



Transforming Oncology Care Through Medically Integrated Collaboration

2025 NCODA INTERNATIONAL SPRING FORUM

Beyond Limits: Rethinking Limited Distribution Networks in Oncology & Their Impact on Access & Care

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Goals of presentation and discussion:

- ▶ **DEFINE** the meaning of a limited distribution model
- ▶ **DISCUSS** how partnerships can drive better patient outcomes
- ▶ **DISCOVER** how aligning definitions and metrics will help optimize patient care

The Medically Integrated Team:

Core Members

- Oncologists
- Pharmacists
- Advanced Practice Providers
- Nurses
- Nurse navigators
- Pharmacy Technicians
- Social workers
- Nutritionists
- Patient advocates
- Mental health professionals

Other Members

- Genetic Counselors
- IT/Health Technology Specialists
- Mail Order Pharmacies
- Pharmaceutical Companies
- Payers/PBMs
- Employer Groups

This broader, more inclusive approach to care recognizes that effective cancer treatment goes beyond just medical interventions, encompassing support services, patient education, and access to treatments, which are crucial for improving outcomes and quality of life for patients with cancer.

Current Distribution Definitions:

Open Distribution – Medications are widely available through retail, hospital, and mail order pharmacies without restrictions.

Limited Drug Distribution (LDD) – Manufacturers designate specific pharmacies or medically integrated pharmacies (MIPs) to dispense certain oncology treatments.

Medically Integrated Dispensing Pharmacy (MIP) – In-house pharmacy models within oncology practices that allow direct medication access, improving adherence and coordination of care while also decreasing costs.

PBM-Owned Mail Order Pharmacies – Mail order pharmacies operated by pharmacy benefit managers (PBMs) often creating fragmented care for practices and patients.

Updated Definitions and Stance:

To support this goal, NCODA defines four primary models within the limited distribution landscape:

Closed Distribution – Applies to medications with highly restricted networks, such as those requiring REMS or manufacturer-designated controls. These models typically offer little to no flexibility in dispensing, often excluding MIPs altogether. This includes models with no MIP Access.

Oncology Optimized Limited Distribution – Represents the NCODA preferred model, where PBM affiliated mail order pharmacies are excluded, and MIPs and non-PBM affiliated pharmacies can dispense. This model enables coordinated, in-practice care and supports timely, patient-centered treatment. NCODA is committed to continued education and advocacy to expand access to this approach wherever possible.

PBM Influenced Limited Distribution* – Includes one or two PBM-affiliated mail order pharmacies which include Optum, CVS Caremark, or Express Scripts. While not preferred, it is important to recognize manufacturers that are attempting to promote MIPs and limit access to PBM owned pharmacies.

Open Distribution* – Are widely available through retail, hospital and mail order pharmacies without restrictions. Includes Optum, CVS Caremark, and Express Scripts PBM-affiliated mail order pharmacies.

*These distribution networks limit MIP involvement and introduce barriers to timely access and coordinated care, often through restrictive contracting or payer-driven steerage.

SUMMARY

**NCODA's
Commitment
to Advancing
Patient *Care***

**...Ongoing
Efforts
Behind the
Scenes**

**...Recognizing
and Valuing
Support**

**...Training and
Development**

**...Resources
and Tools**

QUESTION & ANSWER

Oncology Optimized Limited Distribution



Represents the NCODA preferred model, where PBM affiliated mail order pharmacies are excluded, and MIPs and non-PBM mail order pharmacies can dispense. This model enables coordinated, in-practice care and supports timely, person-centered treatment. NCODA is committed to continued education and advocacy to expand access to this approach wherever possible.

This definition improves the continuity of care in oncology patients!

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