



# ENZALUTAMIDE

## INSTRUCTIONS FOR THE PHARMACIST

### Prescription

- All orders 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
  - The order must be signed by the prescriber (at the bottom) AND SHOULD be signed by at least one other oncology health professional (nurse or hospital pharmacist) who has verified the order
- The prescription may **not** be filled as a continuing care prescription
  - If the prescriber has written for refills, do **not** dispense until the oncology team authorizes the refill.
  - Blood work must be checked for each cycle. Do not dispense until you have confirmed or checked blood work directly.
- **Always check for drug-drug interactions, especially before the first cycle. There is a strong potential for Enzalutamide to interact with other drugs, foods or natural health products**, so a thorough drug interaction check (including medications filled at different pharmacies) is recommended before dispensing the first dose of Enzalutamide and after each new drug is considered for concomitant use. Consult the **Drug Interactions Table**, in this Toolkit.
  - Drug interactions are often missed by community pharmacy computer systems

### 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 open capsules in an open air environment and risk inhalation of powder.

### Patient Counseling and Follow-up

- Counsel the patient, including the key messages listed below. Use the **Initial Assessment and Patient Counseling Visit- Pharmacist Guide ①** and the **Medication Info Sheet ②** 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 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 ①**.
- 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 ①**.
- If the patient reports any adverse effects, consider the management strategies suggested in the **Adverse Drug Reaction Management Guide ②**.
- ALWAYS document your findings in the patient profile of your pharmacy computer system
- ALWAYS contact the patient's cancer care team or prescriber of any findings and your actions to address any problems.
- 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 or prescriber promptly if something seems wrong with the patient experience.



## CLINICAL INDICATIONS



Enzalutamide is clinically indicated for: Metastatic, castration-resistant prostate cancer

## DRUG ADMINISTRATION

- Enzalutamide may be given once daily. The usual dose is 4 capsules of 40 mg each.
- Enzalutamide may be taken with food or on an empty stomach.
- Swallow whole capsules with a glass of water- Do not crush, split, chew or dissolve the capsules.
- 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
<b>Initial counselling- At time of dispensing</b>	<ul style="list-style-type: none"> <li>• How to take the medication properly</li> <li>• Symptoms to watch for- signs of spinal cord compression, cauda equina syndrome, respiratory infections</li> <li>• When to call back to the cancer care team for urgent care</li> <li>• Use the <b>Initial Assessment and Patient Counseling Visit- Pharmacist Guide ①</b> and the drug-specific <b>Medication Info Sheet ②</b></li> </ul>
<b>First call-back – Within first week:</b>  	<ul style="list-style-type: none"> <li>• Identify any initial problems with understanding or adherence</li> <li>• Use the <b>First Follow-Up Call/Visit- Pharmacist Guide ①</b> and the <b>Medication Info Sheet ②</b> (if needed)</li> <li>• Reinforce initial key messages <ul style="list-style-type: none"> <li>○ How and when treatment is taken</li> <li>○ 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</li> <li>○ Suggest strategies to ensure adherence; reminder that full dose is needed for cancer control- partial doses may be ineffective.</li> </ul> </li> <li>• Identify any early adverse effect symptoms; suggest management strategies</li> </ul>
<b>Second call-back – After 2-3 weeks: (telephone or return visit to Pharmacy)</b>  	<ul style="list-style-type: none"> <li>• Identify any adverse effects (<b>PROBE</b> for evidence of diarrhea; headache; hot flushes; fatigue and aesthenia; edema; respiratory infection)</li> <li>• Use the <b>Continuing Follow-Up Calls/Visits- Pharmacist Guide ①</b> <ul style="list-style-type: none"> <li>○ If any ADR identified, contact oncologist or oncology nurse, and consider the information below under Adverse Effects</li> </ul> </li> <li>• Identify any new medications ordered and reinforce importance to keep cancer care team informed if any new medications are ordered by any doctor</li> <li>• Remind patient to continue taking pills on a regular basis- when prescription should be finished, ask if there are any pills left over and, if so, <b>PROBE</b> to determine any barriers to treatment adherence</li> </ul>
<b>Subsequent cycles</b>	<ul style="list-style-type: none"> <li>• Negotiate with patient and cancer care team for ongoing needs for counseling and timely follow up calls (every 1-3 months)</li> <li>• Use the <b>Continuing Follow-Up Calls/Visits- Pharmacist Guide ①</b></li> <li>• Adherence assessment and support is an important issue for reinforcement at each visit and mid-cycle call-back as treatment continues</li> </ul>


