

SOP for Primary Care Supply of Enzalutamide or Abiraterone for the Treatment of Prostate Cancer in Uro-Oncology clinics in Forth Valley

Background

Patients attend Uro-oncology clinics for assessment of physical and clinical parameters while on Enzalutamide or Abiraterone treatment for their prostate cancer. They are seen 4, 8 or 12 weekly depending on their clinical status.

After clinical assessment by a doctor, clinical nurse specialist or prescribing pharmacist their treatment is prescribed on Chemocare, the prescription is verified by a cancer care pharmacist and medicine supply made from the hospitals' dispensary.

Process

New Patients

1. **Uro-oncology Clinic Visit 1:** Patient attends the Uro-oncology Clinic at Forth Valley Royal Hospital and a decision is made to initiate Enzalutamide or Abiraterone treatment.
2. Patient is provided with relevant information and education on their treatment and signs treatment consent form.
3. Prescriber asks patient which community pharmacy they would like to collect future medicine supply from and completes Community Pharmacy Supply Initiation Form (Appendix 1). The community pharmacy details should also be recorded in the case notes.
4. Treatment is allocated and prescribed on Chemocare (5 week Community supply regimen should be allocated), prescription printed and sent with Community Pharmacy Supply Initiation Form and Case Notes for cancer care pharmacist verification.
5. Patient given next clinic appointment for 4 weeks.
6. Cancer Care Pharmacist will verify the prescription on Chemocare and check and sign the Community Pharmacy Supply Form and send it to the Dispensary for processing.
7. A 5 week supply is made from dispensary.
8. The pharmacy technician team will scan and email the Community Pharmacy Supply Initiation Form to the Community Pharmacy and Carol Droubay, Pharmacy Contracts Officer carol.droubay@nhs.net . A separate email should be sent for each individual patient. The Forms will be kept in a designated folder in the dispensary.
9. **Uro-oncology Clinic Visit 2:** all normal clinical assessments will be done, treatment prescribed on Chemocare (4 week Community Supply Regimen option should be selected) and chemocare prescription(s) printed, signed and sent with case notes for cancer care pharmacist verification. Patient will also be given the top copy of an HBP prescription(s) to take to their nominated community pharmacy to obtain the medicine supply (Example Appendix 3). The bottom copy of the HBP prescription(s) will be with the Chemocare prescription and case notes for cancer care pharmacist verification. Stamps will be available

for standard doses of treatment. If dose not standard the HBP prescription(s) will be completed long hand.

10. The prescriber and verifying clinical pharmacist should ensure that the Chemocare prescription(s) and HBP prescriptions match.
11. Patient will be given their next clinic appointment for 4, 8 or 12 weeks time.
12. **Uro-oncology Clinic Visit 3 onwards:** all normal clinical assessments will be done, treatment prescribed on Chemocare and chemocare prescription(s) printed, signed and sent with case notes for cancer care pharmacist verification. HBP prescription(s) will be issued as appropriate. Top copy to patient and bottom copy in case notes for cancer care pharmacist verification. Prescriber and verifying clinical pharmacist should ensure that the Chemocare prescription(s) and HBP prescription(s) match.
13. If a patient is to have a dose modification or is to stop treatment the prescriber must complete a Treatment Change Notification Form (Appendix 2) and give it to Cancer Care Pharmacist so that arrangements can be made to contact the patients nominated community pharmacy to inform them of the change and to cancel any remaining current HBP prescriptions. If the patient is to receive a dose modification this should be reflected on Chemocare prescription and a new HBP prescription with the new dose given to the patient to take to their community pharmacy.
14. The Cancer Care Pharmacist will check that the change is reflected in Chemocare, sign the Treatment Change Notification Form and pass it to the pharmacy technician who will contact the patient's nominated community pharmacy and scan and email the change form to them as soon as possible. If the patient is stopping treatment the form should also be scanned and emailed to Carol Droubay, Pharmacy Contracts Officer. The forms will be kept with the original treatment initiation forms in the designated folder in the dispensary.

Established Patients

1. At first clinic visit after implementation of the new supply arrangements prescriber will explain the change to supply of their medicine and ask patient which community pharmacy they would like to collect future medicine supply from and complete a Community Pharmacy Supply Initiation Form (Appendix 1). The community pharmacy details should also be recorded in the case notes.
2. Treatment is allocated and prescribed on Chemocare (Please ensure 5 week Community supply regimen option is selected for transition supply from Pharmacy), prescription(s) printed and sent with Community Pharmacy Supply Initiation Form and Case Notes for cancer care pharmacist verification. If next clinic appointment is to be later than 4 weeks then patient will be given HBP prescription(s) to cover any further supply required before next clinic visit. Future cycles should be changed to 4 week Community Supply regimen option. Patient given the top copy of the HBP prescription and the bottom copy sent in the case notes for cancer care pharmacist verification. Prescriber and verifying clinical pharmacist should ensure that the Chemocare prescription(s) and HBP prescription(s) match.
3. Patient will be given their next clinic appointment for 4, 8 or 12 weeks time.
4. Cancer Care Pharmacist will verify the prescription on Chemocare and check and sign the Community Pharmacy Supply Form and send it to the Dispensary for processing.

