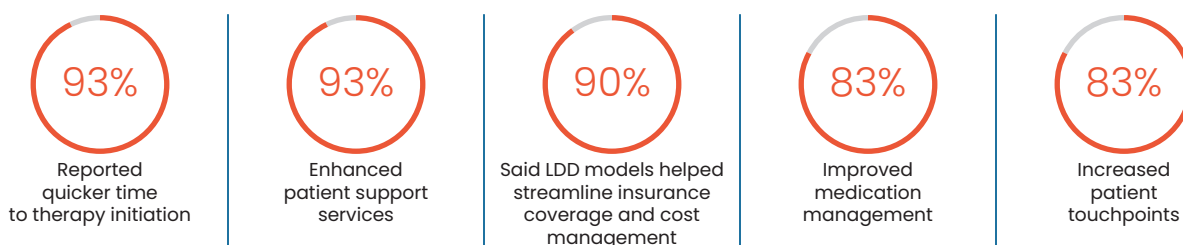
Pharmacy technician within Athena Oncology network

OPTIMIZING PATIENT MONITORING AND CARE COORDINATION THROUGH MIP

Monitoring patients' OAMs has unique challenges as the patients aren't being seen for infusion appointments. Our survey highlighted that a strong benefit seen by all roles is the increased ability to monitor patients more effectively and efficiently due to all members of the interdisciplinary team having access to the same, integrated EMR. This facilitates better coordination and communication between patients and members of the multidisciplinary team, allowing for improved patient tracking and coordination of care. Survey respondents stated that this integrated and easily accessible patient record leads to quicker triage for side effects, rapid dose modifications, and more appropriate intervention to address side effects.

Additionally, medication management significantly improved through enhanced adherence monitoring and proper storage protocols. Increased patient touchpoints also contributed to more comprehensive patient education and support. Furthermore, drug safety monitoring was enhanced, reducing the chances of missed doses and adverse events. Finally, streamlined insurance coverage and cost management helped minimize administrative burdens and financial barriers for patients.

LDD Insights from Healthcare Professionals



Survey results confirm LDN networks improve adherence and patient outcomes. An overwhelming 98% of respondents agreed that medically integrated pharmacies enhance care coordination and adherence. Many respondents also observed a noticeable decrease in prescription abandonment rates for medications available through LDN networks compared to those dispensed via external mail order specialty pharmacies. The majority of respondents reported access to LDN medications positively influenced patient satisfaction and improved the total number of doses delivered. This is due to the continuity of patient care within a medically integrated care model.

LDN AND ACCESSIBILITY: IMPROVING SPEED TO TREATMENT AND ADHERENCE

When choosing a therapy, respondents identified several key factors that might impact their decision-making process. Clinical efficacy was ranked as the most important factor, followed closely by the safety profile of the medication. Other patient-specific factors, including age, overall fitness, and comorbidities, also played a significant role in selection.

When asked if a PBM-free distribution model has an impact on the overall care of the patient, **90%** of respondents indicated that there was an improvement in care. **An impressive 100%** of survey respondents stated that they would either "very likely (**58%**) or likely (**42%**) change the medication they were prescribing to one that was LDN if it had similar efficacy and safety."

These further highlights physicians', pharmacists', and pharmacy technicians' preference for retaining prescriptions within the MIP to enhance patient care coordination. Given these factors, ensuring fast and reliable access to medications is essential. LDN models play a key role in reducing delays and improving patient-centered care.

LDN medications are often linked to improved speed to fill, ensuring that medications are readily available, and that patient access is streamlined through medically integrated care models. This controlled distribution helps minimize delays in therapy initiation and maximize patient-centered care. Furthermore, survey respondents noted that LDN medications often enhanced support services for patients, including personalized education, patient assistance, and dedicated case management, which aid in adherence and reduce financial burdens for their patients.

THE ALUNBRIG® EXPERIENCE: LDN AND THE MIP MODEL

ALUNBRIG® (brigatinib) is a kinase inhibitor indicated for the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) as detected by an FDA-approved test that has an LDN.⁴ The National Comprehensive Cancer Network® (NCCN®) recommends brigatinib as a Category 1 preferred first-line treatment option for ALK+ advanced or metastatic NSCLC.⁵ Among survey responders who prescribe ALK+ inhibitors, 59% reported choosing brigatinib due to its LDN status. Of the responders, 64% also indicated decreased time to treatment start, increased adherence, or favorable economic considerations when comparing with ALECENSA® (alectinib) and LORBRENA® (lorlatinib). Respondents noted that the streamlined distribution of brigatinib helped reduce the time to initiation, ensuring that patients could begin their treatment promptly. Physicians, pharmacists, and pharmacy technicians noted improved coordination between prescribers and pharmacists within the LDN network which they believe lead to fewer administrative delays and better adherence with brigatinib.

