

Regimen Reference Order – alpelisib + fulvestrant

To order this therapy in ARIA, refer to ADDITIONAL INFORMATION

Planned Course: Until disease progression or unacceptable toxicity
(1 cycle = 28 days)

Indication for Use: Breast Cancer Metastatic, Hormone Receptor Positive, HER2 negative,
PIK3CA-mutated

CVAD: Not Required

Proceed with treatment if:

alpelisib

- **ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$**

fulvestrant

- **Continued throughout therapy regardless of CBC. If alpelisib is held for toxicity, fulvestrant is continued**
- ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

| Drug | Dose | CCMB Administration Guideline |
|----------------|------|-------------------------------|
| Not Applicable | | |

Treatment Regimen – BRST – alpelisib + fulvestrant

| Drug | Dose | CCMB Administration Guideline |
|---|-------------------------------|--|
| Cycle 1 | | |
| alpelisib | 300 mg | Orally once daily with food on Days 1 to 28 Swallow whole (Self-administered at home) |
| fulvestrant | 500 mg (2 syringes of 250 mg) | Intramuscular injection into ventrogluteal muscle over 1 to 2 minutes per injection (administer 500 mg dose as two 5 mL IM injections) on Days 1 and 15 |
| Cycle 2 and Onwards | | |
| alpelisib | 300 mg | Orally once daily with food on Days 1 to 28 Swallow whole (Self-administered at home) |
| fulvestrant | 500 mg (2 syringes of 250 mg) | Intramuscular injection into ventrogluteal muscle over 1 to 2 minutes per injection (administer 500 mg dose as two 5 mL IM injections) on Day 1 only |
| alpelisib (PIQRAY®) available dosage strengths: 50 mg, 150 mg, 200 mg tablets Classification: Non-Cytotoxic, Hazardous fulvestrant (FASLODEX®) available dosage strength: 250 mg per 5 mL syringe Classification: Non-Cytotoxic, Hazardous | | |

In the event of an infusion-related hypersensitivity reaction, refer to the ‘Hypersensitivity Reaction Standing Order’

REQUIRED MONITORING

Cycle 1 (for alpelisib)

Day 1

- CBC, biochemistry, glucose and Hemoglobin A1C as per Physician Orders

Day 8

- Glucose as per Physician Orders

Day 15

- CBC, biochemistry and glucose as per Physician Orders

Cycle 2 and Onwards (for alpelisib)

Day 1

- CBC, biochemistry and glucose as per Physician Orders
- Hemoglobin A1C every 3 months as per Physician Orders

Recommended Support Medications

| Drug | Dose | CCMB Administration Guideline |
|------------|-------|--|
| loratadine | 10 mg | Orally once daily throughout alpelisib therapy |

DISCHARGE INSTRUCTIONS

- alpelisib has potential for drug-drug interactions. Patients should notify clinic prior to starting any new medication
- Patient should be instructed to monitor for signs of hyperglycemia (excessive thirst, urinating more often than usual or higher amount of urine than usual, increased appetite with weight loss)
- Patient should be instructed to notify clinic if they develop a skin rash

ADDITIONAL INFORMATION

- Grade 3/4 toxicities are very common with alpelisib
- alpelisib can cause severe hyperglycemia, including diabetic ketoacidosis
- alpelisib can cause severe cutaneous reactions
- alpelisib can prolong QT interval
- The length of the needle provided with fulvestrant is 1.5 inches (38 mm)
- The patient’s body habitus and ventrogluteal fat thickness should be evaluated to ensure the delivery of drug into the muscle
- The preferred site of administration for fulvestrant is into the ventrogluteal muscle. Dorsogluteal injections are associated with increased possibility of damaging the sciatic nerve
- fulvestrant should be kept in the refrigerator
- **ARIA ordering:** Please note that ARIA regimens/protocols require each drug to be ordered separately
 - **BRST – [alpelisib]** regimen is available as a 28-day cycle under the “Breast” treatment tab in ARIA
 - Support protocol is available for fulvestrant under **fulvestrant** in the “Breast Cancer” folder