

Evamist® Pharmacist FAQs

What is Evamist?

Evamist (estradiol transdermal spray) is the first and only estradiol transdermal spray hormone therapy product to be approved in the U.S. Evamist is a homogenous solution of 1.7% estradiol USP (active ingredient) in alcohol USP and octisalate USP formulated to provide sustained release of estradiol into the systemic circulation following application to the skin.

What is Evamist indicated for?

Evamist is indicated for the treatment of moderate-to-severe vasomotor symptoms (hot flashes) due to menopause.

How is Evamist dosed?




The recommended starting dose of Evamist is one spray per day to the inner forearm. The dose may be increased to two or three sprays daily to the forearm based upon the patient's individual response at the discretion of the prescriber.

What do I tell patients if they miss a dose?

If a patient misses a dose, reinforce that she should not double up on the dose the next day in an attempt to catch up. If the next dose is less than 12 hours away, it is best to wait and apply the normal dose the next day. If the next dose is more than 12 hours away, it is acceptable to apply the missed dose and resume normal dosing the next day.

How is Evamist applied?

Evamist is supplied in a unique metered dose transdermal spray (MDTS) applicator that controls the distance, angle, and area of application of the metered-dose spray, minimizing the risk of inappropriate application. Before the first use, the pump should be primed by spraying 3 times into the cover. The metered-dose pump should be held upright and vertical for spraying. The applicator cone is then pressed against the inner forearm and the dose is delivered by fully depressing the pump. If more than 1 spray per dose is prescribed, the cone should be moved to an area of the skin next to but not touching the area of the previous spray before applying the second or third spray.

Step 1	Step 2	Step 3 (if prescribed)
 <ul style="list-style-type: none">• Check to ensure skin is clean, dry, and intact• Place applicator cone directly on inner forearm and depress button to dispense one spray*<ul style="list-style-type: none">– Apply to skin on the inner forearm between the elbow and wrist at the same time each day– Do not apply Evamist to other areas of the skin. Never apply Evamist directly to the breast or in or around the vagina	 <ul style="list-style-type: none">• No need to massage or rub Evamist into the skin. Simply allow spray to dry for at least 2 minutes before dressing, and at least 30 minutes before washing<ul style="list-style-type: none">– Avoid fire, flame, or smoking until the spray has dried	 <ul style="list-style-type: none">• After applying the first spray, repeat application on the inner forearm for the second and third sprays, as prescribed<ul style="list-style-type: none">– To apply the second and third sprays, move the applicator over to an area of the skin adjacent to where the previous spray was applied <p>*Before using the applicator for the first time, it must be primed with the cover on by holding the applicator upright and fully depressing the applicator button 3 times. Do not prime the applicator before each day's dose.</p>

How is Evamist dispensed from the pharmacy?

Evamist is dispensed in a metered-dose pump that contains 8.1 mL of solution and is designed to accurately deliver 75 sprays of 90 mcL each after priming. The day's supply for each device can be calculated as follows: 75 days for 1 spray/day dosing; 37 days for 2 sprays/day dosing; and 25 days for 3 sprays/day dosing.

What are the side effects of Evamist?

Evamist is generally well-tolerated. In clinical studies, the most common adverse effects (>5%) were headache, breast pain and tenderness, nipple pain, nausea, nasopharyngitis, back pain, and arthralgia. As with all hormone products, the Evamist prescribing information contains the following black box warning outlining potentially serious side effects that may be associated with hormone therapy.

WARNING – ENDOMETRIAL CANCER, CARDIOVASCULAR, AND OTHER RISKS**ENDOMETRIAL CANCER**

Adequate diagnostic measures, including endometrial sampling when indicated, should be undertaken to rule out malignancy in all cases of undiagnosed persistent or recurring abnormal vaginal bleeding.

CARDIOVASCULAR AND OTHER RISKS

Estrogens with or without progestins should not be used for the prevention of cardiovascular disease or dementia.

The Women's Health Initiative (WHI) estrogen alone substudy reported increased risks of stroke and deep vein thrombosis (DVT) in postmenopausal women (50 to 79 years of age) during 6.8 years and 7.1 years, respectively, of treatment with daily oral conjugated estrogens (CE 0.625 mg), relative to placebo.

The estrogen plus progestin WHI substudy reported increased risk of myocardial infarction, stroke, invasive breast cancer, pulmonary emboli, and DVT in postmenopausal women (50 to 79 years of age) during 5.6 years of treatment with daily oral CE 0.625 mg combined with medroxyprogesterone acetate (MPA 2.5 mg), relative to placebo.

The Women's Health Initiative Memory Study (WHIMS), a substudy of the WHI, reported increased risk of developing probable dementia in postmenopausal women 65 years of age or older during 5.2 years of treatment with daily CE 0.625 mg alone and during 4 years of treatment with daily CE 0.625 mg combined with MPA 2.5 mg, relative to placebo. It is unknown whether this finding applies to younger postmenopausal women.

In the absence of comparable data, these risks should be assumed to be similar for other doses of CE and MPA and other combinations and dosage forms of estrogens and progestins. Because of these risks, estrogens with or without progestins should be prescribed at the lowest effective doses and for the shortest duration consistent with treatment goals and risks for the individual woman.

What are the contraindications to Evamist?

Evamist should not be used in women with any of the following conditions:

- Undiagnosed abnormal genital bleeding
- Known, suspected, or history of cancer of the breast
- Known or suspected estrogen-dependent neoplasia
- Active deep vein thrombosis, pulmonary embolism, or history of these conditions
- Active or recent (within the past year) arterial thromboembolic disease (for example stroke, myocardial infarction)
- Known liver dysfunction or disease
- Known or suspected pregnancy

How long does Evamist take to dry?

Evamist dries in a median of 67 seconds. To prevent transfer to clothing, Evamist should be allowed to dry at least 2 minutes before dressing, and at least 30 minutes before washing.

Can contact with the application site transfer the drug to others?

To prevent transfer to another person, patients should not allow others to make contact to the area of skin where Evamist was applied for at least 30 minutes after application.

How long after Evamist is applied do patients have to wait before bathing?

After applying Evamist, patients should wait at least 30 minutes before washing the area.

Does sunscreen affect Evamist?

No specific recommendation has been made with respect to sunscreen use before or after application of Evamist. However, in a clinical study, when sunscreen was applied approximately one hour after application of Evamist, estradiol absorption was decreased by 11%. The clinical significance of this has not been studied. When sunscreen was applied approximately one hour before application of Evamist, no significant change in estradiol absorption was observed.

Can Evamist be applied to skin that might be irritated or cut?

Evamist should be applied to clean, dry, unbroken skin. If a patient has a cut or irritated skin on the forearm, they should be instructed to use the other forearm or another area of the forearm as the application site.

Does Evamist have to be applied to the same arm each day?

Evamist does not need to be applied to the same inner forearm each day. Alternate sites on each forearm may be used for dosing.

Is Evamist irritating to the skin?

Evamist has a very low risk of skin irritation. Only 1.3% of patients in a clinical trial reported irritation at the application site. Placebo patients reported an incidence of 1.8%.

If a patient is currently taking another hormone therapy, is there any recommendation regarding an appropriate conversion to Evamist?

There is no standard dosing regimen when switching from another hormone therapy to Evamist. The recommended starting dose of Evamist is one spray per day. Dose adjustments should be guided by how well the patient's vasomotor symptoms are controlled. Based on the patient's symptom reductions, the physician can make a determination as to whether titration to two and then three sprays per day is needed.

Where can I get more information about Evamist?

For more information about Evamist, visit www.evamist.com or call 1-877-567-7676 to request a brochure.