**Pharmaceutical Care of Patients Receiving Treatment for Prostate Cancer Service Summary**

Medicines for prostate cancer, namely abiraterone and enzalutamide, are supplied under the Locally Enhanced Pharmaceutical Care Services for Patients Receiving Medicines Supervised by Secondary Care, Tier 1. This is a ‘supply only’ tier for which the agreed fee is **£75 per annum**. Prostate Cancer Service Information available on NHSAA CP website.

**Patient Clinic Visits and Prescription Management**

**Visit 1**

* Patient attends urology clinic on Friday (e.g. 05/08/2022)
* Decision is made to start enzalutamide or abiraterone (along with prednisolone)
* 35 day supply made to patient by hospital pharmacy. This allows overlap for future supplies.
* Patient counselled and asked to nominate a community pharmacy to receive ongoing supplies
* Patient given appointment date for 28 days (e.g. 02/09/2022)
* Senior Pharmacist Primary Care & Community Pharmacy will contact the nominated community pharmacy to discuss the service, request supply to patient for ongoing treatment, and forward the NHS AA Patient Treatment Notification Form **(Appendix 1)**.
* Community pharmacy does **not** order the supply at this point. The patient has a 35 day supply that will provide a 7 day overlap should treatment be continued at next appointment.

**Visit 2** (and subsequent visits).

* Patient attends follow up clinic (e.g. 02/09/2022 as above)
* Decision made to continue treatment with no dose adjustment.
* Patient given appointment date for 28 or 56 days from visit 2, and advised to collect medication from nominated pharmacy the following week (e.g. 09/09/2022).
* Urology clinic will notify community pharmacies of changes to medicines and the cessation of treatment **(Appendix 2)**.
* HBP prescription for a further 28 or 56 day supply of treatment (depending on next patient appointment date), sent directly to the nominated community pharmacy by the Community Pharmacy Team.

**Note:** The patient has an additional week’s supply from Visit 1, which ensures the community pharmacy has adequate time to order the medicine. (e.g. 09/09/2022)

* Community pharmacy receives the prescription. Treatment ordered using the agreed process **(Appendix 3)**. Delivery is usually within 24 hours of the order.
* Community pharmacies can also claim for payment in advance using the recognised process with PSD **(Appendix 4)**.
* Community claims payment for service, at start of treatment, and annually thereafter **(Appendix 5)**.

***Initiation of Abiraterone/Enzalutamide Community Pharmacy Supply***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Addressograph* | **Nominated Community Pharmacy**  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contractor Code:  Senior Pharmacist, Primary Care & Community Pharmacy Contact : | | | | |
| **Planned Treatment (Delete as appropriate)** | | | | | |
| Abiraterone 1000mg Daily po x 28 Days  Prednisolone 5mg BD po x 28 days  Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinical Pharmacist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Enzalutamide 160mg Daily po x 28 days  Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinical Pharmacist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Pharmacy to complete:** | | | | | |
| 4 Week / 7 week patient (please circle as appropriate) | | | | | |
| Date of First Dispensing at University Hospital Ayr: | | | | 28 day / 35 day  (circle as appropriate) | |
| Form emailed to Community Pharmacy Development Team | | Y/N | Date | | By  Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Clinical and Contact Details: Urology Clinic, Ballochmyle Suite, Ayr KA6 6DX 01290 610555 Ext 14765

Oncologists – Dr Hilary Glen, Dr Nicholas MacLeod

Clinical Nurse Specialists – Brian McGlynn, Lilian White ext.: 14765 Page 1286

Oncology Pharmacist - Danna Yorston / Elaine Watson – Page 1122/3242

Oncology Technician –Debbie Tait / Kirsty O’Hara – Page 2714

Senior Pharmacist, Primary Care & Community Pharmacy –

Alyson Stein (North), Kirstie Church (East), Alexandra McMillan (South)

