

Adherence is critically important to the success of oral medications used for cancer. Studies have demonstrated with some cancer medications that missing only 10-20% of doses can be the difference between tumour response and failure of the medication. If the treatment fails, there is no guarantee that another treatment could achieve a response, and the cancer could progress to more advanced disease and even death. Over-adherence (i.e. taking more than the prescribed dose) can also be a problem. Higher doses are not necessarily more effective against the cancer, but they can be more toxic, resulting in more adverse effects. The importance of adherence must be well explained to patients and families, and reinforced with continuing visits over time (since adherence tends to decline over longer treatment times). Never assume that the patient will always have good adherence over time.

There are many barriers to prevent patients from full medication adherence, often different for each patient. If adherence is identified as a problem, through comments by the patient during medication counselling or a Morisky Adherence score above 0, the first thing is to identify any specific problem that could be resolved. Barriers to adherence may include:

- 1) trouble remembering to take medication;
- 2) reluctance to take treatment;
- 3) financial issues (is drug coverage optimized?);
- 4) trouble with adverse drug effects, such as nausea, vomiting, rash or other adverse effects;
- 5) trouble with packaging;
- 6) feeling better when off medications

The best strategy to improve adherence could vary, depending on the nature of the barrier. Review the information documented in the **Practice Guides on Initial Assessment and Patient Counseling Visit**®, **First Follow-Up Call/Visit**® and **Continuing Follow-Up Calls/Visits**® (including the Morisky Adherence scores), for clues on the reasons for poor adherence; or discuss adherence with the patient. Develop a continuing plan for patient follow-up calls and visits (whether or not the patient is in the pharmacy for a prescription fill) and involve the family, if appropriate. Research evidence suggests that effective adherence management may include multiple components and must be continued over the full time that patient is taking the medication (not simply an initial counselling session).

Some strategies to consider in the medication adherence plan:

- Medication counselling for both patient and family (together, if possible)
  - Initial information with both verbal and written (use the **Medication Info Sheet**® )
  - Reinforcement over time, at each visit or follow-up call (see the **Practice Guides on First Follow-Up Call/Visit**® and **Continuing Follow-Up Calls/Visits**®)
- Ask patient how he/she was told to take the pills/capsules and confirm against prescription instructions
- Do NOT judge or stigmatize the patient or family; if poor adherence is identified, work with the patient/family to make improvements
- If the medication is not already in a package designed for daily reminder, repackage using blister packaging (unless the patient refuses). This is particularly important for drugs with different tablet/capsule sizes and/or more than one dose taken daily. Ask the patient to return the packaging, empty or with any unused pills, for adherence checking and proper safe disposal.
- For patients with complicated instructions or poor memory, create a medication calendar to dispense along with the medications.

## ORAL SYSTEMIC THERAPY PRACTICE GUIDE

### Medication Adherence Management

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- Consider other reminder systems for taking pills (e.g. smart phone apps), for those patients who would use them.
- Take a complete medication history. Identify if the new cancer medication may interact with any other medications, NHPs, or OTCs. Consider how to incorporate the cancer medication into the timetable for all the other medications.
- If needed, consider a referral to the cancer patient navigator, hospital social worker, or the Medication Resource Specialist for assistance with drug coverage problems.
- Arrange a follow-up call 3 to 5 days after the first prescription is dispensed
  - Using the **First Follow-Up Call/Visit** ②, reinforce the medication counselling, and the importance of proper adherence. Probe for any further questions not asked in the initial counseling session. Ask the patient to tell you how he/she is taking the pills.
  - Identify any early problems with adverse drug reactions and/or medication adherence
  - If an adverse drug reaction is identified, determine if it can be managed by the pharmacist (see adverse drug reactions (ADRs) on **Pharmacy Toolkit** ① and/or **Systemic Therapy Manual** ① drug monograph) and, if so, consider the management approaches listed in the **Adverse Drug Reaction Management Guide** ①
- Arrange further follow-up calls or pharmacy visits (ongoing)
  - Visits may be arranged at the start of each cycle, when new prescriptions are being filled
  - Follow-up calls may be arranged for patients who do not pick up their prescriptions in person, and within cycles as needed by the patient (particularly if adherence or adverse drug effects have been a problem)
  - Using the **Continuing Follow-Up Calls/Visits** ②, reinforce the medication counselling (as needed), and the importance of proper adherence
  - Identify any emergent problems with adverse drug reactions and/or medication adherence
  - If an adverse drug reaction is identified, determine if it can be managed by the pharmacist (see adverse drug reactions (ADRs) on **Pharmacy Toolkit** ① and/or **Systemic Therapy Manual** ① drug monograph) and, if so, consider the management approaches listed in the **Adverse Drug Reaction Management Guide** ①
- If needed, consider a referral to psychosocial care for patients with more serious adherence problems related to other psychosocial issues.

- Document all patient encounters in the patient file on your computer system

#### **Oncology Team Contact and Communications**

- If you found any difficulties with adverse effects or treatment adherence, contact the oncologist, the oncology nurse or the Oral Systemic Therapy Case Manager (if available)
- Symptoms of problems that require urgent care should be reported immediately and the patient should be advised to go to the Emergency Department (see **Adverse Effects** in the **Pharmacy Toolkit** ①)