



ANASTROZOLE

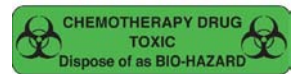
INSTRUCTIONS FOR THE PHARMACIST

Prescription

- The initial order for Anastrozole should be written on a **pre-printed order**; if not, compare prescription to standard regimens in the Systemic Therapy Manual to confirm the dosing and instructions
 - Prescriptions for subsequent orders may be written by the most responsible physician (often the family doctor), following up the care plan initiated by the oncologist.
- Always check for drug-drug interactions, especially before the first cycle, as described below. Consult the **Drug Interactions Table**, in this Toolkit.
 - Drug interactions are often missed by community pharmacy computer systems
 - Check with patient for any other medications filled at different pharmacies, OTCs, NHPs

Handling and Dispensing

- When handling this drug, disposable gloves should be worn at all times by any woman of child-bearing potential. Counting trays and other equipment directly exposed to the drug should be cleaned with **soap and water**, followed by rinsing with copious amounts of water (wear gloves).
- Do not crush tablets in an open air environment and risk inhalation of powder.
- ALWAYS affix the auxiliary label to identify this medication as “Cancer Chemotherapy”- this is an important warning label for other health professionals caring for the patient.



Patient Counseling and Follow-up

- Counsel the patient, including the key messages listed below. Use the **Initial Assessment and Patient Counseling Visit- Pharmacist Guide ❶** and the **Medication Info Sheet ❷** for this drug. Be sure that you know the specific treatment schedule and that this is clearly communicated to the patient.
- Call the patient within the first week to identify any problems with adverse drug reactions or adherence.
 - When speaking with the patient and during call backs, ask the patient to identify any problems with medication adherence. Use the **First Follow-Up Call/Visit- Pharmacist Guide ❶**.
- Continuing follow up calls between clinic visits are necessary for ADR identification and prevention and for adherence management. Contact the oncology clinic nurse or hospital pharmacist to negotiate who will do follow-up calls between clinic visits. Tell the patient that you plan to call back to check on their progress. Consider the suggested call-back schedule (pg. 2), with specific questions for each contact.
 - When speaking with the patient and during call backs, ask the patient to identify any problems with medication adherence. Use the **Continuing Follow-Up Calls/Visits - Pharmacist Guide ❶**.
- If the patient reports any adverse effects, consider the management strategies suggested in the **Adverse Drug Reaction Management Guide ❷**.
- ALWAYS document your findings in the patient profile of your pharmacy computer system
- ALWAYS contact the patient’s cancer care team with any findings and your actions.
- ALWAYS **watch for any unusual or unexpected symptoms or problems** (such as an adverse reaction that appears too soon or too severe) and contact the cancer care team promptly if something seems wrong with the patient experience.



CLINICAL INDICATIONS



Anastrozole is clinically indicated for: Breast cancer

DRUG ADMINISTRATION

- Anastrozole may be given **once daily**, with or without food.
- Tablets should be swallowed whole with a glass of water.
- Do not crush, split, or dissolve the tablets.
- Keep out of reach of children.
- If a dose is missed, do not take a double dose the next day to make up for it.

PATIENT COUNSELLING- INITIAL AND FOLLOW-UP CALLS

- In addition to other printed materials, use the **Medication Info Sheet** from the Cancer Care Nova Scotia website, and consider the more detailed suggestions in this toolkit.

	Key Messages
Initial counselling- At time of dispensing	<ul style="list-style-type: none"> • How to take the medication properly (including the importance of adherence over the years of treatment) • When to call back to the cancer care team for urgent care • Use the Initial Assessment and Patient Counseling Visit- Pharmacist Guide ❶ and the drug-specific Medication Info Sheet ❷
First call-back – Within first week: 	<ul style="list-style-type: none"> • Identify any initial problems with understanding or adherence • Use the First Follow-Up Call/Visit- Pharmacist Guide ❶ and the Medication Info Sheet ❷ (if needed) • Reinforce initial key messages <ul style="list-style-type: none"> ○ How and when treatment is taken ○ Barriers to adherence- remembering to take medication; reluctance to take treatment; financial issues; nausea, vomiting or other adverse effects; trouble with packaging; felt better off medication; other concerns ○ Suggest strategies to ensure adherence; reminder that full dose is needed for cancer control- partial doses may be ineffective. • Identify any early adverse effect symptoms; suggest management strategies
Second call-back – After 2-3 weeks: (telephone or return visit to Pharmacy) 	<ul style="list-style-type: none"> • Identify any adverse effects (PROBE for evidence of hot flushes; gynecologic symptoms; skin rashes; peripheral edema; mood disturbances; nausea and/or vomiting; musculoskeletal problems) • Use the Continuing Follow-Up Calls/Visits- Pharmacist Guide ❶ <ul style="list-style-type: none"> ○ If any identified, contact family physician, oncologist or oncology nurse, and consider the information below under Adverse Effects • Identify any continuing problems with adherence (see above) • Reinforce initial key messages
Subsequent call backs:	<ul style="list-style-type: none"> • Negotiate with patient and cancer care team for ongoing needs for counseling and timely follow up calls (every 1-3 months) • Use the Continuing Follow-Up Calls/Visits- Pharmacist Guide ❶ • Adherence assessment and support is an important issue for reinforcement at each visit for refills and mid-cycle call-back as treatment continues


ADVERSE EFFECTS: PREVENTION AND MANAGEMENT SUGGESTIONS

If you identify any of the following, you should contact the oncologist and tell the patient to call the oncologist or go directly to the Emergency Department of the nearest hospital right away \nearrow :

- Symptoms of a stroke (sudden severe headache, confusion, problems with vision, speech, or balance)
- Symptoms of heart attack (chest pain, irregular heartbeat, rapid heart rate)
- Symptoms of blood clot (pain or swelling in arm, thigh, or calf)

The following are the common adverse effects from Anastrozole.

