Oncology Optimized Limited Distribution (OOLD)

Treatment Discussion Guide

NCODA

Background and Purpose of This Guide

Oncology medication distribution continues to evolve alongside the increasing complexity of specialty therapies. Many oral and self-administered oncology agents are distributed through manufacturer-defined distribution models, in which dispensing authority is restricted to designated specialty pharmacies based on manufacturer network agreements and access requirements.[1] These defined distribution pathways directly influence how prescriptions are routed and executed within oncology practices.

As oncology care delivery has advanced, integration of medication access within multidisciplinary workflows has become increasingly important. Distribution pathways influence time to treatment initiation, documentation flow, monitoring schedules, refill continuity, and communication across the multidisciplinary oncology care team. Evidence from oncology practice settings demonstrates that medically integrated and embedded pharmacy models can support timely therapy initiation and improved care coordination when aligned with clinical workflows.[2, 3]

To strengthen oncology-specific alignment between prescribing and dispensing, NCODA established **Oncology Optimized Limited Distribution (OOLD)** as a preferred framework for medication delivery.[4] OOLD prioritizes dispensing through medically integrated pharmacies (MIPs) and non—pharmacy benefit manager (PBM) affiliated specialty pharmacies, reinforcing clinical visibility, interprofessional communication, and continuity of care. NCODA further operationalizes this framework through the *Limited Distribution Search Table*, which categorizes therapies into four defined distribution models to support early identification of appropriate routing pathways:[4]

- **Oncology Optimized Limited Distribution (OOLD)** — Dispensing is permitted through medically integrated pharmacies (MIPs) and/or non—PBM affiliated specialty pharmacies, supporting alignment between oncology practice workflows and medication access.
- **PBM-Influenced Limited Distribution** — Dispensing is restricted or directed by pharmacy benefit manager (PBM) network requirements, which may mandate routing to PBM-affiliated specialty or mail-order pharmacies.
- **Open Distribution** — No manufacturer-imposed specialty network restrictions; prescriptions may be dispensed through retail, PBM-affiliated mail order, or medically integrated pharmacy settings based on payer requirements and patient preference.
- **Closed Distribution** — Dispensing authority is restricted to a limited number of manufacturer-designated specialty pharmacies, and medically integrated pharmacies are not permitted to dispense.

Purpose of This Guide

This Treatment Discussion Guide provides medically integrated oncology teams with structured, role-specific guidance to operationalize OOLD medications within their pharmacy and care workflows. By standardizing how OOLD therapies are identified, routed, monitored, and communicated across the multidisciplinary team, practices can support timely treatment initiation, coordinated oversight, and consistent execution of patient-centered oncology care.

References

1. Sredzinski E. Limiting the Distribution of Oncology Drugs. *Pharmacy Times. 2022*. Available at: *https://www.pharmacytimes.com/view/limiting-the-distribution-of-oncology-drugs. Accessed February 2026*.
2. Peter ME, et al. Exploring healthcare providers' experiences with specialty medication and limited distribution networks. *PLOS ONE*. 2022;17(8):e0273040.
3. Wyatt H, et al. Assessing the impact of limited distribution drug networks based on time to accessing oral oncolytic agents at an integrated specialty pharmacy. *Journal of Hematology Oncology Pharmacy.* 2020;10(4):198–205.
4. NCODA. Oncology Optimized Limited Distribution and NCODA Limited Distribution Search Table. Available at: *https://www.ncoda.org/oold/*. Accessed February 2026.

PHARMACISTS

Operationalizing OOLD Within the Medically Integrated Pharmacy

Distribution Class

Determine Eligibility

Preserve Operational Oversight

Demonstrate Integrated Outcomes

Pharmacists play a central role in aligning medication access with clinical intent. Distribution classification and routing decisions directly influence therapy initiation timelines, monitoring visibility, and continuity of care across the multidisciplinary oncology team.

1

Confirm Distribution Classification at Therapy Initiation

Key Consideration

Is the medication categorized as Oncology Optimized Limited Distribution (OOLD), PBM-Influenced Limited Distribution, Open Distribution or Closed Distribution?

