

# SOP for Primary Care Supply of Enzalutamide for the Treatment of Prostate Cancer in Uro-Oncology clinics across GG&C

## Background

Patients attend Uro-oncology clinics across Glasgow and the West for assessment of physical and clinical parameters while on Enzalutamide 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. Patient attends the Uro-oncology Clinic at their local hospital within NHS GG&C and a decision is made to initiate Enzalutamide 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 regime 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, check and sign the Community Pharmacy Supply Form then send it to the Dispensary for processing.
7. A 5-week supply is made from dispensary.
8. The dispensary team will scan and email the Community Pharmacy Supply Initiation Form to the Community Pharmacy Development Team, [GG-UHB.cpdevteam@nhs.net](mailto:GG-UHB.cpdevteam@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 Regime 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 dispensary 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 the Community Pharmacy Development Team. 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 regime 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 regime 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, check and sign the Community Pharmacy Supply Form then 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 Development Team, GG-UHB.cpdevteam@nhs.net . A separate email should be sent for each individual patient. The Forms will be kept in a designated folder in the dispensary.

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 Dispensary 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 the Community Pharmacy Development Team. The forms will be kept with the original treatment initiation forms in the designated folder in the dispensary.

<b>Version</b>	<b>2.</b> <b>April 2019</b>
<b>Date ratified:</b>	
<b>Name/Department of Originator/author:</b>	WOSCC – Pharmacy Community Pharmacy Development Team
<b>Name/Title of responsible Committee/individual:</b>	Carla Forte Gillian Barmack Alan Harrison
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<b>Target audience:</b>	NHSGG&C Community Pharmacy

<b>Version</b>	<b>Date</b>	<b>Control Reason</b>
1.	May 2017	Scheduled Review
2.	May 2019	Scheduled Review Amendment to Community Pharmacy Supply Initiation Form

# NHS Greater Glasgow & Clyde

## Community Pharmacy Provision of: ENZALUTAMIDE

**Section 1 – To be completed by Hospital Pharmacy Team then e-mail to:**  
[ggc.cpdevteam@nhs.scot](mailto:ggc.cpdevteam@nhs.scot)

(Addressograph or print)	Nominated Community Pharmacy
Patient Name: _____	Name: _____
CHI Number: _____	Address: _____
Address: _____	_____
Telephone/Mobile: _____	_____
Planned Treatment (Delete as Appropriate)	
_____	Enzalutamide 160mg Daily po x 28 days
_____	Sign: _____
_____	Print: _____
_____	Date: _____
_____	Clin Pharm: _____
_____	Expected Community Pharmacy Start Date: _____

**Section 2 – To be completed by Community Pharmacy Development Team**

**Date of notification to pharmacy:** .....

Contractor Code: _____
Contact Name(s): _____
Telephone Number: _____
Person Processing: _____

### Enquiry Contact Details

Clinical Enquiries:	<b>Specialist Pharmacy Team - Beatson*:</b>	
Clinical Enquiries:	<b>Specialist Pharmacy Team - New Victoria*:</b>	0141 347 8643
Other Enquiries:	<b>Community Pharmacy Development Team:</b>	
E-mail:	<a href="mailto:ggc.cpdevteam@nhs.scot">ggc.cpdevteam@nhs.scot</a>	

\*8.45am – 5.00pm – Mon – Fri

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**Appendix 2** - Enzalutamide Treatment Change Notification

Addressograph			
<b>Treatment Change (Delete as appropriate)</b>			
<b>Treatment Stopped</b>		<b>Treatment Modification (please detail)</b>	
Sign _____		Sign _____	
Print _____		Print _____	
Date _____		Date _____	
Clin Pharm _____		Clin Pharm _____	
<b>Hospital Dispensary to complete:</b>			
Date Community Pharmacy Contacted	By _____		
Clinical email address _____	_____ Sign		
	_____ Print		
Name of Community Pharmacist			
Outcome/Comments			
Form emailed to Community Pharmacy	Y/N	Date	By _____ Sign _____ Print
Form emailed to Community Pharmacy Development Team if treatment stopping	Y/N	Date	By _____ Sign _____ Print
GG-UHB.cpdevteam@nhs.net			

Appendix 3 – Sample HBP Prescriptions

**FORM HBP(5)** NATIONAL HEALTH SERVICE (SCOTLAND)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Age if under 12 yrs. \_\_\_\_\_ Yrs / Mths \_\_\_\_\_

No. of Days Treatment: \_\_\_\_\_ CHI No. \_\_\_\_\_

Pharmacy Stamp: \_\_\_\_\_ Dispensing Endorsements: \_\_\_\_\_ Pack size Numbers only: \_\_\_\_\_

**ABIRATERONE 500mg tablets**  
Take **TWO** tablets  
**ONCE** daily continuously  
Supply 56 tablets

**PREDNISOLONE 5mg tablets**  
Take **ONE** tablet  
**TWICE** daily continuously  
Supply 56 tablets

Start Date: \_\_\_\_\_

Prescriber name in block capitals: \_\_\_\_\_

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

Out-Patients Glasgow G12 0YN TEL: 0141 301 7338 Code No \_\_\_\_\_

Hospital or Clinic: Beaton West of Scotland Cancer Centre G 8 0 3 7  
01/17

51003297519 00620062

**FORM HBP(5)** NATIONAL HEALTH SERVICE (SCOTLAND)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Age if under 12 yrs. \_\_\_\_\_ Yrs / Mths \_\_\_\_\_

No. of Days Treatment: \_\_\_\_\_ CHI No. \_\_\_\_\_

Pharmacy Stamp: \_\_\_\_\_ Dispensing Endorsements: \_\_\_\_\_ Pack size Numbers only: \_\_\_\_\_

**ENZALUTAMIDE 40mg capsules**  
Take **FOUR** capsules  
**ONCE** daily continuously  
Supply 112 capsules

Start Date: \_\_\_\_\_

Prescriber name in block capitals: \_\_\_\_\_

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

Out-Patients Glasgow G12 0YN TEL: 0141 301 7338 Code No \_\_\_\_\_

Hospital or Clinic: Beaton West of Scotland Cancer Centre G 8 0 3 7  
01/17

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