<p>Very Common</p> <p><u>Cardiovascular disorders</u></p> <ul style="list-style-type: none"> • Hypertension \blacklozenge <p><u>CNS disorders</u></p> <ul style="list-style-type: none"> • Mood disturbance \blacklozenge, depression \blacklozenge, insomnia \star <p><u>Gastrointestinal disorders</u></p> <ul style="list-style-type: none"> • Nausea \star, vomiting \star <p><u>General disorders</u></p> <ul style="list-style-type: none"> • Skin rash \star • Hot flashes \star, flushing/vasodilation \star • Lymphedema \blacklozenge, peripheral edema \blacklozenge • Weakness/asthenia \star • Headache \star, pharyngitis- swelling in the throat \blacklozenge <p><u>Skeletal & Neuromuscular disorders</u></p> <ul style="list-style-type: none"> • Arthralgia \star • Back pain \star, bone pain \star, osteoporosis \star 	<p>Common</p> <p><u>Cardiovascular disorders</u></p> <ul style="list-style-type: none"> • Chest pain \nearrow • Ischemic cerebrovascular events \nearrow, heart attack \nearrow <p><u>CNS disorders</u></p> <ul style="list-style-type: none"> • Dizziness, anxiety \blacklozenge • Confusion \blacklozenge, nervousness \blacklozenge, somnolence \blacklozenge, lethargy \blacklozenge <p><u>Gastrointestinal disorders</u></p> <ul style="list-style-type: none"> • Diarrhea \star, constipation \star, anorexia \star • Dry mouth \star, dyspepsia \star <p><u>Genitourinary disorders</u></p> <ul style="list-style-type: none"> • Vaginal bleeding \blacklozenge, vaginal discharge \blacklozenge, vaginal dryness \blacklozenge <p><u>General disorders</u></p> <ul style="list-style-type: none"> • Blood clots \nearrow • Fatigue/ malaise \star, pain \star, fever \star <p><u>Respiratory disorders</u></p> <ul style="list-style-type: none"> • Trouble breathing \nearrow, bronchitis \blacklozenge, increased coughing \blacklozenge • Sinusitis \blacklozenge, rhinitis \blacklozenge <p><u>Skin disorders</u></p> <ul style="list-style-type: none"> • Hair loss \star, itchy skin \star
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\star For detailed recommendations on the management of these adverse drug reactions, see the **Adverse Drug Reaction Management Guide** 

\blacklozenge For management of these symptoms, the patient should see his physician

\nearrow These symptoms require urgent attention- advise the patient to go to the Emergency Department or contact their doctor (see instructions above)

DRUG INTERACTIONS

Take a **thorough medication history** (call other pharmacies if necessary) and determine the potential for all other drugs to increase or decrease Anastrozole plasma concentration.

- Drug interactions are often missed by community pharmacy computer systems
- **REPORT any potential interaction** to the prescribing oncologist- either the Anastrozole or the interaction drug may need to be dose altered or discontinued.



LIST OF IMPORTANT DRUG-DRUG INTERACTIONS WITH Anastrozole - *This is not a complete list*

Anastrozole is a weak inhibitor of CYP1A2, CYP2C8, CYP2C9, and CYP3A4.

- Aripiprazole: Anastrozole may increase serum concentration of Aripiprazole by inhibiting CYP3A4. Aripiprazole dose adjustments may be required.
- Digoxin: Anastrozole may decrease absorption of Digoxin.
- Estrogen derivatives: may decrease therapeutic effect of Anastrozole (*avoid combination*)
- Methadone: Anastrozole may increase the serum concentration of Methadone
- Pimozide: Anastrozole may increase the serum concentration of Pimozide by inhibiting CYP3A4 (*avoid combination*)
- Tamoxifen: may decrease the serum concentration of Anastrozole
- Vitamin K Antagonists (e.g. Warfarin): Anastrozole may increase or decrease the anticoagulant effect of Vitamin K antagonists.

It is strongly recommended that you check any concurrent medications for interactions with this oral chemotherapy agent. The pharmacy IT system may not provide a complete interaction cross-check. Try one of the following comprehensive programs for checking drug interactions.

<p>Online Programs for Drug Interaction Checking-Publicly available:</p> <ul style="list-style-type: none"> • http://www.drugs.com/drug_interactions.php • http://reference.medscape.com/drug-interactionchecker • http://www.healthline.com/druginteractions • http://cpref.goldstandard.com/inter.asp?r=8084 • http://umm.edu/health/medical/drug-interaction-tool • http://online.epocrates.com/ (free account required) 	<p>Other Interaction Checkers- Subscription required:</p> <ul style="list-style-type: none"> • Lexicomp • Micromedex • eCPS
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