Clinical Verification of Cancer Drug Prescriptions Checklist: Cancer Centres and Specialty Pharmacies

Cancer Care Ontario (CCO) is the provincial agency that advises the Ontario government on the cancer, renal systems as well as on access to care for key health services. CCO drives continuous improvement in disease prevention and screening, the delivery of care and the patient experience for chronic diseases. The Systemic Treatment Program is a clinical program at CCO that aims to improve equitable access to high-quality cancer care for all patients in Ontario by setting standards and guidelines for all systemic cancer treatments.

The Systemic Treatment Program recently launched the Systemic Treatment Provincial Plan 2014-2019 which sets out a path to improve the safety, quality and accessibility of systemic treatment (chemotherapy) in Ontario. In support of the Plan, the following checklist (see Figure 1) was developed as a tool to assist with the clinical verification of take-home cancer drug prescriptions at cancer centres and pharmacies where patient information is easily accessible. Another checklist was developed specifically for community pharmacies (see Clinical Verification of Cancer Drug Prescription Checklist: Community Pharmacies).

The checklist has four sections:

(1) Patient: Important steps in verifying cancer drug prescriptions are included in addition to steps generally taken with all prescriptions (i.e. verify patient, check for allergies, and ask if this is new treatment, etc.) For cancer drugs, it is important to verify the diagnosis, confirm the patient's current height and weight (if applicable for dose calculation), and ask about previous adverse effects. Most of this information should be provided on the cancer drug prescription. If these elements are not present, the information should be obtained from the patient where possible.

The final checkpoint of this section is to identify barriers to adherence. Adherence to cancer treatment is essential for efficacy. However, there are many barriers to adherence among cancer patients. This may include difficulty swallowing, or fear of previously-experienced or potential adverse effects. It is important to ask the patient if they have any concerns that may result in non-adherence. These should be considered and addressed in patient education.

(2) Regimen: Where the regimen is identified on the prescription, the drugs, route, and dosing schedule should be verified as appropriate to the regimen. If not present, the pharmacist should attempt to identify the regimen based on the indication and prescribed drugs, where possible. The start date should be at the correct interval from the previous treatment, unless treatment has been delayed due to toxicity. Should this appear to be the case, verify with the patient, where possible.

(3) Dose: It should be verified that the dose is correct for the regimen and indication. While a regimen may be used for multiple indications, the drug dose is often indication-specific.

For doses based on body surface area or weight, the dose should be verified by recalculating. If the dose appears to have been adjusted, efforts should be made to confirm the reason with the patient. The cancer drugs and the patient's existing medication therapy should be checked for drug interactions. These may also be a reason for dose modifications.

(4) Patient Care: The final section includes verifying that appropriate supportive care is provided, providing patient education, and planning follow-up. Supportive care may include anti-emetics, antibiotics, and/or granulocyte colony-stimulating factor. Finally, follow-up should be planned to monitor for potential toxicities.

Figure 1: Clinical Verification of Cancer Drug Prescriptions Checklist for Cancer Centres and Specialty Pharmacies

Clinical Verification of Cancer Drug Prescriptions			
Patient	**Regimen**	**Dose**	**Patient Care**

❑ Verify patient using two identifiers present on prescription
 	
❑ Confirm height and weight on prescription with patient
 	
❑ Check for allergies
 	
❑ Confirm diagnosis/ indication with patient
 	
❑ Identify if new or continuing treatment
 	
❑ Check for toxicity or intolerance from previous cycle (if applicable)
 	
❑ Identify barriers to adherence
	❑ Verify regimen is appropriate for indication
	
	❑ Verify cancer drugs correct for regimen
	
	❑ Verify correct route for cancer drugs
	
	❑ Verify correct scheduling for regimen
	
	❑ Verify start date
	− correct interval from the previous treatment (if applicable)
		❑ Verify correct dose for cancer drug and indication
		
		❑ Verify correct calculated dose for patient using BSA and/or weight as applicable
		
		❑ Check for modified dose
		  ❑ renal impairment
		  ❑ hepatic impairment
		  ❑ medical condition(s)
		  ❑ previous toxicity
		  ❑ myelosuppression
		  ❑ Other: _____
		
		❑ Check for drug interactions
			❑ Verify appropriate supportive care provided
			
			❑ Provide patient education
			  ❑ how and when to administer
			  ❑ cycle schedule
			  ❑ adherence
			  ❑ proper handling, storage and disposal
			  ❑ side effects and management strategies
			
			❑ Identify toxicities to monitor
			
			❑ Plan follow-up

See Cancer Care Ontario's Drug Formulary website for drug- and regimen-specific monographs: www.cancercare.on.ca/toolbox/drugformulary/