



ORAL ANTICANCER MEDICATION TOOLKIT





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PATIENT ASSESSMENT

Does the patient have any concerns regarding treatment?

Are they ready to begin therapy?

Physical Factors

- Can the patient swallow pills whole?
- Can the patient open the packaging for the pills?
- Can the patient get pregnant or get a partner pregnant?
- Are there comorbidities that could affect the treatment regimen or adherence?
- Does the patient have cognitive, vision, or hearing impairment?

Lifestyle Factors

- Does the patient drink alcohol or use drugs, including marijuana, tobacco, or others?
- How will the treatment fit into the patient's lifestyle?
- Does the patient have transportation to appointments?
- Does the patient have access to a telephone or computer?
- What is the best way to contact the patient for follow-up?
- Can drugs be safely received and stored in the patient's home?
- Can safe-handling procedures be followed in the home setting?

Financial Factors

- Will the cost of the drug affect the patient's living costs, such as housing, food, or supportive medications?
- How will the patient obtain the drug and refills?

Treatment Factors

- How long will the treatment last?
- Can the patient or caregiver manage the treatment regimen?
- Does the medication reconciliation reflect polypharmacy?
- Are there medication-specific concerns that would influence treatment?

Social Factors

- What is the patient's housing situation?
- What is their access to the clinic or local pharmacy?
- Is caregiver support available?
- What is the patient's primary language?

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ORAL ANTICANCER ORDERING STANDARDS

A standardized prescribing and verification process is recommended for all antineoplastic medication orders, and interprofessional collaboration is recommended to develop order templates for prescribing. Include the following in oral anticancer medication prescriptions or orders:

- Patient name and second identifier
- Date of order
- Name of drug (complete generic name)
- Treatment regimen/cycle number
- Allergies
- Method of dose calculation
- Dosage: following abbreviation, symbols, and dose designation standards
- Route of administration
- Schedule and frequency of administration
- Treatment duration and time limitation (i.e., number of cycles)
- Dispensing quantity
- Duration of therapy and number of days of treatment, if medication is not to be taken continuously
- Number of refills, including whether there are no further refills

At the time of the order, consider the following additional needs:

- Intended start date of medication
- Supportive medications
- Monitoring and follow-up schedule
- Follow-up laboratory or testing requirements
- Date to request refills (often need at least seven days to request refills)

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PATIENT EDUCATION

Once a comprehensive patient assessment is completed and the treatment plan is developed, patients should be provided with verbal and written or electronic information that highlights important drug and safety information. Assess the patient's readiness to learn, their barriers to learning, and ensure that consent has been obtained. Professionals who are competent in the care of individuals taking oral anticancer medications should provide education in plain language in the patient's language of preference, wherever possible, and ensure that the patient understands the information by using teach-back methods. Include the following content in the educational materials:

- Diagnosis, goal, and duration of treatment
- Drug name (generic and trade)
- Drug information, such as dose, schedule, appearance, and packaging
- How the drug will be obtained
- Potential side effects and the management of short- and long-term side effects, including reproductive and fertility risks
- Safe storage and handling
- Disposal of unused medication
- Safe handling of body secretions and waste in the home
- Dose schedule for oral chemotherapy, as well as the schedule for supplemental medications needed for the therapy
- Potential interactions with food or drugs
- Missed dose plan (i.e., what to do if the patient omits a dose)
- Monitoring appointments (i.e., physician visits and any laboratory work needed)
- Information on how, when, who, and why to contact to report side effects and ask questions
- The refill process, including how much time is needed to obtain refills and how to obtain them
- A calendar with the patient's treatment cycle clearly written out, which should be given to the patient at the initial teaching session and reviewed at each follow-up visit
- Emergency and secondary (nonemergent) points of contact for the patient should be established and documented in the patient record.

Explore health literacy resources at <https://health.gov/our-work/national-health-initiatives/health-literacy/resources>.

Consider available online resources. The Oral Chemotherapy Education sheets (<https://oralchemoedsheets.com>) can be individualized, printed, and reviewed with patients and/or caregivers. These sheets were developed as an interprofessional collaboration, are unbranded, and freely available.

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SAMPLE TREATMENT PLAN

A treatment plan, which is communicated to the patient and included in the medical record, can improve communication regarding patient treatment. This is an example of a treatment plan that is freely available.

