

**Guidance to Support the Prescribing, Dispensing and
Administration of Oral Anti-Cancer Medicines in
Primary Care**

**Prepared by: Medicines Safety Group, May 2009
Revised by: Medicines Safety Group, July 2012
Approved by: Area Prescribing Committee July 2012
Date of Review: July 2015**

**Point of Contact: Hilde Storkes, Medicines Governance Pharmacist
Telephone: 0114 3051136, hilde.storkes@nhs.net**

Guidance to Support the Prescribing, Dispensing and Administration of Oral Anti-Cancer Medicines in Primary Care

1. Target audience

All healthcare staff involved in prescribing, dispensing or administering oral anti-cancer medicines in primary care.

2. Background

In January 2008, the National Patient Safety Agency (NPSA) issued a rapid response report regarding the incorrect dosing of oral anti-cancer medicines¹.

The report highlighted the potentially fatal outcomes if incorrect doses of oral anti-cancer medicines are used. The report states that risks are increased if non-specialist practitioners prescribe, dispense or administer these oral medicines and bypass the safeguards used for injected anti-cancer medicines.

Oral anti-cancer medicines are being increasingly used in primary and secondary care. During 2006-07 almost 6 million doses were used in the community in England with almost 18 million in hospital.

Between November 2003 and July 2007 the NPSA received reports of 3 deaths and a further 400 patient safety incidents concerning oral anti-cancer medicines. Half of these reports were related to the wrong dosage, frequency, quantity or duration of treatment and it is thought that there are substantial numbers of unreported incidents.

All anti-cancer drugs, regardless of route of administration, should therefore be considered potentially hazardous.

3. Scope

The NPSA noted that the number of orally active agents available is likely to increase substantially in the near future.

The term oral anti-cancer medicines encompasses those with direct anti-tumour activity including: bexarotene, busulfan, capecitabine, chlorambucil, cyclophosphamide, estramustine, etoposide, fludarabine, hydroxycarbamide, idarubicin, lomustine, melphalan, mercaptopurine, methotrexate, mitotane, procarbazine, tegafur/uracil, temozolomide, tioguanine, treosulfan and vinorelbine. Targeted therapies are also included such as the kinase inhibitors dasatinib, erlotinib, imatinib, sorafenib and sunitinib.

The term oral anti-cancer medicines does not include hormonal or anti-hormonal therapy to treat cancer.

4. Prescribing oral anti-cancer medicines

All patients prescribed anti-cancer medicines for cancer should have their treatment initiated by an oncologist or haematologist and be under the care of these specialist staff.

Ongoing prescribing for these patients should always remain the responsibility of the hospital-based oncologist or haematologist. The exceptions to this are discussed in section 7 “exceptions”.

Sheffield Teaching Hospitals (STH) NHSFT has local policies in place regarding oral and parenteral chemotherapy. All correspondence from STH should emphasise that oral anti-cancer medication for cancer treatment should be prescribed by a specialist only, with the exception of hydroxycarbamide, when prescribed under the shared care protocol (see section 7).

Verbal and written information is supplied to the patient by STH when oral anti-cancer medicines are prescribed for cancer.

5. Dispensing oral anti-cancer medicines

Ongoing dispensing of oral anti-cancer medicines for patients with cancer should always remain the responsibility of the hospital pharmacy. The exceptions to this are discussed in section 7 “exceptions”.

Appropriate links to cancer websites have been added to the NHS Sheffield Community Pharmacy Signposting Guide to provide information to ensure the safe use of oral anti-cancer medicines².

6. Administering oral anti-cancer medicines

The dose, frequency of administration and duration of treatment should be confirmed before administration of oral anti-cancer medicines prescribed for cancer.

7. Exceptions

7.1 Oral anti-cancer medicines used for non-cancer indications

Where oral anti-cancer medicines are used for non-cancer indications primary care may take over the prescribing. This should only occur when the patient is stabilised. The GP and hospital specialist team must agree who is to be responsible for prescribing and monitoring.

Shared Care Protocols for oral anti-cancer medicines, used for non-cancer indications, can be found here:

[Mercaptopurine](#) , [Methotrexate](#)

7.2 Hydroxycarbamide

Hydroxycarbamide is prescribed on a limited basis for cancer indications by GP practices in close collaboration with the haematologists. This involves dispensing by community pharmacists. The haematologists will communicate with the patient's nominated community pharmacist details of the current dose, as set out in the hydroxycarbamide shared care protocol. The Shared Care Protocol for hydroxycarbamide can be found [here](#).

8. References

1. Risks of incorrect dosing of oral anti-cancer medicines. NPSA/2008/RRR001. National Patient Safety Agency. 23rd Jan 2008. www.npsa.nhs.uk/nrls/alerts-and-directives/rapidrr/risks-of-incorrect-dosing-of-oral-anti-cancer-medicines
2. Community Pharmacy Information Guide to Services Available within Sheffield. Signposting Guide. February 2012. <http://www.sheffield.nhs.uk/professionals/resources/signpostgd2012.doc>
<http://www.sheffield.nhs.uk/professionals/resources/signpostgd2012.pdf>