***Abiraterone/Enzalutamide Treatment Change Notification***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Addressograph* | | |  | |
| **Treatment Change (Delete as appropriate)** | | | | |
| **Treatment Stopped**  Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinical Pharm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Treatment Modification (please detail)**  Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinical Pharm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Pharmacy to complete:** | | | | |
| Date Community Pharmacy Contacted:  Clinical email address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | By:  Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Name of Community Pharmacist |  | | | |
| Outcome/Comments |  | | | |
| Form emailed to Community Pharmacy Development Team | Y/N | Date | | By  Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Form emailed to Community Pharmacy Development Team if treatment stopping | Y/N | Date | | By  Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**Suppliers of Prostate Cancer Medicines Prescribed for Service**

**Abiraterone (Zytiga) 500mg Tablets** **(Janssen)**

* comes in a 28 day calendar blister pack (56)
* Available directly from Janssen Customer Services on **01494 567400**.
* 24 hour turnaround on orders
* Community pharmacy may need to set up an account if they have not previously ordered from Janssen. (Appendix 1)

Email [janssenUKcustomerservices@its.jnj.com](mailto:janssenUKcustomerservices@its.jnj.com)

Telephone: 01494 567400

**If any problems contact Patrick Hawkins on 07407 731230**

**Enzalutamide (Xtandi) 40mg Tablets (Alliance Healthcare)**

* comes in a 28 day pack (112)
* Available through Alliance Healthcare Livingstone, next day delivery
* In the first instance of demand (be that first patient or the addition of new patients) the pharmacy will call Astellas Customer Services on 0203 379 8721
* Customer services will process the order – the pharmacy will no longer be required to provide a form/prescription as evidence of demand (unless any highly unusual ordering activity occurs)
* Once demand is established by that phone call, the ability to reorder on a monthly basis directly from Alliance Healthcare using the PMR (or other similar system) will be available

**If any problems contact Maxine Kennedy on 07712 884127**



**Advance Payment for High Cost Prescription Items**.

At present Community Pharmacists are paid approximately three months in arrears following the dispensing of a prescriptions/stock order form. It is therefore important when a high cost item is dispensed, that the pharmacist should receive payment as soon as possible.

A high cost item can be described as any item on a GP10, GP10a or HBP, which is to be dispensed in a single instalment, with a cost equal to or greater than £1000.

To request an advance payment:

* Contractor to email advance payment request, with a copy of invoice to [aa.cpteam@aapct.scot.nhs.uk](mailto:aa.cpteam@aapct.scot.nhs.uk)
* Do **not** send the original or copy of GP10, GP10a, or HBP.
* Endorse prescription with item(s) supplied, the nett price (excluding VAT), and any out-of-pocket expenses. Ensure the corresponding electronic endorsement(s) has been applied to the relevant item. Particular attention should be paid to hand-written forms, ensuring that all items are legible.
* Attach any relevant invoices.
* Submit prescriptions to PSD with monthly bundle.
* Advance payment requests received by 10th of the month, should reach the contractor’s account at the end of the month, and will be included in the details relating to local payments.
* Advance payment will be reclaimed at later date

Following the initial inclusion of a high cost item into “the system”, subsequent prescriptions for the same item will not need to be authorised. This is because the gross average cost per item will have been increased which in turn means that the gross payment will have been increased.



**PROSTATE CANCER AUDIT/CLAIM FORM**

**Contractor Stamp:**

**Contractor Code**: …………...............

**I confirm that:**

* I am claiming for reimbursement for participating in the above service.
* For the purposes of payment verification, the service has been provided in line with the service specification.
* I am claiming the annual payment of **£75** for the service provided to the patient who started their treatment on (date): .............................................................

Pharmacist signature………………………………… Date………………….

**Please return the completed Claim Forms by email to:** [**aa.cpteam@aapct.scot.nhs.uk**](mailto:aa.cpteam@aapct.scot.nhs.uk) **or by post to: Pharmacy and Prescribing Team, Eglinton House, Ailsa Hospital, Dalmellington Road, AYR KA6 6AB.**

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**For office use only**

Contractor code................................ Total Amount for payment **£75**

Cost Centre....................................... Authorised by…………………………………