Patient: _____ -----Logo-----

Plan of Care Treatment Guide

Oral Treatment Medication(s):
 Medication Generic Name: _____ (Brand: _____) Indication: _____
 Instructions:
 _____ mg. tablet/capsule; Take _____ (#) tablet(s)/capsule(s) _____ times per day for _____ days.
 Additional instructions: _____

See oral chemotherapy education sheet obtained from oralchemoedsheets.com for a complete list of administration, management, handling, storage, and safety instructions.

Other Medications sent to your pharmacy (take as directed):
 _____ (reason: _____)
 _____ (reason: _____)
 _____ (reason: _____)

Over-the-counter medications we recommend you have at home:
 Diphenhydramine (Benadryl™) – allergic reactions Loperamide (Imodium™) – antidiarrheal
 Stool Softener: _____ Other: _____

Blood tests and other monitoring:
 CBC (Complete Blood Count) every _____ week(s) CMP (chemistry Panel) every _____ week(s)
 Other lab testing: _____ every _____ weeks.
 EKG. Before you begin medication and _____ weeks after starting, then every _____ months.
 Echocardiogram. Before you begin and _____ weeks after starting, then every _____ months.
 Other: _____

Oncologist/Provider visits
 You will return to see your doctor/NP/PA _____ weeks after you begin your medication, then every _____ week(s) for follow up and toxicity evaluation. If you cancel your follow up labs and office visits, **you must** reschedule prior to the start of your next cycle. Not rescheduling may lead to a delay in your treatment.

Office Contact Information (see contact information sheet for more detailed instructions):
 Clinic phone number(s): _____
 After hours call: _____

Pharmacy Contact Information for (DRUG NAME):
 Pharmacy Name: _____ Phone: _____
 ❖ Call pharmacy at least 7-10 days prior to your next cycle for your refill! Failure to order refills can lead to delays in your treatment.

Note. From "Plan of Care Treatment Guide," by National Community Oncology Dispensing Association (NCODA), 2021 (<https://www.ncoda.org/oncology-nurse-resources>). Copyright 2021 by NCODA. Reprinted with permission.

PHARMACY DESCRIPTIONS, BENEFITS, AND CONCERNS

Filling prescriptions for oral cancer therapies can be challenging because pharmacies must have designated areas to store and compound drugs, as well as separate tools to count and dispense the drugs. In addition, insurance companies may require the use of other pharmacies, including mail-order pharmacies, which often provide a 30-day supply of the drugs at a lower cost but delay delivery. Some centers have begun on-site dispensing as a solution to this issue.

An overview of different types of pharmacies is provided below.

Dispensing Site	Benefits	Concerns
Community retail pharmacy	<ul style="list-style-type: none"> Often located near patient's residence May be better positioned to monitor for drug–drug interactions if all prescriptions are filled at this pharmacy chain. 	<ul style="list-style-type: none"> Community pharmacist may not have adequate experience to provide counseling for specialized medications. May not stock less frequently used or high-cost medications, resulting in treatment delays. Billing concerns (e.g., may not bill correctly when medication is covered under Medicare Part B)
Specialty or mail-order pharmacy	<ul style="list-style-type: none"> Has highly experienced and knowledgeable oncology pharmacy staff Provides additional patient education by telephone or mail Delivers medication to patient at no additional cost Able to custom pack multistrength doses to avoid multiple copays Works closely with insurance plans and Medicare Access to patient assistance programs Usually decreased patient copay when medication is ordered in 90-day amounts May have nurse case managers on staff to assist patients on medications for “catastrophic diseases.” 	<ul style="list-style-type: none"> May not be local; patient may have concerns about working with pharmacy by telephone. Education and instructions received may differ from information received from provider, creating patient confusion. Nonchemotherapy prescriptions may be filled at other locations, creating confusion about drug–drug or food–drug interactions. Unlikely that patient will speak directly with an oncology pharmacist Nurse case manager may not be an oncology nurse. May require minimum 90-day supply. No access to patient medical records Potentially little or fragmented communication with providers
Medically integrated dispensing pharmacy	<ul style="list-style-type: none"> Conveniently located within oncology care settings Has qualified personnel available so that dose verification of prescription can be performed for safety. Patient medical record readily available for questions May give patient access to an oncology pharmacist. Allows close communication with practice physician or nurse Dispenses investigational drugs Potentially higher drug adherence rates 	<ul style="list-style-type: none"> Varying levels of physician supervision may be required depending on regulations. Drug safety rules mandated by HFAP, Joint Commission, OSHA, and public health require additional documentation and record keeping. Travel burden; hospital pharmacy may not be located on same campus as office.