Clinical Significance

Distribution classification defines:

- Authorized dispensing pharmacies.
- Permissible routing pathways.
- Degree of practice-level oversight during therapy initiation.

Pharmacist Responsibilities

- Verify distribution category at the time of prescribing using the *NCODA OOLD Search Table*.
- Document the approved dispensing pathway in the electronic medical record (EMR) or internal tracker prior to initiating benefits investigation.
- Educate prescribers on OOLD classification and clinically appropriate alternatives that support dispensing through the medically integrated pharmacy.

2

Determine MIP Eligibility

Key Consideration

For therapies classified as non-OOLD, is the patient eligible to receive the medication through the medically integrated pharmacy (MIP)? If not, is there an equivalent OOLD alternative that could be prescribed?

Clinical Significance

When dispensing occurs within the MIP:

- Monitoring and documentation remain integrated within the practice.
- Refill cadence can be proactively tracked.
- Adherence and toxicity management remain coordinated across the care team.
- Dose modifications can be implemented efficiently.
- If dispensing cannot remain within the MIP, structured coordination is required to preserve equivalent clinical oversight.

Pharmacist Responsibilities

- Distribution does matter. Confirm that the therapy and patient meet eligibility requirements for MIP dispensing.
- When eligible, prioritize dispensing through the MIP to maintain integrated monitoring and continuity of care.
- If an insurer directs an OOLD therapy to a mail-order pharmacy, advocate for an override to preserve dispensing within the oncology practice, and use the Medically Integrated Pharmacy (MIP) Search tool to confirm and identify MIPs located within oncology practices.
- If MIP dispensing is not permitted, transition to defined communication and oversight protocols.To support coordinated care and monitoring, discuss equivalent OOLD alternatives with the prescriber when external dispensing is required.

3

Validate Operational Requirements

Key Consideration

Once MIP eligibility is confirmed, are there operational or program-specific requirements that must be addressed to support uninterrupted execution?

Potential considerations may include:

- Risk Evaluation and Mitigation Strategy (REMS) or manufacturer program enrollment steps.
- Required clinical documentation or laboratory confirmation.
- Benefit design nuances affecting authorization processing.
- Program-specific documentation or timing requirements.

Clinical Significance

Early validation of operational requirements protects predictable time-to-treatment, prevents avoidable delays, and preserves the integrity of the integrated dispensing model.

Pharmacist Responsibilities

- Confirm completion of required enrollment or documentation steps during benefits investigation.
- Validate anticipated authorization timelines.
- Document any identified constraints in the EMR.
- Communicate urgency for time-sensitive oncology initiation when clinically indicated.

4

Reinforce Integrated Education, Monitoring, and Distribution Performance

Key Consideration

For therapies designated as OOLD, how does medically integrated dispensing support coordinated education, monitoring cadence, and measurable performance outcomes?

Clinical Significance

When dispensing is aligned with oncology practice workflows:

- Patient education and adherence reinforcement remain consistent.
- Monitoring cadence can be aligned with laboratory schedules and follow-up visits.
- Dose modification communication occurs within established multidisciplinary channels.
- Therapy progression and refill continuity remain visible at the practice level.

Monitoring performance metrics demonstrates the value of oncology-aligned distribution, including:

- Time to fill and time to treatment initiation.
- Refill continuity.
- Therapy interruption rates.
- Access-related delays and abandonment risk.

Pharmacist Responsibilities

- Coordinate monitoring plans and anticipated dose adjustments with physicians, advanced practice providers (APPs), nurses, and technicians.
- Adjust regimen cycles in the EMR to align with cycle start dates to promote accurate regimen documentation.
- Ensure consistent messaging regarding dispensing timelines and pharmacy points of contact.
- Monitor and trend access and refill metrics regularly to support quality improvement and ongoing evaluation of distribution performance.

