

Ribociclib + endocrine therapy · metastatic

Supportive prescription draft for review. This is a regimen template. It is not an issued patient prescription; individual review and completion are required.

Ribociclib + endocrine therapy · metastatic · supportive-care plan

Active medicines: Ribociclib + AI or fulvestrant

Emetogenic risk: Oral moderate–high

No routine prophylactic antiemetic order is populated for this phase. Agree an individual symptom-treatment plan where needed.

Additional phase-specific support

- NCCP classifies ribociclib as oral moderate–high emetic risk. The team chooses preventive or rescue antiemetics using local policy, symptoms, QT risk and drug interactions; do not reuse another regimen's prescription.
- Correct abnormal potassium, calcium, magnesium and phosphate as directed. Attend the baseline and cycle 1 Day-14 ECG; fainting or palpitations need urgent advice.
- Keep the early two-weekly blood tests and subsequent monitoring. Report fever, shivers, jaundice or dark urine promptly.
- The AI or fulvestrant, and ovarian suppression when prescribed, continue on their own timetable. Discuss joint, menopausal, bone and injection-site symptoms.
- Avoid grapefruit and check interactions. Do not replace a missed or vomited dose. A clinical hold requires explicit instructions about which medicine stops and who authorises restart.

Before signing: verify allergies, current medicines, interactions, renal / hepatic function, QT risk, sedation, prior response, total steroid exposure and the rescue-medicine duration. Do not duplicate medicines from another phase.

Individual changes / rescue duration: _____

Prescriber / date: _____ Pharmacy review: _____

[NCCP 00525 v6 · p7](#) · [NCCP antiemetics v8, Table 1 pp4–5](#)

Sources checked 2026-10-25 · SACTCheck v0.84.21 · Regimen-level drafts; prescriber and oncology-pharmacy verification required