HFAP—Healthcare Facilities Accreditation Program; OSHA—Occupational Safety and Health Administration
 Note. Based on information from McCabe et al., 2020; Reff, 2014; Weingart et al., 2008.

REIMBURSEMENT AND PATIENT ASSISTANCE RESOURCES

Medication costs can be a barrier to adherence. Prior to starting an oral anticancer regimen, determine the cost to the patient. Funding may be available from several sources.

- Manufacturers may offer financial assistance, such as copay cards or reimbursement programs. To locate, perform an internet search of the drug manufacturer with the words financial assistance or patient assistance to learn about that company's program.
- Philanthropic organizations may be disease-specific or provide funds to support individuals with many types of cancer. Many foundations, including those listed here, provide patient assistance.

American Cancer Society

www.cancer.org

CancerCare® Co-Payment Assistance Foundation

www.cancerarecopay.org

Cancer Supportive Survivorship Care

www.cancersupportivecare.com/drug_assistance.html

Good Days

www.mygooddays.org

HealthWell Foundation

www.healthwellfoundation.org

The Leukemia and Lymphoma Society®
Co-Pay Assistance Program

www.lls.org/copay

Medicine Assistance Tool

<https://mat.org/>

National Cancer Institute

www.cancer.gov/cancertopics/support

National Community Oncology Dispensing Association

www.ncoda.org/financial-assistance

National Organization of Rare Disorders

www.rarediseases.org

NeedyMeds

www.needymeds.com

Patient Access Network Foundation

www.panfoundation.org

Patient Advocate Foundation

www.patientadvocate.org

Patient Advocate Foundation's Co-Pay Relief Program

www.copays.org

Patient Services Inc.

www.patientservicesinc.org

FOOD, DRUG, AND PATHWAY INTERACTIONS AND EFFECTS

It is important to review the patient's regimen prior to the start of treatment. Understanding specific administration concerns and potential food–drug and drug–drug interactions will help you to guide patients and manage expectations.

Consult a clinical pharmacist, the drug manufacturer's product information, and print and online drug resources for guidance on administration. General interactions that are important to know and share with your patient depending on the treatment regimen are listed here, followed by websites that provide drug information for both patients and healthcare professionals.

Food–Drug Interactions

It is generally recommended that oral agents be taken whole (i.e., do not crush or chew), but several drugs may be dispensed in water or juice until dissolved completely.

The following foods and activities may affect absorption of anticancer agents:

- Alcohol
- Caffeine
- Calcium or dairy products
- Grapefruit or Seville oranges
- High-fat meals
- Lack of adequate fluid intake
- Smoking
- Tyramine-rich foods (e.g., wine, yogurt, bananas, aged cheeses)

Herb–Drug Interactions

Similar to food–drug interactions, oral anticancer medications have also been shown to interact with herbal therapies and supplements. Always include these in medication reconciliation. Herbal therapies that have been found to interact with oral anticancer medications include ginseng, St. John's wort, and milk thistle. The following resources provide more information:

- Memorial Sloan Kettering Cancer Center's database on integrative medicine (<https://www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/integrative-medicine/herbs>)
- National Center for Complementary and Integrative Health (www.nccih.nih.gov)

Drug–Drug Interactions

The potential for drug interactions increases as the number of medications a patient takes increases.

Oral anticancer agents often have a narrow therapeutic index, and all patients on oral agents should be screened for drug–drug interactions. The most common interactions involve pharmacokinetic interactions, in which one drug affects the absorption, distribution, metabolism, or elimination of the other drug.

An example of common interactions found in clinical practice involve the cytochrome P450 (CYP450) enzyme system. A drug may be a substrate, inducer, or inhibitor of the CYP450 system.

- **Substrates** are drugs that are metabolized by the CYP450 system. Inducers and inhibitors of the CYP450 system affect the metabolism of substrates.
- **Inducers** are drugs that increase the metabolism of CYP450 substrates. Most often, this results in decreased levels of the drug and potentially decreased effectiveness.
- **Inhibitors** are drugs that decrease the metabolism of CYP450 substrates. Often, this results in increased levels of the drug and potentially increased adverse effects and toxicities.