PHYSICIANS AND ADVANCED PRACTICE PROVIDERS (APPS)

Clinical Alignment for OOLD Therapies Within the MIP

- Confirm Alignment
- Establish Monitoring Plan
- Coordinate Adjustments
- Support Performance Visibility

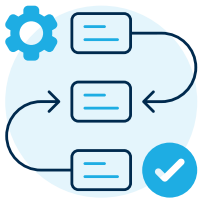
Physicians and Advanced Practice Providers establish treatment intent and define the clinical framework within which OOLD therapies are executed. Prescribing clarity, documentation precision, and proactive monitoring plans directly shape therapy initiation, dose modification strategy, and continuity of care within the medically integrated pharmacy model.

1

Align Prescribing with Integrated Distribution

Key Consideration

For therapies retained within the MIP, how does prescribing align with coordinated access and monitoring workflows?



Clinical Significance

When therapies are dispensed within the medically integrated model:

- Therapy initiation timelines can be aligned with clinical scheduling.
- Documentation supporting medical necessity is immediately accessible.
- Monitoring plans can be synchronized with refill cadence.
- Communication between prescriber and pharmacy occurs within established practice workflows.

This integration reinforces alignment between treatment intent and medication access.

Physician and APP Responsibilities

- Ensure that all oncology prescriptions are sent to the MIP.
- Confirm OOLD designation at the time of prescribing.
- If non-OOLD, verify if there is an equivalent OOLD alternative that can be prescribed.
- Clearly document treatment intent and anticipated therapy goals.
- Communicate target start dates and clinical urgency when indicated.

2

Establish Monitoring and Dose Modification Plans Early

Key Consideration

How will monitoring cadence and potential dose adjustments be integrated within the MIP-supported workflow?

Clinical Significance

For OOLD therapies retained in the MIP:

- Office visits, laboratory monitoring and imaging studies can be aligned with refill timing.
- Anticipated dose titration or modification plans can be proactively communicated.
- Toxicity management remains visible within the multidisciplinary team.

This structure supports timely clinical intervention and reduces variability in therapy execution.

Physician and APP Responsibilities

- Schedule office visits and order baseline and ongoing laboratory assessments to align with refill intervals.
- Coordinate and schedule imaging studies to align with regimen cycle refills.
- Anticipate and document potential dose modifications or titration strategies.
- Communicate anticipated adjustments proactively to the pharmacy and nursing teams.

3

Reinforce Multidisciplinary Coordination Throughout Therapy

Key Consideration

How does medically integrated dispensing support ongoing oversight of therapy progression?

Clinical Significance

When therapies remain within the MIP:

- Refill continuity and therapy progression remain visible at the practice level.
- Adherence and toxicity discussions occur within routine clinical encounters.
- Dose holds, restarts, and modifications can be implemented efficiently.

Integrated distribution strengthens continuity of care and supports predictable treatment delivery.

Physician and APP Responsibilities

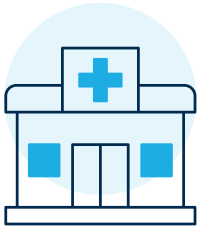
- Reinforce adherence and monitoring expectations during follow-up visits.
- Address therapy response and tolerability in coordination with pharmacy and nursing.
- Communicate changes in clinical status that may impact refill timing or monitoring cadence.

4

Support Performance Visibility Across the Treatment Continuum

Key Consideration

How does medically integrated dispensing of OOLD therapies support measurable care delivery outcomes?



Clinical Significance

Retention of OOLD therapies within the MIP enables the practice to maintain visibility into:

- Time to treatment initiation.
- Refill continuity.
- Therapy interruptions.
- Monitoring adherence to clinical protocols.

This oversight supports consistent execution of treatment intent and quality improvement initiatives.

Physician and APP Responsibilities

- Engage in multidisciplinary review of therapy progression and outcomes when indicated.
- Support documentation practices that reflect treatment intent and response.
- Collaborate in evaluating access and monitoring trends within the practice.