## 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 **↗**:

- Symptoms of spinal cord compression (back pain, a dermatome of increased sensation, paralysis of limbs, increased or decreased sensation in lower body, urinary and fecal incontinence and/or urinary retention. Lhermitte's sign [intermittent shooting electrical sensation], hyperreflexia)
- Symptoms of cauda equina syndrome (sciatica, severe back pain, loss of sensation around the genitals, anus and inner thighs, incontinence of the bladder or bowels, sexual dysfunction)

The following are the common adverse effects from Enzalutamide.

<b>More Common</b>	<b>Less Common</b>
<p><u>Gastrointestinal disorders</u></p> <ul style="list-style-type: none"> <li>• Diarrhea <b>★</b></li> </ul> <p><u>General disorders</u></p> <ul style="list-style-type: none"> <li>• Peripheral edema- fluid accumulation in legs or feet <b>◆</b></li> <li>• Hot flushes <b>★</b></li> <li>• Weakness/asthenia <b>★</b></li> <li>• Headache <b>★</b></li> </ul> <p><u>Hematologic disorders</u></p> <ul style="list-style-type: none"> <li>• Myelosuppression <b>★</b> (anemia, leukopenia, thrombocytopenia)</li> </ul> <p><u>Musculoskeletal disorders</u></p> <ul style="list-style-type: none"> <li>• Back pain <b>★</b>, muscle pain <b>★</b></li> <li>• Joint swelling or pain <b>★</b></li> </ul> <p><u>Hematologic disorders</u></p> <ul style="list-style-type: none"> <li>• Upper and lower respiratory infection <b>◆</b></li> </ul>	<p><u>Cardiovascular disorders</u></p> <ul style="list-style-type: none"> <li>• High blood pressure <b>◆</b></li> </ul> <p><u>Neurological disorders</u></p> <ul style="list-style-type: none"> <li>• Spinal cord compression <b>↗</b></li> <li>• Cauda equina syndrome <b>↗</b></li> <li>• Paresthesia <b>◆</b></li> <li>• Dizziness <b>★</b></li> <li>• Insomnia <b>★</b></li> </ul> <p><u>General disorders</u></p> <ul style="list-style-type: none"> <li>• Blood in the urine <b>◆</b></li> </ul>

**★** For detailed recommendations on the management of these adverse drug reactions, see the **Adverse Drug Reaction Management Guide** 

**◆** For management of these symptoms, the patient should see his physician

**↗** 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 Enzalutamide plasma concentration or drugs affected by Enzalutamide induction of hepatic enzymes. There is a strong potential for drug-drug or drug-food interactions with Enzalutamide



- **REPORT any potential interaction** to the prescribing oncologist- either the Enzalutamide or the interaction drug may need to be dose altered or discontinued.
- Enzalutamide is metabolized by the CYP3A4 and CYP2C8 enzyme. Avoid concomitant use with strong CYP3A4 and CYP2C8 inhibitors and inducers. Avoid strong or moderate CYP3A4 or CYP2C8 inhibitors and inducers as they can alter the plasma exposure to Enzalutamide. If concomitant therapy is required, the Enzalutamide dose may need to be adjusted.
- Enzalutamide is also a strong inducer of CYP3A4, CYP2C9 and CYP2C19 enzymes. Avoid concomitant use with CYP3A4, CYP2C9 and CYP2C19 substrates that have a narrow therapeutic index; if combination cannot be avoided, consider a dose reduction of the drug substrate.
- If Enzalutamide is co-administered with warfarin (CYP2C9 substrate), conduct additional INR monitoring.

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

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