FOOD, DRUG, AND PATHWAY INTERACTIONS AND EFFECTS

Resources for drug-specific Information

- Medline Plus (<https://medlineplus.gov/druginformation.html>)
- DailyMed (<https://dailymed.nlm.nih.gov/dailymed>)
- [FDA Table of Substrates, Inhibitors, and Inducers](#)
- [WebMD Drug Interaction Checker](#)
- [Drugs.com Drug Interactions Checker](#)
- Resources requiring a paid subscription
 - Lexi-Comp (www.lexi.com)
 - UpToDate® (www.uptodate.com)

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ORAL ANTICANCER MEDICATION TOOLKIT

TREATMENT CALENDAR

Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Include start date, medications, laboratory tests, other testing, and provider appointments.

FOLLOW-UP AND MONITORING

Adherence is essential to successful treatment with an oral anticancer medication and is supported through follow-up and monitoring of the individual. Follow-up should be conducted by a professional— usually a nurse or pharmacist—who is educated and competent in the administration of the medication, can provide counseling and support, reinforce education, and assess and manage symptoms.

Document the medication start date in the medical record. Initial contact should occur within the first 1–2 weeks after the patient starts the medication. For ongoing therapy, follow-up should occur at each clinical encounter, at least monthly, or before each refill. Follow-up may take place in person (e.g., when the patient sees the provider), by telephone, or electronically (e.g., telehealth visit, email, text messaging) using the individualized communication method preferred by patient.

Follow-up may cover a variety of topics, including:

- Assessing adherence and monitoring for over- and underadherence
- Providing individualized tips and support to maintain optimal adherence
- Assessing and grading side effects
- Reinforcing education on self-care and when to report symptoms to healthcare team
- Assessing drug administration, with attention to food–drug interactions
- Confirming next appointments and/or testing
- Reinforcing how and when to contact the healthcare team

The National Community Oncology Dispensing Association's nursing committee has developed sample tracking tools. Explore these resources at www.ncoda.org/oncology-nurse-resources.

Sample questions and follow-up resources

1. Please tell me how you take your medication.
 - a. Confirm dose, number of pills, and whether taken with or without food.
 - b. Verify adherence, identify discrepancies, and reinforce education.
 - c. Calculate and document adherence rate.
 - Refer to **TOOLS AND TECHNIQUES TO ENCOURAGE ADHERENCE**.
 - Refer to **PATIENT EDUCATION** tool.
2. Have you missed any doses?
 - a. What do you do when you miss a dose?
 - b. What are you doing to help yourself remember to take your medicine?
 - Refer to **TOOLS AND TECHNIQUES TO ENCOURAGE ADHERENCE**.
3. Have you had any side effects?
 - a. Assess bowels, skin, and appetite.
 - b. Severity of side effect
 - Refer to Common Terminology Criteria for Adverse Events (https://ctep.cancer.gov/protocoldevelopment/electronic_applications/ctc.htm).
 - Refer to ONS Guidelines™ (www.ons.org/ons-guidelines).
 - Refer to Oral Chemotherapy Education sheets (www.oralchemoedsheets.com/index.php/supplement-library).
4. When do you expect your next refill? Is the cost of this medication too much?
 - Refer to **REIMBURSEMENT AND PATIENT ASSISTANCE RESOURCES**.
5. Please tell me when your next laboratory work, testing, or office appointment is scheduled?
 - Refer to **SAMPLE TREATMENT CALENDAR**.

FOLLOW-UP AND MONITORING

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FACTORS INFLUENCING ADHERENCE

Factors	Barriers
Personal and patient factors	<ul style="list-style-type: none"> • Emotional and mental status • Feelings about disease, self-efficacy, and outcome expectations • Physical status and comorbid conditions; hearing, vision, and motor skills • Forgetfulness
Socioeconomic factors	<ul style="list-style-type: none"> • Social support • Socioeconomic status, including access to healthy food, transportation, and supportive care resources • Competing economic priorities
Treatment-related factors	<ul style="list-style-type: none"> • Short- and long-term side effects • Complexity of treatment regimen • Cost of medication and copay • Duration of therapy
Disease-related factors	<ul style="list-style-type: none"> • Goal of therapy • Immediacy and evidence of benefit
Healthcare system	<ul style="list-style-type: none"> • Relationship with providers • Communication with providers • Patient and caregiver education • Satisfaction with care • Insurance coverage • Access to convenient and efficient clinic • Inconsistent delivery of medication

Resources

Irwin, M., & Johnson, L.A. (2015). Factors influencing oral adherence: Qualitative metasummary and triangulation with quantitative evidence. *Clinical Journal of Oncology Nursing*, 19(3, Suppl.), 6–30. <https://doi.org/10.1188/15.S1.CJON.6-30>

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TOOLS AND TECHNIQUES TO ENCOURAGE ADHERENCE

A variety of tools and techniques have been shown to improve adherence to oral anticancer therapy. However, not all approaches will be effective or feasible for every patient. Consider individualizing the approaches to the person being treated.

