

Adjuvant abemaciclib + endocrine therapy

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

Adjuvant abemaciclib + endocrine therapy · supportive-care plan

Active medicines: Abemaciclib + Your endocrine treatment

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

- Have the prescribed antidiarrhoeal treatment available before starting. Begin the agreed plan at the first loose stool, increase fluids as advised and contact the team early; persistent symptoms or dehydration may require a treatment hold.
- NCCP classifies abemaciclib as oral moderate-high emetic risk. Agree preventive or rescue antiemetics using individual risk and local oral-SACT policy.
- Attend early two-weekly then monthly checks even when tablets are taken at home. Seek prompt advice for infection, jaundice, new breathing symptoms or possible blood clots.
- Discuss symptoms and bone protection for the actual endocrine partner. Ovarian suppression is required with an AI before menopause. Endocrine treatment normally continues after the two-year abemaciclib course.
- Take tablets whole at the prescribed regular times. There is no routine week off. Check grapefruit/CYP3A interactions and do not double a missed or vomited dose.

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 00619 v4a · p5](#) · [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