



EXEMESTANE

INSTRUCTIONS FOR THE PHARMACIST

Prescription

- The initial order for Exemestane 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.
 - 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.

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 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 promptly if something seems wrong with the patient experience.



CLINICAL INDICATIONS

Exemestane is clinically indicated for:



- Breast cancer

DRUG ADMINISTRATION

- Exemestane may be given **once daily**, after a meal.
- Swallow whole tablets 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 ① and the drug-specific Medication Info Sheet ②
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 ① and the Medication Info Sheet ② (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; fatigue; hyperhidrosis; insomnia, depression, or anxiety; nausea; musculoskeletal pain) • Use the Continuing Follow-Up Calls/Visits- Pharmacist Guide ① <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 ① • 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 :

- New or unusual bone pain
- Chest pain, sudden numbness or weakness, sudden headache, confusion, problems with vision, speech, or balance

The following are the common adverse effects from Exemestane.

<p>Very Common</p> <p><u>CNS disorders</u></p> <ul style="list-style-type: none"> • Fatigue \star • Insomnia \star <p><u>Dermatological disorders</u></p> <ul style="list-style-type: none"> • Hyperhidrosis (increased sweating) \star, alopecia \star <p><u>General disorders</u></p> <ul style="list-style-type: none"> • Hot flashes \star • Arthralgia \star • Headache \star 	<p>Common</p> <p><u>Cardiovascular disorders</u></p> <ul style="list-style-type: none"> • Heart attack \nearrow, angina \nearrow - rare • Hypertension \blacklozenge <p><u>Respiratory disorders</u></p> <ul style="list-style-type: none"> • Dyspnea (trouble breathing) \blacklozenge <p><u>CNS disorders</u></p> <ul style="list-style-type: none"> • Dizziness, anxiety \star, depression \star <p><u>Gastrointestinal disorders</u></p> <ul style="list-style-type: none"> • Nausea \star, diarrhea \star <p><u>General disorders</u></p> <ul style="list-style-type: none"> • Increased appetite, weight gain • Osteoporosis \star
--	---

- \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 Exemestane plasma concentration.

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



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

* Exemestane plasma levels are increased by 40% when taken with a fatty meal.

Potent CYP 3A4 inducers (e.g. rifampicin, phenytoin, carbamazepine, phenobarbital, or St. John's wort): may significantly decrease exposure to exemestane (*avoid co-administration*)

Avoid St. John's wort, black cohosh, and dong quai.

Exemestane is metabolized in the CYP3A4 pathway in the liver. It is also a CYP3A4 Inducer.

- ARIPIprazole: may decrease serum concentration of Aripiprazols by inducing CYP3A4. Double the oral aripiprazole dose and monitor the patient closely.
- Deferasirox: may decrease the serum concentration of Exemestane
- Saxagliptin: may decrease the serum concentration of Saxagliptin by inducing CYP3A4

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.

Online Programs for Drug Interaction Checking-Publicly available:

- 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)

Other Interaction Checkers- Subscription required:

- Lexicomp
- Micromedex
- eCPS