- Calendar or daily medication checklist
- Pill diaries
- Patient and family education
- Established routine, including drug administration
- Keeping medications in a safe, easily visible location
- Pill boxes with multiple compartments (if packaging form and storage needs permit)
- Reminder packing, such as blister packs with dates noted
- Electronic reminders
 - Alarms on clocks, timers, and cell phones
 - Smartphone applications
 - Smartwatch devices
 - Smarthome devices (e.g., Amazon Echo, Google Nest)
 - Glowing or electronic pill boxes
 - Text message reminder
 - Automated voice recording (telephone call) reminder
- Medication-dispensing machines

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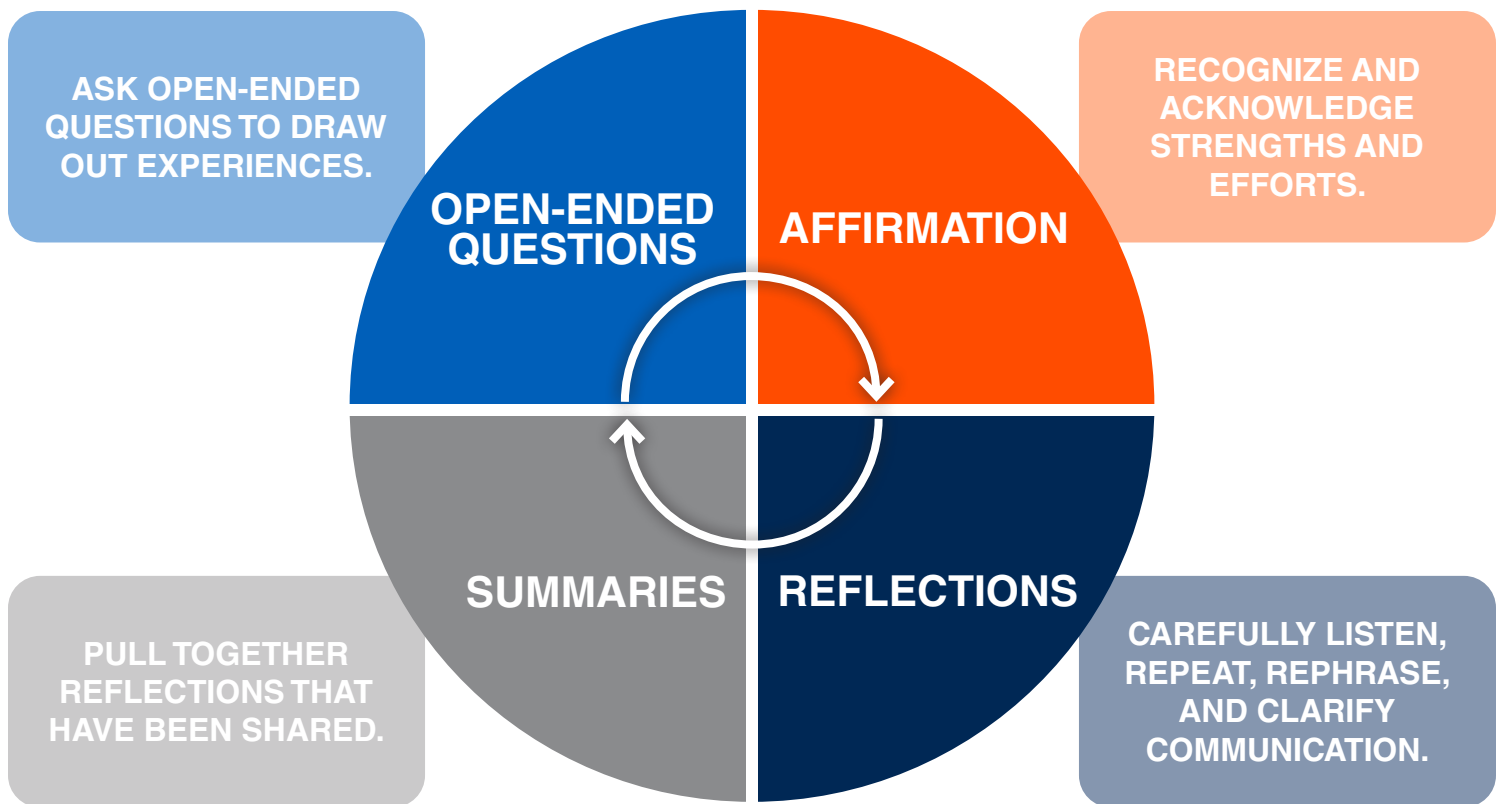
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APPROACHING ADHERENCE THROUGH MOTIVATIONAL INTERVIEWING