NURSES

Coordinating Care for OOLD Therapies Within the MIP

Prepare for Initiation

Align Monitoring Cadence

Reinforce Education

Protect Continuity

Oncology nurses act as the coordination anchor within the OOLD framework. Alignment of patient readiness, monitoring cadence, and refill timing directly influences therapy initiation, adherence support, and early identification of toxicity or treatment interruption.

1

Align Therapy Initiation with Clinical Readiness

Key Consideration

For OOLD therapies dispensed through the MIP, are all clinical requirements aligned to support timely initiation?

Clinical Significance

When dispensing remains within the MIP:

- Start dates can be coordinated directly with clinical scheduling.
- Baseline laboratory results and safety requirements are immediately visible.
- Communication between nursing and pharmacy occurs within established workflows.

This integration reduces variability in initiation timelines and supports predictable treatment execution.

Nursing Responsibilities

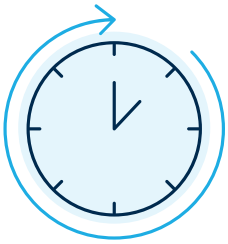
- Verify baseline labs and required safety parameters are complete and documented.
- Coordinate target start dates with the pharmacy team.
- Communicate any clinical changes that may affect timing of treatment initiation.

2

Integrate Monitoring and Refill Cadence

Key Consideration

How can monitoring cadence and refill timing be aligned within the integrated care model?



Clinical Significance

For OOLD therapies retained within the MIP:

- Refill cadence can be synchronized with laboratory schedules and follow-up visits.
- Adherence discussions can occur at defined clinical touchpoints.
- Toxicity management remains coordinated within the multidisciplinary team.

Integrated dispensing strengthens visibility across the therapy lifecycle.

Nursing Responsibilities

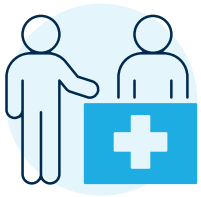
- Align follow-up visits and laboratory monitoring with refill intervals.
- Provide adherence support and perform toxicity assessments during routine clinical encounters.
- Notify pharmacy promptly of dose modifications or therapy interruptions.

3

Reinforce Consistent Patient Education

Key Consideration

How can education remain consistent when dispensing occurs within the MIP?



Clinical Significance

When therapies are dispensed through the MIP:

- Education is delivered within the same care team managing clinical decisions.
- Messaging regarding dosing, monitoring, and follow-up remains consistent.
- Patient questions can be addressed within established clinic workflows.

Continuity of care strengthens trust and clarity in the treatment plan.

Nursing Responsibilities

- Build upon medication education provided at initiation and with each refill.
- Validate the patient's understanding of their monitoring expectations and follow-up care schedule.
- Document education and adherence discussions in the EMR.

4

Preserve Practice-Level Oversight Across the Treatment Continuum

Key Consideration

How does medically integrated dispensing support continuity throughout therapy?

Clinical Significance

When therapies remain within the MIP, the care team maintains direct visibility into therapy progression, refill timing, dose adjustments, and clinical response. This structure supports timely intervention and coordinated interprofessional communication.

Nursing Responsibilities

- Monitor for therapy interruptions or adherence concerns.
- Communicate clinical changes that may impact refill timing or monitoring cadence.
- Contribute to interprofessional care planning discussions as part of the patient's ongoing treatment.

PHARMACY TECHNICIANS
Operational Safeguards for OOLD Therapies Within the MIP

- Confirm Distribution Classification
- Complete Intake
- Protect Time-to-Treatment
- Preserve Refill Continuity
- Support Performance Visibility

Pharmacy technicians function as the operational safeguard within the OOLD framework. Accurate distribution confirmation, complete intake processing, and proactive milestone tracking directly influence time to treatment initiation, refill continuity, and preservation of integrated practice-level oversight.

1

Confirm Distribution Classification Before Workflow Initiation

Key Consideration

Is the therapy designated as Oncology Optimized Limited Distribution (OOLD) and eligible for dispensing within the medically integrated pharmacy?