5. A 5 week supply is made from dispensary to allow time for transition to community pharmacy supply.
6. Dispensary Team will scan and email the Community Pharmacy Supply Initiation Form to the Community Pharmacy and Carol Droubay, Pharmacy Contracts Officer. A separate email should be sent for each individual patient. The Forms will be kept in a designated folder in the pharmacy room in the oncology clinic.
7. At subsequent Uro-oncology Clinic Visits all normal clinical assessments will be done, treatment prescribed on Chemocare (4 week Community Supply regime option should be used) and chemocare prescription(s) printed, signed and sent with case notes for cancer care pharmacist verification. HBP prescription(s) will be issued if appropriate. Top copy to patient and bottom copy in case notes for cancer care pharmacist verification.
8. If a patient is to have a dose modification or is to stop treatment the prescriber must complete a Treatment Change Notification Form (Appendix 2) and give it to Cancer Care Pharmacist so that arrangements can be made to contact the patients nominated community pharmacy to inform them of the change and to cancel any remaining current HBP prescriptions. If the patient is to receive a dose modification this should be reflected on Chemocare prescription and a new HPB prescription with the new dose given to the patient to take to their community pharmacy. Prescriber and verifying clinical pharmacist should ensure that the Chemocare prescription(s) and HBP prescription(s) match.
9. The Cancer Care Pharmacist will check that the change is reflected in Chemocare sign the Treatment Change Notification Form and pass it to the pharmacy technicians who will contact the patient's nominated community pharmacy and scan and email the change form to them as soon as possible. If the patient is stopping treatment the form should also be scanned and emailed to Carol Droubay, Pharmacy Contracts Officer. The forms will be kept with the original treatment initiation forms in the designated folder in the dispensary.

Appendix 1

Initiation of Abiraterone/Enzalutamide Community Pharmacy Supply

Addressograph

Nominated Community Pharmacy

Contractor Code: _____

Name: _____

Address: _____

Tel No (if known): _____

Planned Treatment (Delete as appropriate)			
Abiraterone 1000mg Daily po x 28 Days	Enzalutamide 160mg Daily po x 28 days		
Prednisolone 5mg BD po x 28 days			
Sig _____	Sig _____		
Print _____	Print _____		
Date _____	Date _____		
Clin Pharm _____	Clin Pharm _____		
Hospital Dispensary to complete:			
Form emailed to Community Pharmacy and Pharmacy Contracts Officer Carol Droubay carol.droubay@nhs.net	Y/N	Date	By _____ Sig _____ Print _____

Appendix 2

Written By: Joanne Robinson, adapted from GGC document

Issue No: 01

Checked By

Review Date: October 2019

Abiraterone/Enzalutamide Treatment Change Notification

Addressograph			
Treatment Change (Delete as appropriate)			
Treatment Stopped		Treatment Modification (please detail)	
Sig _____		Sig _____	
Print _____		Print _____	
Date _____		Date _____	
Clin Pharm _____		Clin Pharm _____	
Hospital Dispensary to complete:			
Date Community Pharmacy Contacted		By	
Clinical email address		_____ Sig	
_____		_____ Print	
Name of Community Pharmacist			
Outcome/Comments			
Form emailed to Community Pharmacy	Y/N	Date	By
			_____ Sig
			_____ Print
Form emailed to Community Pharmacy and Carol Droubay, Pharmacy Contracts Officer if treatment stopping	Y/N	Date	By
Carol.droubay@nhs.net			_____ Sig
			_____ Print

Appendix 3 – Sample HBP Prescriptions

FORM HBP (5)		NATIONAL HEALTH SERVICE (SCOTLAND)	
Name	Address	Postcode	Pharmacy Stamp
Age if under 12 yrs.	Yrs / Mths	No. of Days Treatment	Dispensing Endorsements
		CHI No.	Pack size Numbers only
<p>ENZALUTAMIDE 40mg capsules Take FOUR capsules ONCE daily continuously Supply 112 capsules</p>		<p>ABIRATERONE 500mg tablets Take TWO tablets ONCE daily continuously Supply 56 tablets</p>	
<p>PREDNISOLONE 5mg tablets Take ONE tablet TWICE daily continuously Supply 56 tablets</p>		<p>Start Date</p>	
<p>Prescriber name in block capitals</p>		<p>Date</p>	
<p>Signature of Prescriber</p>		<p>Code No</p>	
<p>Out-Patients Glasgow G12 0YN</p>		<p>TEL: 0141 301 7338</p>	
<p>Hospital or Clinic</p>		<p>Beaumont West of Scotland Cancer Centre G 8 0 3 7</p>	
<p>01/17</p>		<p>51003297519</p>	
<p>51003297519</p>		<p>00620062</p>	