Based on survey results, many respondents found that patients on brigatinib experienced improved disease management due to close monitoring facilitated by the multidisciplinary team through the LDN system. The majority of respondents followed up with patients weekly after initiating therapy, ensuring close monitoring and early intervention for side effects or patient concerns. This frequent engagement allowed healthcare providers to proactively address adherence challenges and side effects and improve the overall patient experiences.

Looking at data from two MIPs within the Athena Oncology network, they had a total of 29 brigatinib prescriptions in the last 12 months and because of the LDN model, they were able to retain all but one prescription that was required to be dispensed by a non-PBM owned mail-order pharmacy. The average time to fill the brigatinib was 48 hours.

THE FRUZAQLA® EXPERIENCE: LDN AND THE MIP MODEL

FRUZAQLA® (fruquintinib) is a kinase inhibitor indicated for the treatment of adult patients with metastatic colorectal cancer (mCRC) who have been previously treated with fluoropyrimidine, oxaliplatin, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wildtype and medically appropriate, an anti-EGFR therapy, and it also has an LDN.⁵ NCCN® recommends fruquintinib as a Category 2A potential treatment option for patients with previously treated mCRC, regardless of mutation status.^{6,7}

Of the respondents, **86%** identified decreased time to treatment start, increased adherence, or favorable economic considerations with fruquintinib when compared to LONSURF® (trifluridine and tipiracil) and STIVARGA® (regorafenib). Interestingly, **73%** of respondents reported choosing fruquintinib based on its LDN status.

Respondents highlighted that the LDN network improved access and reduced delays often encountered with medications dispensed through PBM-specialty pharmacies. The enhanced coordination between pharmacies and healthcare providers within a medically integrated practice ensured that patients received timely refills and continued treatment without unnecessary interruptions.

Many providers believe that patients receiving fruquintinib through the LDN model demonstrated better adherence due to structured patient support programs and proactive monitoring. Regular follow-ups, typically on a weekly or biweekly basis, allowed providers to assess patients' responses to treatment and make necessary adjustments. The integration of fruquintinib within the MIP LDN framework facilitated real-time interventions, ensuring that therapy remained as effective and tolerable as possible for patients undergoing treatment for metastatic colorectal cancer.

Looking again at data from two MIPs within the Athena Oncology network, between both practices, there were a total of 15 fruquintinib prescriptions in the last 12 months. The MIPs were able to retain and dispense 100% of the prescriptions written. The average time to fill fruquintinib was 24 hours through both MIPs. The average length of therapy at this time is 5+ months for all patients except one who came off within the first cycle due to disease progression.

CHALLENGES AND AREAS FOR IMPROVEMENT

While LDN networks provide numerous benefits, challenges remain. The definition of LDN has evolved and some manufacturers mischaracterize themselves as “LDN” because they include one or more PBM-owned pharmacies. NCODA and the authors of this paper recognize this challenge and recommend that “LDN” be used only when there are no PBM-owned pharmacies included in the distribution model. As noted previously, patient outcomes are improved when prescriptions are dispensed through LDN which informs our belief in the more stringent use of LDN. We recommend that further definitions of LDN remain patient-centric, and that standardized metrics are defined as we continue to measure the benefits of MIPs on the care of oncology patients.

“The reduction of patient wait times to therapy initiation, and the depth of chart review available to a MIP is unrivaled when compared to a non-LDN model.”

—Pharmacist

DRIVING PATIENT OUTCOMES WITH LDN IN ONCOLOGY

Managing a patient within a MIP allows for improved coordination of care, leading to better patient outcomes. This approach reduces the likelihood of missed doses, enables closer monitoring and early identification of adverse events, and ultimately supports adherence to an optimal treatment schedule. Survey results confirm that LDN networks are critical to MIP success and oncology patient management. Respondents overwhelmingly agreed that LDN improves adherence through more frequent patient follow-up, care coordination because of access to the integrated EMR, and enhanced medication management due to closer monitoring and prompt interventions by the multidisciplinary team. Supporting oncology patient care is NCODA’s top priority. We strongly support a distribution model that upholds transparency, minimizes access barriers, and remains focused on patient-centered care.

“LDN models in community oncology improve patient care and patient outcomes by allowing transparency through the fill process, thereby decreasing therapy gaps and allowing us to care for our patients more effectively and efficiently.”

—Physician



When a manufacturer uses an LDN model, they’re showing that they prioritize the patient first and recognize the improved quality of care provided by the patients care team.



Nick Bouchard, PharmD

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