For patients struggling with adherence to their oral anticancer medications, consider goal setting through motivational interviewing. Motivational interviewing is the process of guiding communication to explore a person’s own reasons for change in a safe and accepting environment as they develop a plan to create change, such as improving adherence. The technique has been shown to be effective with medication adherence in different populations.

This diagram presents the core skills of motivational interviewing.



Learn more through the following educational videos:

- [Motivational Interviewing in Brief Consultations](#)
- [Motivational Interviewing: Core Clinician Skills – Introducing OARS](#)

References:

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MEDICATION RECONCILIATION

Maintain a current list of prescription and over-the-counter patient medications and supplements through the process of medication reconciliation. Medication reconciliation involves comparing medication orders against the medications a patient has been taking to avoid errors, such as omissions, duplications, dosing errors, or drug interactions. Reconciliation should be done across the continuum of care and at every clinical encounter or transition of care in which new medications are ordered or existing orders are rewritten. Engaging a pharmacist in medication reconciliation has been shown to help avoid adverse events.

The 5-step process includes the following:

Step 1: Developing a list of current medications



Step 2: Developing a list of medications to be prescribed



Step 3: Comparing the medications on the two lists



Step 4: Making clinical decisions based on the comparison



Step 5: Communicating the new list to appropriate caregivers, as well as to the patient and pharmacy

References

Joint Commission. (2020). *National patient safety goals effective July 2020 for the ambulatory health care program*. https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2020/npsg_chapter_ahc_jul2020.pdf

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WALLET CARDS

CANCER TREATMENT WALLET CARD


NAME: _____

CANCER DX: _____

DRUG NAME(s): _____

DRUG DOSE FREQUENCY: _____

OTHER CANCER TREATMENT: _____



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CANCER TREATMENT CARD

PLEASE NOTIFY THE HEALTHCARE TEAM ABOUT SIDE EFFECTS OR CHANGES IN TREATMENT.

Oncology Provider Name: _____

Oncology Provider Number: _____

Emergency Contact: _____

Contact Telephone Number: _____

WHY IS IT IMPORTANT TO KEEP THIS CARD WITH YOU?

The ONS Cancer Treatment wallet card was designed to help you and your oncology care team communicate with other providers involved in your health care.

You should provide this card to any healthcare provider you may need to see outside of the cancer care team, such as your primary care provider or emergency department staff.

- Always keep this card with you.
- Present this card to any healthcare provider you may need to see outside of your cancer care team.
- Ask your oncology team for a new card if your medication changes or if the card becomes damaged or hard to read.



PATIENT AND PROVIDER RESOURCE LIST

Abramson Cancer Center of the University of Pennsylvania OncoLink	www.oncolink.org
American Cancer Society	www.cancer.org
American Society of Health-System Pharmacists	www.ashp.org
Association of Cancer Online Resources	www.acor.org
Association of Community Cancer Centers	www.accc-cancer.org
Cancer Care	www.cancercare.org
Cancer.Net	www.cancer.net
ChemoCare	www.chemocare.com
Coalition to Improve Access to Cancer Care	www.access2cancercare.org
Epocrates	www.epocrates.com
Leukemia and Lymphoma Society [®]	www.lls.org
Lexi-Comp	www.lexi.com
Multinational Association of Supportive Care in Cancer	www.mascc.org/MOATT
MedlinePlus	www.nlm.nih.gov/medlineplus
Micromedex	www.micromedex.com
MyMedSchedule.com	https://medactionplan.com/
National Cancer Institute	www.cancer.gov
National Coalition for Cancer Survivorship	www.canceradvocacy.org
National Community Oncology Dispensing Association	www.ncoda.org/oncology-nurse-resources
National Comprehensive Cancer Network	www.nccn.org
Oral Chemotherapy Education	www.oralchemoedsheets.com
Stand Up to Cancer	www.standuptocancer.org
UpToDate [®]	www.uptodate.com
U.S. Food and Drug Administration	www.fda.gov