Clinical Significance

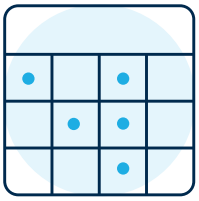
Correct distribution confirmation at intake:

- Prevents avoidable rerouting to outside pharmacy.
- Preserves integrated monitoring workflows.
- Protects anticipated treatment start dates.
- Maintains practice-level visibility throughout access processing.

Misclassification at this stage can disrupt coordinated care.

Technician Responsibilities

- Confirm OOLD designation using the ***NCODA Limited Distribution Search Table*** at prescription receipt.
- Document the approved dispensing pathway in the EMR or internal tracker prior to initiating benefits investigation.



2

Complete Patient Intake for Prescription Processing

Key Consideration

Is all required clinical and administrative information complete before benefits investigation and prior authorization submission?

Clinical Significance

Incomplete intake is a leading cause of initiation delays, even when dispensing remains within the MIP. Timely and complete documentation preserves predictable start timelines.

Required intake elements typically include:

- Patient demographics and verified contact information.
- Medical and pharmacy insurance details.
- ICD-10 diagnosis confirmation.
- Prescriber information.
- Supporting chart notes documenting medical necessity.
- Required laboratory results.
- REMS documentation, if applicable.

Technician Responsibilities

- Verify completeness prior to submission.
- Obtain missing documentation on the same business day when possible.
- Avoid initiating prior authorization submissions with incomplete documentation that may delay review and approval.

3

Protect Time-to-Treatment Through Milestone Tracking

Key Consideration

How will therapy initiation milestones be monitored to preserve the anticipated start date?

Clinical Significance

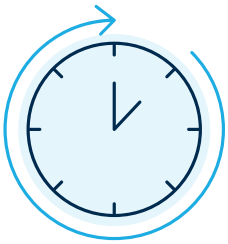
Even within a medically integrated pharmacy model, proactive tracking is essential to prevent delays during benefits investigation or authorization.

Recommended milestone tracking includes:

- Prescription receipt.
- Benefits investigation initiated.
- Prior authorization submitted.
- Financial Assistance Assessment.
- Authorization approval.
- Financial Assistance obtained.
- Fill processed.
- Medication ready for dispensing.

Technician Responsibilities

- Monitor access milestones daily until therapy initiation.
- Escalate stalled steps according to internal time standards.
- If a therapy is confirmed as OOLD and eligible for MIP dispensing, do not default to mail-order pharmacy routing based on initial payer direction; instead, contact the insurer to validate requirements and request an override when appropriate.
- Communicate anticipated initiation timelines to the pharmacy team.



4

Preserve Refill Continuity Within the Integrated Model

Key Consideration

How will refill cadence remain aligned with monitoring and follow-up schedules?

Clinical Significance

When therapies remain within the MIP:

- Refill timing remains visible within the practice.
- Monitoring cadence can be synchronized with refill cycles.
- Therapy interruptions can be identified early.

Technician oversight is essential to maintaining refill continuity.

Technician Responsibilities

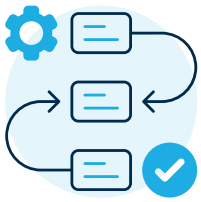
- Track refill due dates and flag potential therapy gaps.
- Notify pharmacy and nursing teams of dose holds or refill delays.
- Confirm medication-in-hand at initiation and at refill intervals when appropriate.

5

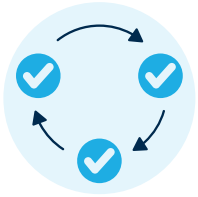
Support Practice-Level Performance Visibility

Key Consideration

How does technician workflow support measurable performance within the integrated distribution model?



Clinical Significance



Retention of therapies within the MIP enables tracking of:

- Time to treatment initiation.
- Authorization turnaround.
- Refill continuity.
- Therapy interruptions.

Technician documentation directly influences the accuracy of these performance metrics.

Technician Responsibilities

- Document key access milestones consistently.
- Participate in internal review of access timelines and refill trends.
- Escalate recurring process barriers for workflow refinement.

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